

Upper GI Bleed protocol for MUH Emergency Department:
Management of upper GI bleeds (melaena, haematemesis)

Initial management of a patient presenting with an upper GI bleed must include active resuscitation first.

- large bore IV lines,
- early, aggressive IV crystalloid and
- Group and Cross match and give blood if low HB or if large active bleeding even if normal Hb initially.
- FBC, Coag, Bioprofile
- if unstable GI bleed (see below), **consult Surgical team on call urgently**
- The important initial management is aggressive resuscitation +/- blood which is more important and urgent than endoscopy

Patients should be referred urgently to the surgical service if unstable. Signs of unstable patient include:

- active bleeding, ongoing melaena or haematemesis, even if Hb normal
- or
- history of large volume melaena passed
- or
- Hb <10
- or
- Systolic BP <100 or if BP normal but there are orthostatic symptoms/orthostatic hypotension (history of syncope with bleed)
- or

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- Heart rate >100 (but patient on B blockers will not exhibit a tachycardia even if unstable GI bleed)

A normal Hb is not a reassuring sign if large amount or active bleeding

Patients with upper GI bleeds that can be admitted under the medical team include a

Stable GI bleed if all of below are fulfilled:

- Systolic BP >100

and

- Heart rate < 100

and

- No active bleeding

and

- No orthostatic symptoms/hypotension or history of syncope associated with bleed

and

- Hb > 10

Patients felt to have a stable GI bleed must be closely observed and reassessed regularly. If the above parameters change or if further bleeding occurs, (i.e. they develop features of an unstable bleed) surgical opinion must be sought urgently.