

GI bleed

UPPER GI BLEED = Haematemesis (vomiting blood)

+/- Malaena (offensive, black tarry stools) = **MEDICAL (Gastro)**

NOTE - A massive upper GI bleed can manifest as bright red blood PR

If any of the following **RED FLAG** presentations:

- **History of alcoholism**
- **Known oesophageal varicies**
- **Patient on anticoagulants**
- **Abnormal vital signs (HR >100, BP <100mmhg systolic)**
NB Bblocked patients will not always be tachycardic

Discuss with senior
& transfer to Resus

LOWER GI BLEED = Bright red blood per rectum = **SURGICAL**

If any of the following **RED FLAG** presentations:

- **Patient on anticoagulants**
- **Abnormal vital signs (HR >100, BP <100mmhg systolic)**
NB Bblocked patients will not always be tachycardic

Discuss with senior
& transfer to Resus

- 1) Fully undress, apply a **gown** and **wrist band**
- 2) Record vital signs: **BP, HR, RR, SpO₂, Temp, GCS, BM**
Commence Observation Chart and Early Warning Score - follow ED escalation plan
- 4) **Cannulate** and complete **VIPS**
NOTE - A small amount of PR blood loss with normal vitals does not warrant IV cannula
- 5) **Bloods: UPPER GI BLEED** : FBC, UE , LFTs, Clotting Screen, G+S, VBG
LOWER GI BLEED: FBC, UE, G+S
NOTE - not ALL patients will need G+S (needed if likely to be admitted, clinically unstable, patient looks anaemic, patient anti-coagulated, history of severe bleed)
- 6) Perform **pain score** and give **analgesia** as needed
- 7) Keep **NBM**

Any tasks NOT completed within IAU should be handed over verbally to the team and placed on NURSE ORDERS