

Guidelines for the Management of Upper Gastrointestinal Bleeding

Recommendations

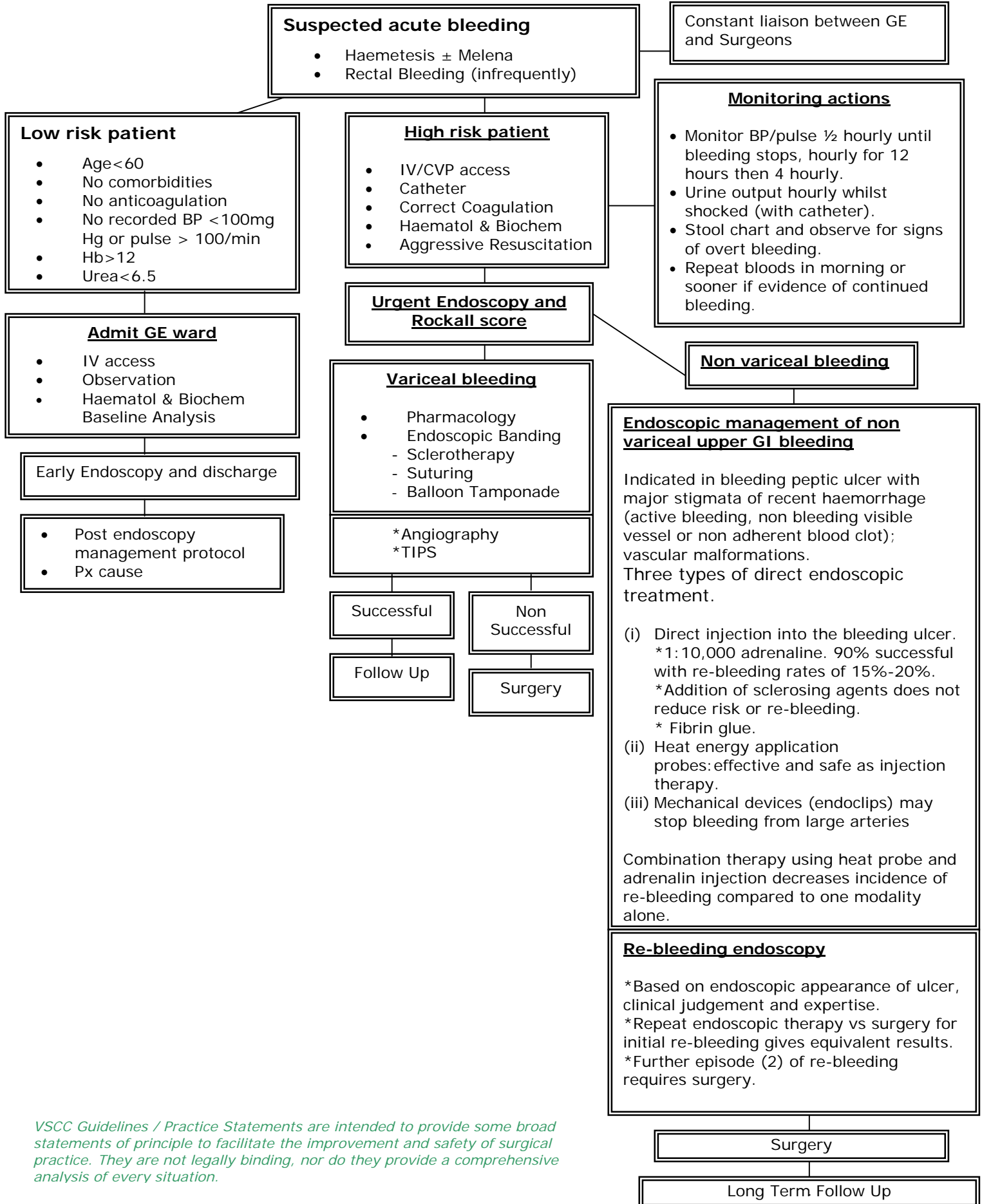
1. Implement guidelines for the management of upper GI bleeding. See attached guidelines.
2. Establish in all hospitals in Victoria, with a combined GE/upper GI surgical team, a uniform approach to upper GI bleeding; encouraging communication between the doctors in these teams.
3. Encourage the transfer of patients presenting with upper GI bleeding from hospitals, without a combined gastroenterology/Upper GI surgery team, to a hospital with an established team.

