



Summary of NICE Guidelines

Title	Acute upper gastrointestinal bleeding in over 16s: management
NICE Reference	CG141
Date of Review:	October 2017
Date of Publication	August 2016
Summary of Guidance (Max 250 words)	<p>Acute upper gastrointestinal (GI) bleeding is a common medical emergency that has a 10% hospital mortality rate; the most common causes are peptic ulcer and oesophago-gastric varices. Almost all patients are treated in hospital and so this guideline focuses on the diagnostic and therapeutic management of this condition within the hospital setting.</p> <p>Upon first presentation, patients with acute upper GI bleeding should be assessed using the Blatchford score to determine the likelihood that they will require medical intervention in the form of a blood transfusion or endoscopy. Patients with a Blatchford score of 0 should be considered for early discharge.</p> <p>The Blatchford score includes the following risk markers:</p> <ul style="list-style-type: none">• Blood urea• Haemoglobin• Systolic blood pressure• Pulse• Presentation with melena or syncope• History of liver disease or heart failure <p>Patients with massive bleeding should initially be transfused with blood, platelets and clotting factors in line with local protocols for managing massive bleeding, but with consideration that over-transfusion may be as damaging as under-transfusion.</p> <p>However, endoscopy is the primary diagnostic investigation and method of treatment delivery in patients with acute upper GI bleeding. Drug treatments may have a complementary role in reducing gastric acid secretion and portal vein pressure in order to control bleeding, and these treatments may be given as prophylaxis to acutely ill patients in critical care to reduce their risk of acute upper GI bleeding.</p> <p>The full Rockall score should also be used after endoscopy to identify patients at increased risk of adverse outcome following acute upper GI bleeding.</p>
Impact on Lab (See below)	■ Moderate

Lab professionals to be made aware	<input type="checkbox"/> Laboratory Manager <input type="checkbox"/> Chemical Pathologist <input type="checkbox"/> Clinical Scientist <input type="checkbox"/> Biomedical Scientist
Please detail the impact of this guideline (Max 150 words)	Laboratories should be aware of the importance both haemoglobin and serum urea concentrations as risk markers in patients with suspected acute upper GI bleeding. Transfusion protocols should be in place for patients with massive bleeding, and also for patients with acute upper GI bleeds who are not actively bleeding in order to minimise the risk of over-transfusion.

Impact on Lab

- None:** This NICE guideline has no impact on the provision of laboratory services
- Moderate:** This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

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