Triage in acute upper gastrointestinal bleeding


Abstract

Background: Upper gastrointestinal bleeding (UGIB) is a common presentation to emergency departments with an incidence of approximately 45–172 per 100,000 people per year in UK. Although the incidence of acute UGIH has decreased by approximately 30% over the past 10 years, the cost of managing UGIH remains a major economic burden, a major healthcare resource utilization and expense. Randomized controlled trials studies have shown that nurses with using risk stratification can identify a significant number of low-risk patients who can be managed as outpatients and/or undergo early hospital discharge, with significant cost savings and, more importantly, with an acceptable level of safety. The aim of this study is presenting risk stratification system in acute upper gastrointestinal hemorrhage, recommend in to use as triage tools in emergency departments by nurses.

Material and Methods: This study is a review article that has been done to base on collected data from library and data base sources Ebesco, Elsevier, pubmed (2006-2012) and published research related to the topic.

Results: The assessment of GI bleeding without concerning its cause in community involves the identification of patients who require urgent admission, patients who require to be referred for outpatient assessment and patients who can be managed at home without involvement of hospital services. five risk scores was designed and commonly used risk scoring systems are Rockall scoring system, Blatchford scoring system. The Blatchford risk score was derived to predict death and the need for treatment (transfusion, endoscopic treatment, surgery). Patients with a Blatchford score of more than 0 are considered to require clinical intervention. The initial (pre-endoscopic) Rockall score is derived from age, shock and comorbidity. Patients with a clinical Rockall score more than 0 are considered to be at high risk for adverse outcomes.

Conclusion: Nursing clinical knowledge about correct diagnosis, signs of UGIB, ultimateing triage and prediction of risk in patients with upper gastrointestinal bleeding and early stratification in accordance with clinical symptoms in low and high risk patients for rebleeding or mortality during admission in hospital is very important and causes desired nursing care. Risk stratification can identify a significant number of low-risk patients who can be managed as outpatients and/or undergo early hospital discharge, with significant cost savings and, more importantly, with an acceptable level of safety.

Keywords: Blatchford Scoring System, Rockall Scoring System, Upper Gastrointestinal Bleeding