

Upper GI Bleed Pathway

Identified improvement opportunities

Pre-procedure

- Administer bolus and BID intravenous proton pump inhibitors (PPIs) rather than continuous drips.
- Administer timely octreotide and antibiotics for patients with cirrhosis or variceal bleeding.
- Reduce unnecessary transfusions in patients with cirrhosis.
- Provide timely EGD, ideally within 24 hours.

During procedure

- Use over-the-scope clips.
- Use coagulation forceps with soft coagulation current.
- Understand when to use Hemostatic spray.
- Use Forrest Classification.

Post-procedure

- Patients with Forrest III lesions as source of bleeding can be discharged early.
- Provide 72 hour continuous PPI *only* for high-risk stigmata.
- Resume anti-platelet therapy and anticoagulation when hemostasis is achieved.