Emergency Medicine: Upper GI Bleed

Causes:

- Variceal; 10% of Upper GI Bleeds (35% mort.) Hx indicating liver failure
- Ulcers; epigastric pains, reflux, dysphagia
- Mallory-Wiess; retching/coughing/vomiting prior to bleed
- Malignancy; often painless, weight loss, dysphagia

Glasgow Blatchford Score (GBS)
(NICE Recommended)

Risk marker	Score
Blood Urea	
≥6·5 <8·0	2
≥8·0 <10·0	3
≥10·0 <25·0	4
≥25	6
Haemoglobin (g/L) for men	
≥120 <130	1
≥100 <120	3
<100	6
Haemoglobin (g/L) for women	
≥100 <120	1
<100	6
Systolic blood pressure (mm Hg)	
100–109	1
90–99	2
<90	3
Other markers	
Pulse ≥100 (per min)	1
Presentation with melaena	1
Presentation with syncope	2
Hepatic disease	2
Cardiac failure	2

Interpreting GBS in Non-Variceal Bleed

0 – Suitable for Discharge (NICE)
1-2 – Suitable for medical review potential discharge
>5 – High risk >50% will need intervention

Variceal Bleed

Move to Resus, Inform ED and medical Senior's

Actions for ALL

Full Observations
Cannula – large (x2 if unwell)
Bloods: FBC/U&E/LFT/Coag/G&S

Consider for ALL

Correct Anticoagulants: Discuss with Haematologist
Massive Transfusion Pathway: Refer to MTP guide

Consider for Variceal

Terlipressin 2mg IV Bolus – Mortality Risk Reduction(RR) 34%
Antibiotics (1g Ceftriaxone) – Mort RR 27%, Sepsis RR 60%

Significant UGIB

Ongoing bleed, Haemodynamic instability, GBS >5, high suspicion of variceal bleed

Ensure Senior involved

Should be transferred to HRI (ED/AMU)
Urgent assessment by Med Reg
Med Reg to liaise with Emergency Endoscopy

Emergency Endoscopist will decide: if out of hours likely to happen in theatre. Med Reg will liaise with surgical team

Sengstaken tube

Consider if endoscopy required but not possible
Only buys time; stops 90%, but will re-bleed within 24hr

Require intubation prior to insertion
Insert to 60cm
Inflate gastric balloon ONLY - 400ml/Resistance
Traction attach 250ml bag and hang over drip stand