## Emergency Management of Upper Gastrointestinal Haemorrhage

### Risk Factors
- Alcohol Abuse / Liver Disease / Previous Gi Bleed (Ix)
- Coagulopathy / Antiplatelets / Steroids / NSAIDs

### Hematemesis / Melaena
- Check for early signs of Shock
- Consider surgical causes / complications

### General Assessment and Testing
- Relevant Labs incl: FBC / EUC / LFTs / Coags
- Other: ECG / imaging if indicated

### Minor Bleed
- **Blatchford Score**
  - Low risk for discharge (=0)
- No other indication for in-patient care

- Yes -> Discharge
- No -> Admit
  - Early out-patient Endoscopy
  - GP follow-up
  - PPI IV BD
  - Stool chart
  - Monitor for need to Escalate care to Major Bleed pathway
  - In-patient Endoscopy

### Major Bleed
- **Oxygen** via NP and Cardiorespiratory Monitoring
- 2 large bore IVC’s
- NBM
- Early notification of In-patient (surgical / gastroenterology) team and blood bank
- **Initial resuscitation** with 500ml aliquots of crystalloid - avoid excess (>1L) fluids whilst awaiting blood
- **Transfusion** (via blood warmer) for
  - Hb < 90 in high risk patients (Coronary Artery disease)
  - Hb < 70 in remainder (Avoid over transfusion – esp in Variceal bleeding)
- Reverse coagulopathy (FFP, Vitamin K), Platelets for Pt < 50 or known dysfunction (aspirin / clopidogrel)
- Aggressively prevent hypothermia, acidosis and hypocalcaemia
- For massive transfusion -> see local policy, or give 1:1:1 (Blood:FFP:Platelets) +/- 1g IV Tranexamic Acid
- Commence PPI: Pantoprazole 80 mg IV Bolus, then 8mg/hour infusion (or 80mg IV BD)
- Consider Erythromycin (prokinetic) where chance of gastric blood is high
- As a last resort and only after securing the airway, consider balloon tamponade if ongoing haemorrhage

### Non Variceal
- Early endoscopy
- If endoscopy unavailable or contraindicated, consider Interventional Angiography and / or Octreotide 50 mcg IV Bolus, then 50 mcg/hr infusion
- Later, consider modifiable risk factors such as eradication of H Pylori (if present)

### Variceal Bleeding (known or suspected*)
- Octreotide 50 mcg IV Bolus, then 50 mcg/hr infusion
- Antibiotics (Ceftriaxone)
- Endoscopy for banding / injection
- Surgery is not indicated – consider TIPSS if endoscopy unsuccessful

### *Calculating the Blatchford Score

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Value (Score)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hb (Female)</td>
<td>g/L</td>
</tr>
<tr>
<td>Hb (Male)</td>
<td>g/L</td>
</tr>
<tr>
<td>BUN mmoL</td>
<td>6.5-8 (2)</td>
</tr>
<tr>
<td>Initial SBP</td>
<td>≥110 (0)</td>
</tr>
<tr>
<td>HR</td>
<td>≥100(1)</td>
</tr>
<tr>
<td>Melaena</td>
<td>On Presentation(1)</td>
</tr>
<tr>
<td>Recent Syncope</td>
<td>Yes(2)</td>
</tr>
<tr>
<td>Hepatic Disease Hx</td>
<td>Yes(2)</td>
</tr>
<tr>
<td>Cardiac Failure Hx</td>
<td>Yes(2)</td>
</tr>
</tbody>
</table>

* Cirrhosis / Alcohol / Hepatitis / Budd Chiari / Portal Venous Thrombosis