

An audit on upper gastrointestinal bleeding in a district general hospital

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Aims

Acute upper gastrointestinal bleeding is the commonest emergency managed by gastroenterologists. Mortality is reported to be lower in specialist units and this is probably because of adherence to protocols and guidelines. The aim of this audit was to look into compliance with national guidelines.

Methods

Information was gathered retrospectively on 50 patients admitted to a district general hospital with acute upper gastrointestinal haemorrhage. They were 16 females and 34 males with age range of 18–90 years.

Results

Results showed that 92% of the patients were admitted under a non-gastroenterologist physician as part of the on-call take. The majority of patients (90%) were referred to the gastroenterologist within the first 24 hours of admission. The severity of bleeding was assessed in only 44% of patients, using the Rockall scoring system. Circulatory volume was restored in all patients with intravenous fluids or blood transfusion. Not all of the patients (only 44%) had an endoscopy within 24 hours and there was no out-of-hours endoscopist on site unless the on-call physician was a gastroenterologist.

Conclusions

The initial management of acute upper gastrointestinal bleeding is very important. In a district general hospital, the lack of out-of-hours endoscopists and the long waiting time for the endoscopy list may delay the appropriate timing of endoscopy. Our study showed that we need to train junior doctors in how to use the Rockall scoring system. Following this audit, a standard pro forma for clerking patients with upper gastrointestinal bleeding was developed. ■

Conflict of interest statement

None declared.

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