

Acute Upper Gastrointestinal (GI) Bleed Bundle



University Hospital Ayr (UHA)

Guidance notes for completion

- Implement Upper GI Bundle if evidence of:
- Haematemesis, Melena or Coffee Ground Vomit

Alerts:

Activate Major Haemorrhage Protocol (2222) immediately if patient is hemodynamically unstable

Apply Demographic Label

HCR no.....
 CHI no.....
 First Name
 Surname
 Date of Birth

1. Recognise Upper GI Bleed

Presenting Symptoms	Haematemesis	Melaena	Coffee Ground Vomit	Signs of shock
Please tick	Yes <input type="checkbox"/> No <input type="checkbox"/>			

2. Resuscitate

- Implement and complete the following clinical tasks:

Record of Immediate Treatment (tick when complete)				
Complete NEWS2 and record score	NEWS2 Score		Gain IV Access (minimum 1x Green PVC – insert 2 if unstable)	PVC 1 <input type="checkbox"/> 2 <input type="checkbox"/>
Commence IV Crystalloid <input type="checkbox"/>				
<i>(Hartmann's solution in 250ml boluses until heart rate and blood pressure normalise using NEWS2 score or until commencing blood products)</i>				
If Hb < 70g/L prescribe and commence blood transfusion aim for target Hb 70-100g/L			Transfusion Complete <input type="checkbox"/>	No. of Units
Record Glasgow Blatchford Score			If score 0-1 consider discharge and refer for outpatient Oesophageal-Gastro-Duodenoscopy (OGD)	
Glasgow-Blatchford Bleeding Score (GBS)				

Alerts:

- Activate Major Haemorrhage Protocol (2222) if patient is hemodynamically unstable, is actively bleeding or there is no response to immediate treatment
- Call 2222 > state Major Haemorrhage and Clinical Area to activate Major Haemorrhage response team
- Remember to call 2222 to deactivate the MH Response when no longer required. This ensures all team members stand down, including Porter
- Refer to Gastroenterology Consultant on UGIB(UHA) Rotawatch (Mon – Fri 9-5pm only)
- Contact Critical Care Consultant in event of no UGIB(UHA) Gastroenterology Consultant listed
- Contact Surgical Registrar via Page #1995 out of hours for emergency OGD

3. Treat

- Continue Aspirin if prescribed
- Suspend all other prescribed antiplatelets/anticoagulants

Alerts:

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If known Cirrhosis or evidence of advanced chronic liver disease (jaundice; ascites; low platelets) or suspected variceal haemorrhage

Prescribe:

Terlipressin 2mg IV every 6 hours	Prescribed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Co-amoxiclav 1.2g IV every 8 hours	Prescribed	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Penicillin allergy	Ciprofloxacin 400mg IV every 12 hours	Prescribed Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>

4. Refer to Endoscopy

- Request "Upper Gastrointestinal Haemorrhage" endoscopy via Trakcare
- Use professional judgement and support from UGIB Gastroenterologist or Surgical Registrar to guide urgency of scope (recommended timescale is between 6 and 24hours)
- Patients own team must provide patient and/or Welfare POA with (EIDO – via Patient Information tab on Athena) information to consent for procedure
- Patients own team must complete Certificate of Incapacity (section 47), if relevant
- Endoscopist will complete formal consent

Pre-Endoscopy Checklist	Tick when complete
Endoscopy information discussed with Patient and/or Welfare POA	Yes <input type="checkbox"/> No <input type="checkbox"/>
Certificate of Incapacity (section 47) completed and stored in medical notes	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Proton Pump Inhibitor (PPI) withheld	Yes <input type="checkbox"/> No <input type="checkbox"/>
Peripheral Venous Access (PVC) obtained Minimum 1 Green 18G PVC or 2 (if unstable)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Blood obtained for Group and Save and sent to laboratory	Yes <input type="checkbox"/> No <input type="checkbox"/>
Crossmatch blood obtained and sent to laboratory (if applicable – ensure 2 samples sent to labs)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Nursing checklist complete	Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Review

- Post Endoscopy essential actions to be completed by medical team

Post Endoscopy Essential Actions	Actions Complete
Review Endoscopy report and action plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
Prescribe PPI (if high risk of gastrointestinal ulcer)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Commence post haemostasis anti-thrombotic plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
Refer for Gastroenterology follow-up, if confirmed Acute Upper GI Bleed requiring endoscopic therapy or varices	Yes <input type="checkbox"/> No <input type="checkbox"/>

6. Record of Signatures

- Document Name, Designation and Signature

Date	Time	Name	Designation	Signature	GMC No.