

Patient's Name:

Summary of Management Protocol

Presentation	<u>Minor Gastro-intestinal Bleed</u>
Management in A&E	<p>Observations: pulse; blood pressure (lying and standing); respiratory rate; oxygen saturation</p> <p>Examination:</p> <ul style="list-style-type: none"> ø Full history and examination, including rectal ø Wide bore intravenous access ø If obvious active bleeding (ie vomiting more than streaks of fresh blood) or melaena: Resuscitate, stabilise and admit. Discuss with on-call endoscopist (Gastro Reg). ø Calculate Blatchford Score (see over) <p>Investigations:</p> <ul style="list-style-type: none"> ø U&Es, FBC, Clotting, G+S, RBG <p>Further management</p> <ul style="list-style-type: none"> □ Admit to ward or send to CDU (see criteria)
Management in CDU	<p>Observations:</p> <ul style="list-style-type: none"> □ Pulse, BP, 2 hourly, lying and standing BP (0, 1 ad 2 minutes) <p>Investigations: Bloods – FBC & U&E repeated four hours after admission to CDU. Arrange endoscopy (contact ext 23670 or 23653 between 8.00 and 8.30 am or phone gastro reg 8-9am at weekend). Endoscopy will usually be arranged the same day. Admit to Gastro if this can't be done.</p> <p>Treatment: none (unless specific cause identified)</p> <p>Timing of review: after six hours and after endoscopy (if done).</p>
Criteria for discharge (after final review)	<ul style="list-style-type: none"> □ Haemodynamically stable: BP>100 systolic; HR<100 □ Blood investigations normal for patient □ No further episodes of GI bleed □ Assessed as low risk □ Letter to GP □ Written and verbal advice to patient □ NSAIDs stopped and alternative analgesia provided where appropriate □ Out patient management plan completed and instituted (see later) - by endoscopist or after d/w gastro reg on call.
Criteria for admission (at any time)	<ul style="list-style-type: none"> □ Further episode of GI bleed □ Haemodynamic instability □ Endoscopy can't be arranged.

Patient's Name:

Blatchford Score - Risk assessment in Upper GI bleed

Admission Risk Marker		Score
Blood Urea (mmol/L)	≥ 6.5 and < 8	2
	≥ 8 and < 10	3
	≥ 10 and < 25	4
	≥ 25	6
Haemoglobin (dg/L) Men	≥ 12 and < 13	1
	≥ 10 and < 12	3
	< 10	6
Haemoglobin (dg/L) Women	≥ 10 and < 12	1
	< 10	6
Systolic BP	100-109	1
	90-99	2
	< 90	3
Pulse	> 100 bpm	1
Melaena	present	1
Syncope	present	2
Hepatic disease	present	2
Cardiac failure	present	2

(From: Blatchford O, Murray WR & Blatchford M (2000) A risk score to predict need for treatment for upper gastrointestinal haemorrhage Lancet 356; 1318-21)

Score on Arrival :

Time:

Score on CDU after final review :

Time:

Patient's Name:

Medical Notes

Past Medical History	Drug History <div data-bbox="756 611 1358 696" style="border: 1px solid black; padding: 2px;">Allergies:</div>
Social/Family History Next of kin details	
Presenting Complaint	
Examination Findings	
Impression/Diagnosis	Management: 1. 2. 3. 4.
Signature _____ Print Name _____ Date _____ Time _____	

Patient's Name:

Observations record

BM Stix -

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Postural BP's

BP lying and at 0 and 2 minutes after standing
--

Please document pulse, BP, RR, SpO2, pain score, temperature every 2 hours

TIME																			
FiO2 (% or l/min)																			
Pulse																			
BP																			
Temp.																			
SpO2																			
RR																			

TIME																			
FiO2 (% or l/min)																			
Pulse																			
BP																			
Temp.																			
SpO2																			
RR																			

Patient's Name:

Investigations Requests

Investigation	Nurse signature (when performed)	Time	Reason if not performed

Investigation results

	1st bloods	4° bloods	Signature	Time/Date
Hb				
WCC				
Platelets				
Na				
K				
Urea				
Creatinine				
Glucose				
INR				
APPT				
PT				

Other investigations

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Discharge Arrangements

Please document the disposal of the patient here:

Admitted to Ward
which Ward?

TCI date and time
Time actually left CDU

Discharged home
Time and date
discharged home
Outpatient clinic
(specify)

Is social support needed?

YES

No

Was there a previous package in place?

YES

No

Can previous package be recommenced today?

YES

No

Name of Social Worker: _____

When was this arranged? Time: _____ Signature: _____

Is equipment required?

YES

No

Can transport be arranged today?

YES

No

WYMAS - time booked: _____ Signature: _____

Intermediate Care Team required?

YES

No

Letter to G.P. Y / N Signature: _____

TTOs: _____ Prescription: Inpatient/Outpatient

Discharge advice given to patient Y / N Signature _____

DISCHARGE AGAINST ADVICE

I, the undersigned have this date, discharged myself (my _____) from hospital against medical advice and take full responsibility for my action.		
DATE	SIGNATURE	WITNESS
_____	_____	_____

Patient's Name:

CLINICAL DECISION UNIT - PATIENT DISCHARGE SUMMARY
MINOR GASTRO-INTESTINAL BLEED

PATIENT NAME / _____
ADDRESSOGRAPH

ADDRESS _____

DATE OF BIRTH _____

Dear Dr _____

Your patient attended the Clinical Decision Unit at Leeds General Infirmary with an episode of UPPER GI BLEED.

Your patient was admitted and treated on the unit and was discharged after fulfilling the criteria below.

- Single episode of minor GI bleed
- Haemodynamically stable
- Blood results within normal limits

Enclosed (if relevant) are

- Endoscopy report
- Treatment plan

ADDITIONAL COMMENTS

(Tick if appropriate),

- Your patient has been referred for further reassessment, to see Dr. _____
at _____ Hospital on / /01 at . am/pm.
- Your patient has been has been advised to contact yourself or the Department of Accident & Emergency Medicine at Leeds General Infirmary should there be any further problems.

Thank you

Signed _____ Name _____ Designation _____

Date _____

Patient's Name:

Leeds Teaching Hospitals NHS Trust

CDU Discharge Instructions

**Discharge instructions for patients with
Minor Gastrointestinal Bleed**

You have been observed on the Clinical Decision Unit following a minor gastrointestinal bleed. All relevant investigations and observations have been performed, and you have been assessed as ready for discharge.

You should return to Accident & Emergency if you have any further episodes of vomiting that appears to contain blood or dark brown/black particles that look like 'coffee grounds'.

Please stop taking any non-steroid anti-inflammatory drugs (such as ibuprofen), and continue to take any medications that you have been prescribed on CDU. A letter will be sent to your GP regarding your investigation and care on the CDU.

You can telephone for advice if you are unsure:

CDU: 0113 3927138

A&E: 0113 3922516

NHS Direct: 0845 4647

or contact your G.P.