



Contents

Introduction	4
Patient-centred care	5
Key priorities for implementation	6
1 Guidance	8
1.1 Risk assessment	8
1.2 Resuscitation and initial management	8
1.3 Timin.....endoscopy TjETBT1571.4146555.3337 Td(1.....	29

Changes after publication..... 22

About this guideline

Introduction

Acute upper gastrointestinal bleeding is a common medical emergency that has a 10% hospital mortality rate. Despite changes in management, mortality has not significantly improved over the past 50 years.

Patient-centred care

This guideline offers best practice advice on the care of adults and young people aged 16 years and over

Key priorities for implementation

The following recommendations have been identified as priorities for implementation.

Risk assessment

- Use the following formal risk assessment scores for all patients with acute upper gastrointestinal bleeding:
 - the Blatchford score at first assessment, **and**
 - the full Rockall score after endoscopy.

Timing of endoscopy

- Of

-

-

-

-

-

-

-

-

Management of variceal bleeding

- Offer prophylactic antibiotic therapy at presentation to patients with suspected or confirmed variceal bleeding.
- Consider transjugular intrahepatic portosystemic shunts (TIPS) if bleeding from oesophageal varices is not controlled by band ligation.

Control of bleeding and prevention of re-bleeding in patients on NSAIDs, aspirin or clopidogrel

- Continue low-dose aspirin for secondary prevention of vascular events in patients with upper gastrointestinal bleeding in whom haemostasis has been achieved.

1 Guidance

The following guidance is based on the best available evidence. The [full guideline](#) gives details of the methods and the evidence used to develop the guidance.

1.1 Risk assessment

1.1. I0ajETBT40.0000 604.4444 Td/F2 12.0000 Tf(Use) Tjance is baformal r

-
-

- 1.7.2 Review the ongoing need for acid-suppression drugs for primary prevention of upper gastrointestinal bleeding in acutely ill patients when they recover or are discharged from critical care.

1.8 Information and support for patients and carers

1.8.1

-
-
-
-

•

-

-

How this guideline was developed

NICE commissioned the National Clinical Guideline Centre to develop this guideline. The Centre established a Guideline Development Group (see appendix A

4 Other versions of this guideline

4.1 Full guideline

The full guideline, [Acute upper gastrointestinal bleeding: management](#) contains details of the methods and evidence used to develop the guideline. It is published by the National Clinical

information for the public

Acute upper gastrointestinal bleeding

4.1.1 [Full guideline](#) contains details of the methods and evidence used to develop this guideline. It is published by the National Clinical

6 Updating the guideline

NICE clinical guidelines are updated so that recommendations take into account new information. New evidence is checked 3 years after publication, and healthcare professionals and patients are asked for their views; we use this information to decide whether all or part of a guideline needs updating. If new evidence is published at other times, we may decide to do a more rapid update of some recommendations. Please see our website for information about updating the guideline.

Appendix A: The Guideline Development Group, National Collaborating Centre and NICE project team

Guideline Development Group

Stephen Atkinson

David Patch

Changes after publication

April 2015: Recommendation 1.2.5 has been amended to add the use of cryoprecipitate as further treatment.

October 2012: Minor maintenance.

, Piccadilly Plaza, Manchester M1 4BTE. nice.9or.uk Enice@nice.9or.uk E

education.9sd not-for-profit purposes. No98 pro(edcati by or for commercion9organisucatis,9or) TjETBq4