There are three further documents attached:

1. **Guidelines for the Management of Upper Gastrointestinal Bleeding**
2. **Haematemesis and Melaena Clerking Sheet as produced by the John Radcliffe Hospital, Oxford page one**
3. **Haematemesis and Melaena Clerking Sheet page two**

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Guidelines for the Management of Upper Gastrointestinal Bleeding



VSCC Guidelines / Practice Statements are intended to provide some broad statements of principle to facilitate the improvement and safety of surgical practice. They are not legally binding, nor do they provide a comprehensive analysis of every situation.

Haematemesis & Melaena Clerking Sheet

Name: (label)

Date.....

Time.....

History

Drug History (NSAIDs/aspirin/warfarin etc)

PMH

Examination

Pulse:

BP: **Postural drop on sitting up:**

Evidence of Chronic Liver Disease? **Y** **N**

Evidence of Portal Hypertension? **Y** **N**

Initial Rockall Score

	Score
Age <60 years	0
60-79 yrs	1
>80 yrs	2

Shock	
None	0
Pulse >100 & Syst BP >100	1
Syst BP <100	2

Co-morbidity	
None	0
Cardiac failure, IHD or any major co-morbidity	2
Renal/liver failure, or dissem. malignancy	3

Initial Rockall score
(Max score 7)

Full score after OGD

Endoscopic diagnosis

M-W tear*, no lesion seen and no SRH*	0
All other diagnoses	1
Malignancy of upper GI tract	2

Major SRH*

None or dark spot only	0
Blood in upper GI tract, adherent clot, visible or spurting vessel	2

Final Rockall score
(Max score 11)

*M-W tear Mallory-Weiss tear

SRH: Stigmata of Recent
Haemorrhage

Haematemesis and malaena clerking sheet

Patient name: _____

RESULTS

Date	Admission	Day 1	Day 2	OGD Result (summary)
				Including diagnosis & stigmata of recent haemorrhage
Hb				
MCV				
Platelets				
WBC				
Na				
K				
Urea				
Creatinine				
INR				
Albumin				
Bilirubin				

Resuscitation

Insert large bore cannula (14 or 16F) immediately

Cross match 4 units for:

Fresh melaena on PR

Postural hypotension > 15mmHg
Systolic BP < 100 mmHg

Cross match 6 units for:

Suspected variceal bleeding

Otherwise Group and Save serum only

Initial Rockall score of ≥ 3 then:

- Consider CVC line
- Give haemaccel/gelofusine whilst waiting for blood if shocked
- Consider insertion of urinary catheter
- Inform on-call surgical team

Indications for Surgery

Age under 60 years

- Transfusion requirements > 8 units in 24 hours
- or** two re-bleeds
- or** spurting vessel at OGD not controlled by injection therapy
- or** continued bleeding

Age over 60 years

- Transfusion requirements > 4 units in 24 hours
- or** one re-bleed
- or** spurting vessel at OGD not controlled by injection therapy
- or** continued bleeding

Predicted Mortality		
	Initial Risk Score Pre-endoscopy	Final Risk Score Post-Endoscopy
0	0.2%	0.0%
1	2.4%	0.0%
2	5.6%	0.2%
3	11.0%	2.9%
4	24.6%	5.3%
5	39.6%	10.8%
6	48.9%	17.3%
7	50.0%	27.0%
8+	-	41.1%

References: Rockall TA et al Gut 1996; 38: 316-21
Vreeburg EM et al Gut 1999; 44: 331-5

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