Upper GI Bleed

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Patients who are admitted to hospital with upper GI who are hypotensive (<100 mmHg) for more than 30 min need to be admitted to a high dependency unit

Description	Unstable upper GI bleeding patients are admitted to a high dependency unit.
Rationale	Patients who are unstable with upper GI bleeding have a worse outcome and need close monitoring to tailor treatment modalities, in particular serial Hb and frequent vital sign monitoring.
Target	80% of patients admitted with an unstable upper GI bleed (BP < 100 mmHg) should be in a HDU within 2 hours of arrival in Emergency Department.
KPI reporting	6 monthly
Data sources	EGS registry

Patients with blood per rectum have their anticoagulants stopped on admission and are not charted for heparins in the first 12 hours post admission

Description	Patients with blood per rectum have their anticoagulants stopped on admission and are not charted for heparins in the first 12 hours post admission. This would include antiplatelet agents and warfarin.
Rationale	Patients who present with blood per rectum may be on anticoagulants, usually for atrial fibrillation. They may have a recent stent or history of thromboembolic phenomenon. Failure to stop these medications at least for the first few hours of admission could result in more significant hemorrhage.
Target	95% of patients admitted for blood per rectum have their anticoagulants stopped.
KPI reporting	6 monthly
Data sources	EGS registry

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