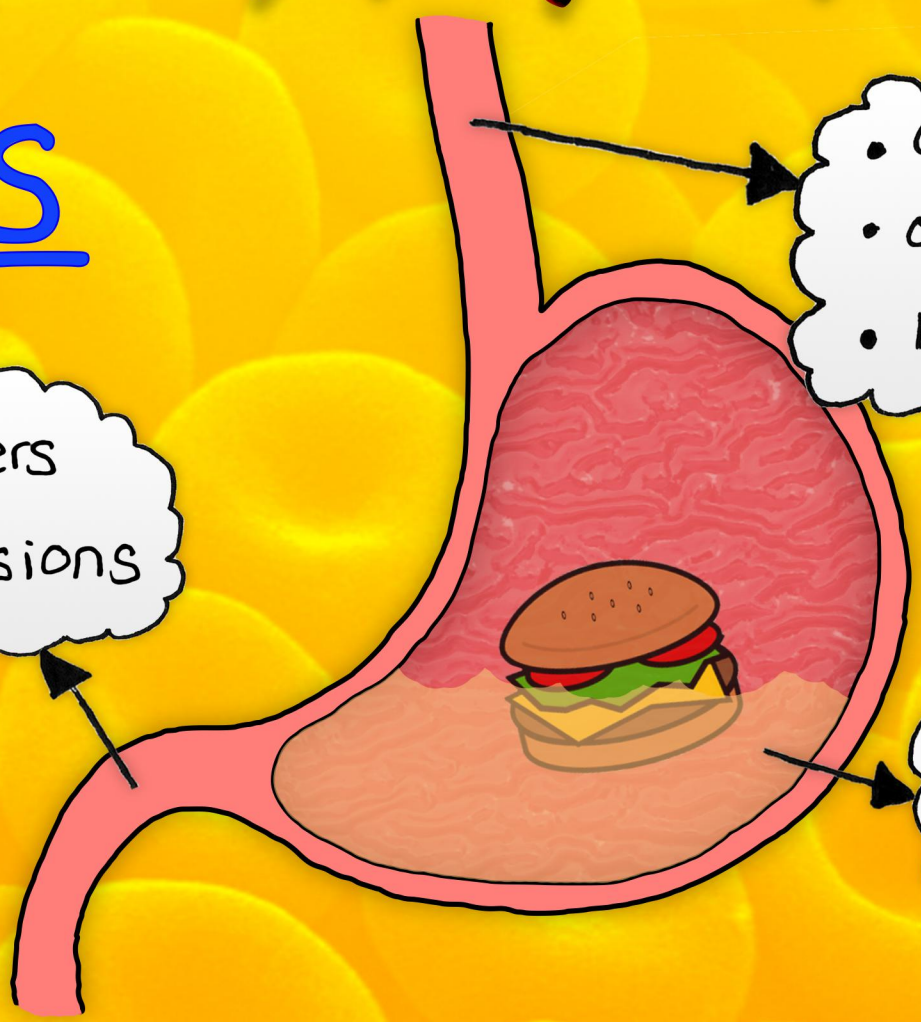
UPPER GI BLEED

#EM3

* based on UHL guidelines *

Causes



- oesophagitis
- oesophageal varices
- Mallory-Weiss tears

- duodenal ulcers
- duodenal erosions

- gastric ulcers
- gastric erosions
- Dieulafoy's lesions

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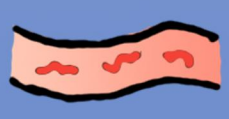
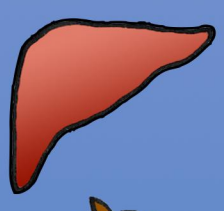
Suspect a variceal bleed if...



known varices

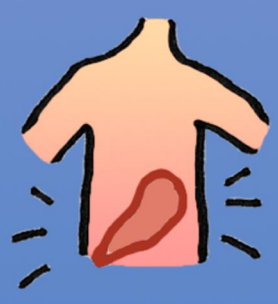


known cirrhosis

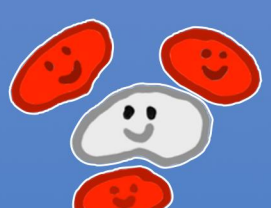
clinically jaundiced

clinical ascites

spider naevi



splenomegaly



platelet count <100

...and treat with

Terlipressin 2mg IV

Co-amoxiclav 1.2g IV

If Unstable - RESUSITATE

2x large bore IV cannula

bloods: FBC, U+Es, LFTs, coagulation VBG, G+S

consider O-ve if Hb<7

Cross match 6 units

Reverse anticoagulation

consider activating MASSIVE HAEMORRHAGE PROTOCOL

Could go home if LOW RISK

use GLASGOW-BLATCHFORD score to risk assess

Patient is considered low risk if:

* Urea < 6.5
* Hb > 130 in men
  > 120 in women
* Systolic BP > 110
* HR < 99
* no melaena
* no syncope
* no heart failure
* no liver disease