

Emergency endoscopy/transplant consultant referrals out of hours. April 2026 -

Phone referral

- Haemodynamically unstable GI bleeding not responding to at least 1L resuscitation * **
- Sharp object or battery in oesophagus
- Food bolus in oesophagus and patient unable to swallow saliva***
- Acute liver injury with PT >30
- Decompensated cirrhosis requiring critical care admission
- Re-admission following liver transplant in last 3 months

*Resuscitation, rather than early endoscopy, is proven to improve outcomes

The endoscopy consultant on call is **not expected to attend prior to the endoscopy e.g. to provide resuscitation

*** CT chest prior to referral if significant pain

Trak Referral

- GI bleed (haematemesis or melaena) responding to resuscitation (also request scope)
- Patients known to GI/Liver services as outpatient presenting with a GI/liver problem
- food bolus in oesophagus but patient tolerating saliva (also request scope)
- Cases in line with internal professional standards
- Failed discharges

Await consultant review

- Coffee ground vomiting (usually an underlying infection/reason rather than GI bleeding)
- Acute or Chronic Diarrhoea if not known to GI