Non-Variceal Upper GI Bleeding Essential Checklist To be used in conjunction with Upper GI Bleed guideline.

Name of Doctor:		[Patient Sticker]		
Bleep:		Name DoB		
Patient Escalation Status:		Hospital No :		
Date and Time:	_			
		Completed Y/N/NA	Time	
	RECOGNITION			
Upper GI Bleed diagnosed?				
Aetiologies considered?				
Coagulopathy / Drugs considered If on aspirin, to continue	?			
	RESUSCITATION			
IV Access obtained? (x2 if possib				
FBC, UE, LFTs, Group and Save,	VBG ?			
Thromboelastogram if complex co	pagulopathy?			
		-		
Nil by mouth	PRE ENDOSCOPY MANAGEMEN	IT		
Nil-by-mouth Haemoglobin : g/dL	Platelets :	INR:	Fibrinoge	
Coagulopathy supported?	rialeiels.	IINK.	Fibililoge	
Give Pantoprazole 40mg IV BD.				
Erythromycin 250mg 30-100 min before endoscopy. (OR if contraindicated, for Metoclopramide 10mg IV)		ated, for		
	able despite optimal resuscitation,	consider critical care	referral	
in nacinodynamicany driste		consider critical care	i cicii ai.	
Cleanay Distablend Coors	RISK ASSESSMENT			
Glasgow Blatchford Score =				
Senior Reviewed by :				
Endoscopy referral				
	POST ENDOSCOPY MANAGEMEN	NT		
Repeat FBC ?				
Post endoscopy treatments ?				
VTE and anticoagulation ?			1	
Iron replacement, if appropriate?				