Paediatric Upper GI Bleeding Checklist

ACTION	TASKS	TICK WHEN COMPLETED AND TIME OF ACTION	NOTES
1. ABCDE/APLS Management	Consider Early Intubation/Crash Call IV Access x 2 – consider US guided/central access	☐ ____:____ ☐ ____:____	**HELP** **Monitoring** **Bloods/Blood Gas**
2. Cross match and speak urgently to Haematology	Blood Samples Discuss with Haematology	☐ ____:____ ☐ ____:____	**Transfusion aim Hb 90-100g/l**
3. Inform local anaesthetic team	To be aware that critically unwell child in ward To ask for support with central access (if necessary)	☐ ____:____ ☐ ____:____	
4. ORDER URGENT OCTREOTIDE	Prescribe (as per guideline) And give	☐ ____:____ ☐ ____:____	**Loading dose: 1mcg/kg** (max 50 mcg) loading dose over 5 mins, then Maintenance infusion: 1-3 mcg/kg/hr (max 50mcg/hr) maintenance infusion
5. Notify SORT		☐ ____:____	**023 8077 5502** https://www.sort.nhs.uk/
6. Notify SGH Gastro/King's	Call Specialist Centre If adolescent, consider speaking to adult endoscopy service	☐ ____:____ ☐ ____:____	Consider causes: Varices vs. other cause (determines where to call). If in doubt consider varices and contact King's
7. IV Vitamin K	Prescribe (as per guideline) And Give	☐ ____:____ ☐ ____:____	**300micrograms/kg**; max 10mg
8. IV Antibiotics	Prescribe (as per guideline) And give	☐ ____:____ ☐ ____:____	- Piperacillin/tazobactam **<1mo: 90mg/kg 8hrly** **>1mo: 90mg/kg 6hrly** (max 4.5g/dose)
9. IV Omeprazole	Prescribe (as per guideline) And give	☐ ____:____ ☐ ____:____	1mg/kg od max 40mg OD) **or** Alternatives include IV ranitidine, IV pantoprazole or IV esomeprazole
10. CXR	Review CXR	☐ ____:____	Consider differential diagnosis – button battery ingestion
11. Prepare for transfer	STOPP form (SORT Website) Prepare equipment/'grab' bag Ensure blood, FFP/equivalent, tranexamic acid available.	☐ ____:____ ☐ ____:____ ☐ ____:____	

PIER
Paediatric Innovation, Education and Research Network