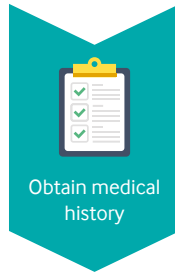
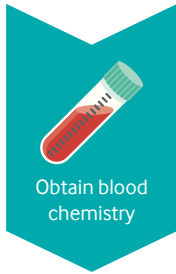


Management of upper gastrointestinal bleeding

This visual summary presents a practical approach to initial management of patients with upper gastrointestinal bleeding. Peptic ulcers are the most common cause of serious bleeding from the oesophagus, stomach, and duodenum, and can be identified with simple diagnostic tests.

Actions in parallel

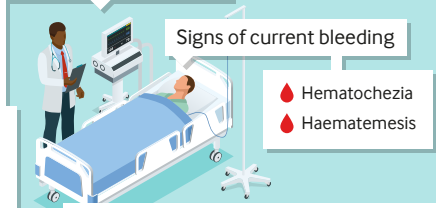


Initial assessment

Check circulatory status to assess need for immediate interventions

Blood pressure may remain normal initially, so increased heart rate is a more sensitive measure of circulatory status

Haemodynamically stable



Urgent intensive care involvement required for:

- Haemodynamically unstable
- Airway compromise
- Hypoxia
- Reduced level of consciousness

Initial resuscitation



2 x Large bore intravenous access



Urinary catheter (if required)



Intravenous fluids



Pharmacological treatment (proton pump inhibitor)

Risk stratification Glasgow-Blatchford Score (GBS)

Systolic blood pressure mmHg

100–109	1
90–99	2
< 90	3

Blood urea mmol/L

6.5–7.9	2
8.0–9.9	3
10.0–24.9	4
≥ 25.0	6

Haemoglobin g/dL

		Men	Women	
12.0–12.9	10.0–11.9			1
10.0–11.9				3
< 10.0	< 10.0			6

Pulse ≥ 100	1
Melaena	1
Syncope	2
Hepatic disease	2
Cardiac failure	2

Total score 0–1 Low risk of death. Can be considered for outpatient management. 5+ Increased risk of 30-day mortality 7+ Predicts need for endoscopic haemostatic intervention, but needs individual evaluation

