UHC Upper GI Bleeding Bundle

NHS Ayrshire & Arran

1. Recognise

Haematemesis	
Melaena	
Coffee ground vomit	

Patient ID

2. Resuscitate

NEWS ____	
IV access (minimum 1 green cannula, 2 if unstable)	
Commence IV crystalloid as required	
Transfuse if Hb is <70g/L, aim 70-100 g/L	

Consider Major Haemorrhage Protocol (2222) if haemodynamically unstable despite initial resuscitation or active bleeding
9-5pm Mon-Fri refer to Gastroenterology Consultant on UGIB Rotawatch
For OOH emergency OGD contact surgical registrar #3377

Glasgow Blatchford Score		(Consider discharge and OP OGD if 0-1)

3. Treatment

Continue aspirin	
Suspend other antiplatelets/anticoagulants	
If cirrhosis/suspected variceal haemorrhage*: • Terlipressin 2 mg IV 6 hourly • Co-amoxiclav 1.2 g IV every 8 hours (penicillin allergy- ciprofloxacin 400 mg IV 12 hourly)	☐ ☐

*known cirrhosis or evidence of advanced chronic liver disease (jaundice/ascites/low platelets)

4. Refer Endoscopy

Request endoscopy "Upper Gastrointestinal Haemorrhage" via Trakcare to be added to next emergency list	
Fast ≥6 hours (or asap)	
Parent specialty must provide patient(or welfare PoA) information for consent (EIDO) Parent specialty must provide AWI if relevant (Formal consent will be by Endoscopist)	
Do not give PPI pre-scope unless delay anticipated (consult senior)	
IV access (min. 1 green, 2 if unstable)	
Minimum G&S, consideration of crossmatch	
Ensure nursing checklist complete	

5. Review

Review endoscopy report and action plan	
PPI if high risk ulcer post-endoscopy	
Post-haemostasis antithrombotic plan	
Refer all AUGIB requiring endoscopic therapy or varices for gastroenterology follow up	

Name:
Designation:

Signature:
Date & Time: