

PRE-ENDOSCOPY BLATCHFORD SCORE

Assessment Risk Marker	Score (please circle)
BLOOD UREA	
<6.5	0
≥6.5 <8.0	2
≥8.0 <10.0	3
≥10.0 <25.0	4
≥25	6
HAEMOGLOBIN (g/dL) FOR MEN	
>13.0	0
≥12.0 <13.0	1
≥10.0 <12.0	3
<10.0	6
HAEMOGLOBIN (g/dL) FOR WOMEN	
>12	0
≥10.0 <12.0	1
<10.0	6
SYSTOLIC BP (mmHg)	
>110	0
≥100 <109	1
90-99	2
<90	3
OTHER MARKERS	
Pulse ≥100 (per min)	1
Presentation with melaena	1
Presentation with syncope	2
Hepatic disease	2
Cardiac Failure	2
TOTAL SCORE	/29

Name
PID
Consultant
Ward

SUGGESTED EVALUATION AND MANAGEMENT

Low risk group (0-2) – Discharge with outpatient upper GI endoscopy appointment within 2 weeks

Intermediate risk group (3-5) – Admit arrange endoscopy, discharge will probably be possible within 24-48 hours as long as cardiovascularly and haemoglobin is stable.

High risk group (6-8) – Admit and contact the on-call GI Bleed consultant and arrange urgent endoscopy. Discharge when cardiovascularly and haemoglobin is stable.

Very high risk group (≥9) – Admit and contact the on-call GI Bleed consultant and arrange urgent endoscopy. Discharge when cardiovascularly and haemoglobin is stable.

Blood Pressure	Give IV Fluids. Aim to maintain systolic BP >110mmHg and MAP >60mmHg. Use crystalloids (no evidence for superiority of colloids). Cardiovascularly stable - No postural drop (i.e. drop in systolic Bp <20mmHg and no HR rise >20bpm), HR <90bpm and systolic Bp appropriate for age i.e. 120mmHg for aged 40 or less and >140mmHg aged 40 and above)
Blood	Transfuse if Hb < 7g/dL or ongoing GI blood loss and cardiovascular instability. Haemoglobin stable if 2 consecutive Hb within 0.5g/dL of each other.
PPI	No IV PPI unless there is a delay in OGD over 24 hours and the Blatchford score is ≥6
NSAIDS	Stop NSAIDS, replace analgesia with opiate based drugs
Coagulopathy	Sop all anticoagulants. If PT > 17 sec or INR > 1.5, correct with Vitamin K (5-10mg slow IV) +/- FFP (not FFP alone)
Terlipressin	Only give Terlipressin if suspecting variceal bleed i.e. patient with known varices or features of chronic liver disease.
Variceal Bleed	IV Terlipressin 1-2 mg qds. IV Tazocin 4.5g tds. Reduce to bd dosing if creatinine clearance <30ml/min. If penicillin allergy use Ciprofloxacin 400mg iv or 500mg oral bd
Cardiovascularly Unstable	Urinary catheter

POST ENDOSCOPY ROCKALL SCORE

Variable	Score (please circle)			
	0	1	2	3
Age (yr)	60	60-79	>80	
Shock	None: Systolic BP>100 Pulse rate <100		Hypotension: Systolic BP <100 Pulse rate >100	
Co-morbidity	Nil major			Renal failure, liver failure, disseminated malignancy
Diagnosis	Nil major Mallory Weiss tear, no lesion and no SRH	All other diagnoses	Malignancy of upper GI tract	
Endoscopic stigmata of recent haemorrhage (SRH)	None or dark spot only		Blood in upper GI tract, adherent clot, visible or spurting vessel	
Total Post Endoscopy Rockall Score				/11

REBLEED AND MORTALITY RISK ACCORDING TO POST ENDOSCOPY ROCKALL SCORE

Risk Score	Predicted Rebleed (%)	Predicted Mortality (%)
0	5	0
1	3	0
2	5	0
3	11	3
4	14	5
5	24	11
6	33	17
7	44	27
8+	42	41

SURGERY

Please inform Surgical Registrar or on-call Consultant of the results of the endoscopy in all patients requiring active resuscitation and any patient with a pre-endoscopy Blatchford score ≥ 6 or post endoscopy Rockall score of ≥ 5 .

INDICATIONS FOR SURGERY IN BLEEDING FROM PEPTIC ULCER:

Age > 60 years: Failure at endoscopy to stop bleeding and/or >4unit blood transfusion. Or first rebleed.

Age \leq 60 years: Failure at endoscopy to stop bleeding and/or >8unit blood transfusion. Or second rebleed.

MANAGEMENT PLAN

Rockall score 0-2	Can eat after 2 hour and considered for same day early discharge <input type="checkbox"/>		
Rockall score 3-4	Can eat after four hours. Stool chart monitoring. Discharge when haemoglobin and CVS stable		
Rockall score ≥ 5	Transfer to AMU or HDU. Stool chart monitoring.		
Clear fluids	After 2 hours <input type="checkbox"/>	After 4 hours <input type="checkbox"/>	After 24 hours <input type="checkbox"/>
Full diet	After 2 hours <input type="checkbox"/>	After 4 hours <input type="checkbox"/>	After 24 hours <input type="checkbox"/>
NBM	Until further notice <input type="checkbox"/>		
Oral PPI	Omeprazole ___mg OD or	Omeprazole ___mg BD	
IV PPI	If Rockall score ≥ 5 . Omeprazole 80mg IV stat and then 8mg/hour IV infusion OR 40mg IV bd		
Variceal Bleed	IV Terlipressin 1-2mg qds (Review at 72hrs). Co-amoxiclav 625mg tds po or 1.2g tds iv for 3 days. Penicillin allergy: Levofloxacin 500 mg od po or iv for 3 days		
H. Pylori	Amoxicillin 1g BD or Metronidazole 500mg BD plus	Clarithromycin 500mg BD and PPI BD	
NSAIDs	Discontinue indefinitely <input type="checkbox"/>		Recommence after ___days
	If NSAIDs cannot be discontinued consider: COX-2 NSAIDs <input type="checkbox"/> or Longterm PPI <input type="checkbox"/>		
FBC	Repeat today in ___hrs	After 24 hours and daily until 2 consecutive Hb within 0.5g/dL of each other	
CVS STABILITY	No postural drop (i.e. drop in systolic Bp <20mmHg and no HR rise >20bpm), HR <90bpm and systolic Bp appropriate for age i.e. 120mmHg for aged 40 or less and >140mmHg aged 40 and above) <input type="checkbox"/>		
Follow Up	No follow up	Repeat Endoscopy in ___wks/months	GI Clinic in ___wks/months