Upper GI bleed

START HERE

RECOGNISE IT
Haematemesis, melaena, coffee-ground vomit, collapse

RESUSCITATE
ABCDE, 2 large-bore cannulas, senior help

CHECK BLOODS
FBC, U&E, LFT, clotting, group & save / crossmatch

RISK ASSESS
Use Blatchford early

PLAN ENDOSCOPY
Immediate if unstable, within 24 h if stable

Treat shock first — then work out why they are bleeding.

UPPER GI BLEED AT A GLANCE

1 FIRST HOUR / INITIAL MANAGEMENT



WHEN TO WORRY

- Hypotension, tachycardia, syncope
- Ongoing haematemesis or melaena
- Confusion, chest pain, poor urine output
- Liver disease or anticoagulation increases risk

WHAT TO DO NOW

- ABCDE and call for senior / GI input
- 2 large-bore cannulas and send urgent bloods
- Consider blood and major haemorrhage protocol if severe
- Keep NBM, monitor obs and urine output
- Review anticoagulants, antiplatelets and NSAIDs

SCORING / DISPOSITION

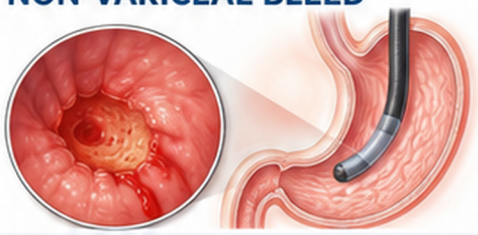
- Blatchford score at first assessment
- Rockall score after endoscopy
- Blatchford 0 may be suitable for early discharge

ENDOSCOPY

- Unstable severe bleed: immediate after resuscitation
- Others: endoscopy within 24 hours

Every upper GI bleed needs resuscitation, risk assessment and a plan for endoscopy.

2 NON-VARICEAL BLEED



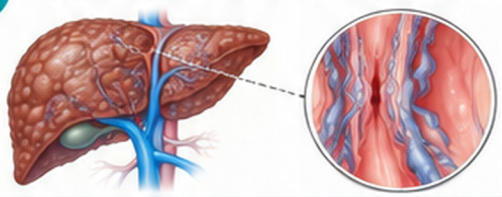
COMMON CAUSES

- Peptic ulcer disease
- Erosive gastritis / oesophagitis
- Mallory–Weiss tear

KEY POINTS

- Endoscopy usually confirms and treats the cause
- Do not give PPI before endoscopy if this is suspected
- Give PPI after endoscopy if there are stigmata of recent haemorrhage
- If re-bleeding: repeat endoscopy, then consider IR / surgery

3 SUSPECT VARICEAL BLEED



WHEN TO THINK VARICES

- Known cirrhosis or portal hypertension
- Stigmata of chronic liver disease
- Haematemesis with jaundice / ascites history

WHAT TO START

- Terlipressin at presentation
- Prophylactic antibiotics at presentation
- Urgent endoscopy for banding if oesophageal varices
- Consider TIPS if bleeding is not controlled

Variceal bleeds get terlipressin + antibiotics early.

ALSO REMEMBER

- Not all melaena is haemorrhoids — think upper GI bleeding
- Massive bleeding can be surprisingly occult
- NSAIDs and anticoagulants matter
- Unstable patients need urgent senior help