Endoscopy Unit - Upper Gastrointestinal Bleeding Patient Pathway within the RIE

Management Guidelines for admitted patients within the Combined Assessment Unit (2005)

### Initial Management
- Admit under care of acute medical receiving team.
- Establish good iv access and iv infusion.
- Sample to Blood Transfusion.
- Stratify into **HIGH** and **LOW** risk

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### High Risk

- **Rockall score ≥ 3**
- **In-Patient Bleed**

### Low Risk

- **Rockall 0, 1 or 2**

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### Varices
- History of Liver disease
- Stigmata of Liver disease
- LAB: ↑ LFT’s, ↑ PT, ↓ Platelets.

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### High Risk Management
- Replace circulatory volume with iv infusion of colloid ± Blood.
- X-match: 4 units routinely, regularly assess need for more.
- Consider central venous access.
- Consider transfer to HDU
- Inform GI Registrar Bleep #6361
- Fast patient at least until timing of endoscopy known
- Continue adequate resuscitation.
- For unstable patients inform ITU Consultant (see critical care guidelines)

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### Low Risk Management
- GP + Save
- Arrange routine endoscopy. (In or Out-patient) *
- Fast patient until timing is known.

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### URGENT

<table>
<thead>
<tr>
<th>Indication</th>
<th>Arrangements</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous active Bleeding</td>
<td>Will be performed in HDU / ITU</td>
<td>All other cases.</td>
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<tr>
<td>Re-bleeding following admission</td>
<td>Contact GI Registrar Bleep #6361</td>
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<tr>
<td>Suspected varices</td>
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</table>

### ROUTINE

- Will be performed in Endoscopy Unit Mon-Fri am.
- Contact Endoscopy Sister on 21680 & Fax 21618 BEFORE 10am.

### REMEMBER
- Endoscopy in inadequately resuscitated patients is DANGEROUS.
- Initial Hb can be misleading.
- All out of hours endoscopies will be performed in HDU / ITU.
- Non-urgent endoscopy requests will only be considered for that day if received prior to 10am.
- Fast the patient if endoscopy planned / requested for that day.

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* To the discretion of the admitting consultant and depending upon clinical presentation

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