Appendix 3

Patients with acute Upper Gastrointestinal Bleeding (UGIB) presenting to NHS Borders: support from RIE, NHS Lothian

Background

- Acute UGIB is the commonest GI emergency and one of the commonest emergencies presenting to hospitals.
- National guidelines recommend that patients with severe UGIB should undergo endoscopy immediately after resuscitation (24/7/365) [1,2].
  NHS Borders does not have enough senior medical staff (Consultant Gastroenterologists and General Surgeons) to provide this level of cover.

Proposal

- NHS Lothian, specifically, the Centre for Liver and Digestive Disorders (CLDD) will provide support for NHS Borders in the provision of emergency endoscopy for patients with UGIB, adopting the following principles.

Principles

- Primary responsibility for management of UGIB remains with NHS Borders
- RIE-CLDD will provide support**, which may include transfer to RIE,** for patients presenting to BGH with UGIB, when:

  (a) patient is **unstable as a result of severe bleeding**; or **suspected acute variceal bleeding in a patient with known chronic liver disease**

  and
  (b) no BGH GI Consultant is available out of hours
  and when none of the BGH GI consultants are on-call for Acute Medicine

- **The following patients should not be referred to RIE:**
  (a) suspected but not confirmed UGIB e.g. coffee-ground vomiting with normal Hb, symptomatic anaemia without overt bleeding, unexplained collapse/syncope without externalised blood.
  (b) clinically stable minor UGIB, with no active bleeding. These patients should undergo endoscopy at BGH on the next available list [3].

Referral process

- The decision to refer to RIE should be made by the on-call General Medicine consultant and not A&E staff or junior medical staff.

- **Referral of patients should be between the BGH on call Consultant and the RIE on call Gastroenterology consultant during daytime or RIE Gastroenterology ST overnight. (RIE GI ST office 0131 242 1712)**

- Once transfer is agreed, this should only occur after adequate resuscitation, unless the patient cannot be stabilised.

- All patients being transferred to RIE must have a medical escort: all by definition are unstable. The BGH medical consultant should seek advice from their Anaesthetics/Critical Care team to assess the appropriateness of transfer, monitoring and seniority of the medical escort required.

- Patients will be transferred to Critical Care at RIE. The on-call GI ST at RIE will facilitate this with RIE ICU ST or Consultant. This must be agreed prior to transfer. Patients should not be transferred to A&E at RIE.

- Patients should be cross-matched at BGH and blood should accompany the patient during transfer.

Repatriation post Endoscopy at RIE

- Following endoscopic therapy at RIE, patients will remain there until it is felt that re-bleeding is unlikely.

- Once the RIE GI consultant on-call decides patient is fit for transfer back to BGH, this will be discussed with the on-call GI consultant at BGH.

- Repatriation will be prioritised by BGH, in keeping with the principles agreed by SEAT [4]. It is expected that transfer back to BGH occurs within 24 hours of a request to repatriate a patient.

References

1. SIGN 105. Management of acute upper and lower gastrointestinal bleeding. A national clinical guideline. 2008.

2. NICE Clinical guideline CG141. Acute upper gastrointestinal bleeding in over 16s: management. 2012. nice.org.uk/guidance/cg141

3. Stanley AJ et al. Outpatient management of patients with low-risk upper-gastrointestinal haemorrhage: Multicentre validation and prospective evaluation. Lancet 2009 Jan 3; 373:42.

4. SEAT Board Repatriation and Tertiary Service Access Protocol version 1.8 December 2014.

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