



UPPER GI BLEED PATHWAY SCGH

(v2)

UGI BLEED IN ED

ED RESUSCITATION AS REQUIRED
AS RESUSCITATION IS AN ONGOING PROCESS DECISION SHOULD BE MADE <2 HRS FROM ED PRESENTATION, WHETHER STABILITY IS REACHED OR NOT

RESUSCITATE PATIENT IN ED
2x LARGE BORE IV ACCESS
URGENT FBC (Hb, plt), CLOTTING PROFILE (PT, INR)
UE (urea), GROUP AND HOLD† / X-Match‡
PANTOPRAZOLE‡ 80 mg IV over 30 min
80 mg over 10 hours
MAX 1-2L IV CRYSTALLOID (±WARMED)
COAGULOPATHY: IDENTIFY AND CORRECT
TRANSFUSE*‡ IF Hb ≤ 70-80 (±WARMED)
VASOPRESSORS IF INADEQUATE PERFUSION AFTER BLOOD REPLACED

FOR SUSPECTED VARICEAL BLEEDS:
ADD TERLIPRESSIN ACETATE 2mg IV STAT‡
(EQUIV 1.7 mg IV)
CEFTRIAXONE 2 g IV
GASTRO REG R/V IN ED

FOR NON-VARICEAL BLEEDS:
DOCUMENT GLASGOW-BLATCHFORD

FOR PALLIATIVE PATIENTS / ADV HEALTH DIRECTIVE: ADMIT MAU

NOT STABLE FOR WARD
ACTIVE BLEEDING LIKELY
HAEMODYNAMICALLY UNSTABLE
CRITERIA MEET **MEDICAL REVIEW**
ON ORC CHART (SEE BELOW)
SCOPE 12-24 HRS

STABLE FOR WARD
NO ACTIVE BLEEDING
CRITERIA DO NOT MEET **MEDICAL REVIEW**
REVIEW ON ORC CHART (SEE BELOW)
SCOPE 12-24 HRS

ADMIT UNDER MAU WITH GASTRO REVIEW ED OR WARD

GASTRO REG REVIEW IN ED

STABLE FOR WARD WITH ALTERED PARAMETERS
COMPLETE ALTERED PARAMETERS
DOCUMENT CLEAR TRIGGERS FOR ESCALATION
SCOPE PLAN
IF MAU 'REFUSAL' WILL REQUIRE GASTRO CONS TO MAU CONS DISCUSSION ± GASTRO CONS TO ICU CONS DISCUSSION ± ESCALATE TO MED EXEC ON CALL

* Consider higher value if underlying comorbidities or suggestions of ongoing bleeding
† Check Jehovah's Witness status (some JW may consent to blood products)
‡ UpToDate
** Consider theatres if Anaesthesia team involved / airway issues

UGI Bleeds that deteriorate once on the ward need to be reviewed urgently by the Gastro Reg and discussed with Gastro Cons

If MET team is activated and patient remains unstable (criteria exceed Sr Nurse Review) at 45 min, patient will either need immediate scope or transfer to ICU for ongoing stabilisation and urgent scope
Gastro Cons and ICU Cons must agree on disposition
Any delays should be escalated immediately to the Med Exec on call

NOT STABLE FOR WARD

URGENT SCOPE
COMPLETE ALTERED PARAMETERS
DOCUMENT CLEAR TRIGGERS FOR ESCALATION
SCOPE PLAN >1 HR - <12 HRS

IMMEDIATE DISCUSSION GASTRO CONS WITH ICU CONS

IMMEDIATE DISCUSSION GASTRO REG WITH GASTRO CONS

AGREE WITH SCOPE PLAN
AIM ED LOS < 4 HRS
ADMIT TO ICU
ADMIT UNDER GASTRO
INTENDED TIME OF SCOPE

DISAGREE WITH SCOPE PLAN
AIM ED LOS < 4 HRS
ESCALATE TO MED EXEC ON CALL TO BE AGREED ON:
ADMISSION LOCATION
GOVERNANCE (ADMISSION UNDER WHO)
INTENDED TIME OF SCOPE
± OTHER INVESTIGATION / INTERVENTION

CRITERIA FOR MEDICAL REVIEW

RR	≥30 /min
SaO ₂	≤90 %
O ₂	≥10 L/min
HR	≥120 /min
SBP	≤99 mmHg

IMMEDIATE SCOPE
SCOPE PLAN <1 HR
SEND DIRECT FROM ED**

UGI Bleed Workgroup 5/2022 (Erclve, Chair)
Steval ED, Blott ICU, Ee Gastro, Johansson GSurg
Kamdar MAU, Samuelson Radiology,
Hennessy Anaesthesia, Paterson CAT
as per Safety Quality and Performance

UGI Bleed Pathway v2.0 21/11/2024 to be reviewed 21/11/2027