
DRAFT CUH LOWER GI BLEED PATHWAY

Adapted from 2019 BSG guidelines

Oakland K, Chadwick G, East JE, Guy R, Humphries A, Jairath V, McPherson S, Metzner M, Morris AJ, Murphy MF, Tham T, Uberoi R, Veitch AM, Wheeler J, Regan C, Hoare J. Diagnosis and management of acute lower gastrointestinal bleeding: guidelines from the British Society of Gastroenterology. *Gut*. 2019 May;68(5):776-789. doi: 10.1136/gutjnl-2018-317807. Epub 2019 Feb 12. PMID: 30792244.

First Name: _____	Gender: _____
Surname: _____	
Address: _____	
Date of Birth: _____	MRN _____
Ward/Clinic: _____	Consultant: _____

Lower Gastrointestinal Bleeding Pathway

Simultaneous clinical assessment and resuscitation in Emergency Department
 Clinical examination including Digital rectal examination
 Assess severity: Pulse, Blood Pressure and appropriate blood tests FBC, Renal Profile, Coagulation Profile, Crossmatch. 2 wide bore IV lines
 Contact General Surgery on call service VPN 62362/67639 24 hours a day

ALTERNATIVE DIAGNOSIS RISK – does the patient have a history of:

- Recent surgery may be post-operative complications
- Fresh PR bleeding could be due to lower GI bleeding or massive upper GI bleed
- Known AAA may represent aorto-enteric fistula and require urgent CT
- History/examination suggestive of bowel obstruction

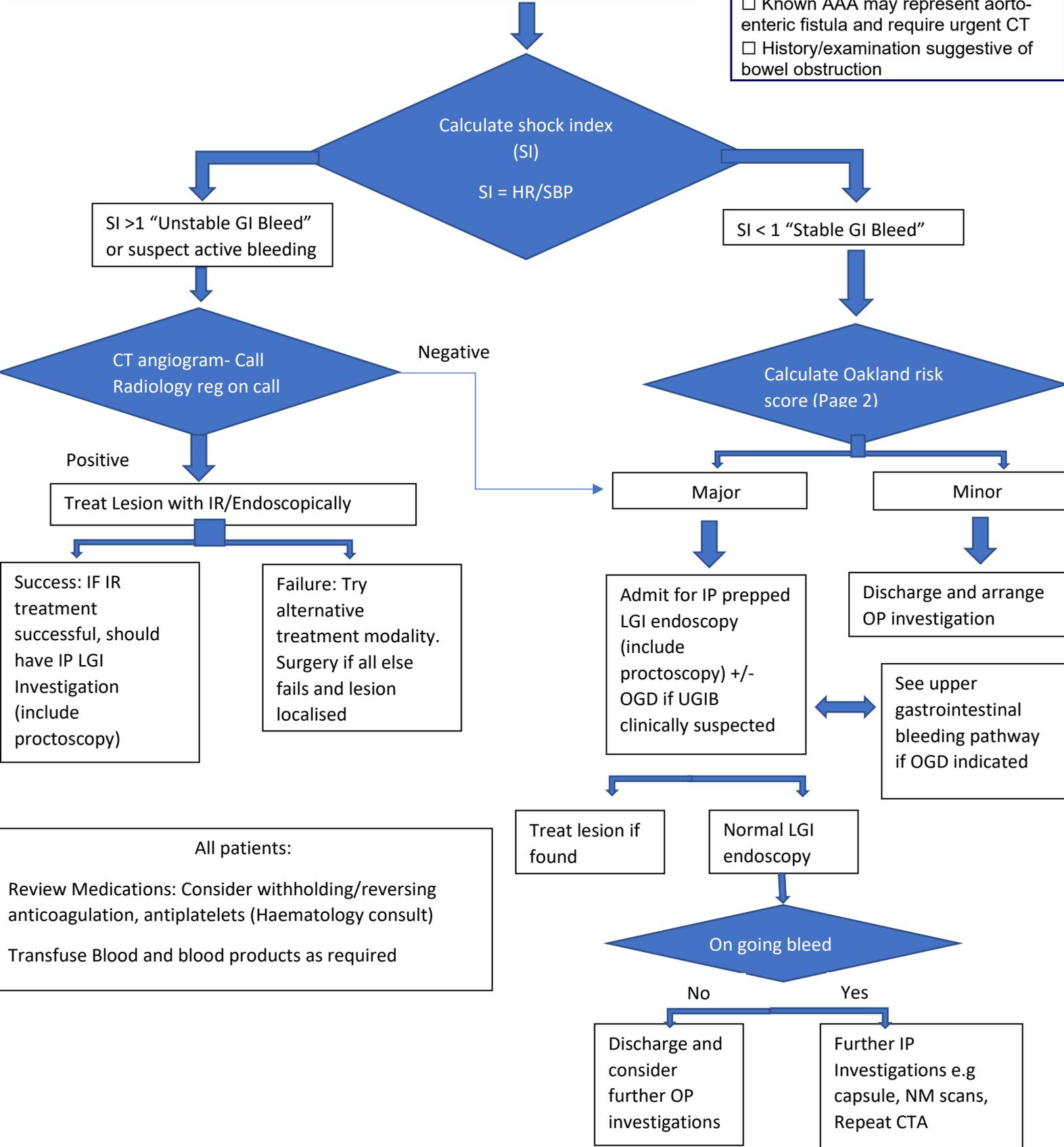


Table 1 Variables comprising the Oakland score

Predictor	Score component value
Age	
<40	0
40–69	1
≥70	2
Gender	
Female	0
Male	1
Previous LGIB admission	
No	0
Yes	1
DRE findings	
No blood	0
Blood	1
Heart rate	
<70	0
70–89	1
90–109	2
≥110	3
Systolic blood pressure	
<90	5
90–119	4
120–129	3
130–159	2
≥160	0
Haemoglobin (g/L)	
<70	22
70–89	17
90–109	13
110–129	8
130–159	4
≥160	0

Patients scoring ≤8, with no other indications for hospital admission are suitable for immediate discharge from Accident and Emergency and outpatient investigation. DRE, digital rectal examination; LGIB, lower gastrointestinal bleeding.