Summary of Recommended Guideline

NON-Variceal Upper GI Bleed – Acute Management In-Hospital

Key Highlights from the Recommended Guideline

- Consider inserting a nasogastric tube and empiric high-dose proton pump inhibitors while waiting for endoscopy.

- Clinically and endoscopically stratify patients as low- or high-risk for re-bleeding and/or mortality to guide management.

Scope
This guideline is intended, primarily, for hospital-based physicians and specialists who perform endoscopy. Detailed recommendations regarding endoscopic therapy are not summarized here; please refer to the guideline itself.

What should be done prior to or while waiting for endoscopy?

- Immediately evaluate the patient and commence appropriate resuscitation. LEVEL OF EVIDENCE: III

- Consider inserting a nasogastric tube in selected patients; the findings may have prognostic value. LEVEL OF EVIDENCE: II-3

- Consider empiric high-dose proton pump inhibitors while awaiting endoscopy. LEVEL OF EVIDENCE: III

- \( \text{H}_2 \)-receptor antagonists, somatostatin and octreotide are not recommended for non-variceal upper GI bleeding. LEVEL OF EVIDENCE: I

- Clinically stratify the patient as low- or high-risk for re-bleeding and mortality. LEVEL OF EVIDENCE: II-2

- Predictors of increased risk for re-bleeding or death include:
  - Age older than 60 years;
  - Poor overall health status;
  - Comorbid illnesses;
  - Onset of bleeding while hospitalized for another reason;
  - Continued bleeding or re-bleeding;
  - Sepsis;

  - Shock;
  - Fresh red blood on rectal examination, in the emesis, or in the nasogastric aspirate;
  - Low initial hemoglobin level;
  - Elevated urea, creatinine, or serum aminotransferase levels; or
What to do once endoscopy is available?

- Do early endoscopy (within the first 24 hours) and classify the patient by clinical and endoscopic criteria as low- or high-risk. This will guide the decision whether to proceed with endoscopic hemostatic therapy. **LEVEL OF EVIDENCE: I**

- For patients who have undergone successful endoscopic therapy, give an intravenous bolus followed by continuous-infusion proton-pump inhibitor. **LEVEL OF EVIDENCE: I**

- Do **not** do routine “second-look” endoscopy. **LEVEL OF EVIDENCE: I**

- However, a second attempt at endoscopic therapy is generally recommended in cases of re-bleeding. **LEVEL OF EVIDENCE: I**

- Consult surgery for patients who have failed endoscopic therapy. **LEVEL OF EVIDENCE: II-2**

**Levels of Evidence**

<table>
<thead>
<tr>
<th>Category and Grade</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Quality of evidence</td>
<td>Evidence obtained from at least 1 properly randomized, controlled trial.</td>
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<tr>
<td>I</td>
<td>Evidence obtained from well-designed controlled trials without randomization.</td>
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<tr>
<td>II-1</td>
<td>Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than 1 center or research group.</td>
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<tr>
<td>II-2</td>
<td>Evidence obtained from comparisons between times or places with or without the intervention, or dramatic results in uncontrolled experiments.</td>
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<tr>
<td>II-3</td>
<td>Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.</td>
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**Classification of recommendations**

| A                  | There is good evidence to support the procedure or treatment. |
| B                  | There is fair evidence to support the procedure or treatment. |
| C                  | There is poor evidence to support the procedure or treatment, but recommendations may be made on other grounds. |
| D                  | There is fair evidence that the procedure or treatment should not be used. |
| E                  | There is good evidence that the procedure or treatment should not be used. |

**Voting on the recommendations**

- a: Accept completely
- b: Accept with some reservation
- c: Accept with major reservation
- d: Reject with reservation
- e: Reject completely

* Statements for which more than 50% of participants voted a, b, or c were accepted.

The above recommendations were derived from the following GAC endorsed guideline(s):

Available at: [http://www.annals.org/cgi/reprint/139/10/843.pdf](http://www.annals.org/cgi/reprint/139/10/843.pdf)

Rating (out of 4): 🍊🍊