

UPPER GASTROINTESTINAL BLEEDING  
EDUCATIONAL GUIDELINE  
RISK STRATIFICATION FOR REBLEEDING AND MORTALITY  
Rockall, TA, et al. *Gut*. 1996 Mar; 38(3): 316-21

RISK FOR REBLEEDING AND DEATH									
Total Risk Score	0	1	2	3	4	5	6	7	8+
Risk Rebleeding (%)	4.9	3.4	5.3	11.2	14.1	24.1	32.9	43.8	41.8
Risk Death (%) - all patients	0	0	0.2	2.9	5.3	10.8	17.3	27	41.1
Risk Death (%) - patients w/ rebleed	0	0	0	10	15.8	22.9	33.3	43.4	52.5
Risk Death (%) - patients w/out rebleed	0	0	0.3	2	3.5	8.1	9.5	14.9	28.1

RECOMMENDATIONS FOR DISCHARGE:

1. Patients with TOTAL RISK SCORE 0-2 ( risk rebleeding  $\leq$  5.3%, risk of death  $\leq$  0.2%) may be discharged within 24 hours of admission.
2. Patients with TOTAL RISK SCORE 3-4 should be observed for 48-72 hours, then may be discharged if no clinical evidence of rebleeding (risk death  $\leq$  3.5%)
3. No recommendation for patients with TOTAL RISK SCORE  $\geq$  5 .

RECOMMENDATIONS FOR ANTISECRETORY THERAPY

Peterson, WL, Cook, DJ, *JAMA* 1998 Sep; 280(10): 877-8

1. H2-receptor Antagonists: A single large, randomized trial and meta-analysis of 27 smaller, randomized trials have shown no benefit from H2-receptor antagonists for in-hospital re-bleeding in patients with UGI hemorrhage.
2. Proton Pump Inhibitors (PPI): Combined results from 5 heterogenous studies suggest a reduction in in-hospital re-bleeding in patients with UGI hemorrhage treated with a PPI, especially in those patients with stigmata of recent hemorrhage(SRH) (overlying clot or non-bleeding visible vessel).
3. RECOMMENDATION: Patients with UGI bleeding be treated with a PPI as the preferred anti-secretory therapy as soon as able to take the medication by mouth or NG tube, especially if they have SRH.