**Table 1:** Causes of upper gastrointestinal bleeding

* Peptic ulcer
* Oesophagitis
* Drug-induced mucosal damage (NSAID)
	+ Ulcer
	+ Erosions
* Traumatic or postoperative lesions
	+ Mallory-Weiss lesion
	+ Arterio-intestinal fistula
* Malignant tumor
* Sequelae of portal hypertension
	+ Oesophageal varices
	+ Varices of the gastric fundus
	+ Portal hypertensive gastropathy
* Vascular anomalies
	+ Dieulafoy lesion
	+ Gastric antral vascular ectasia (GAVE syndrome)
	+ Angiodysplasia
	+ Rendu-Osler-Weber syndrome (hereditary hemorrhagic telangiectasia)
* Bleeding from the hepato-pancreatico-biliary system
* Bleeding from a duodenal diverticulum

**Table 2:** Glasgow-Blatchford Score

The Blatchford score has to be used before endoscopy. The score component values are added up for each component. A score of 0 is the cut-off with any patient scoring >0 at risk of requiring an intervention.

|  |  |
| --- | --- |
| **Admission risk marker** | **Score component value** |
| **Blood Urea (mmol/L)** |
| 6.5-8.0 | 2 |
| 8.0-10.0 | 3 |
| 10.0-25 | 4 |
| >25 | 6 |
| **Haemoglobin (g/dL) for men** |
| 12.0-12.9 | 1 |
| 10.0-11.9 | 3 |
| <10.0 | 6 |
| **Haemoglobin (g/dL) for women** |
| 10.0-11.9 | 1 |
| <10.0 | 6 |
| **Systolic blood pressure (mm Hg)** |
| 100–109 | 1 |
| 90–99 | 2 |
| <90 | 3 |
| **Other markers** |
| Pulse ≥100 (per min) | 1 |
| Presentation with melaena | 1 |
| Presentation with syncope | 2 |
| Liver disease | 2 |
| Cardiac failure | 2 |

**Table 3:** Clinical (pre endoscopy) and full (post endoscopy) Rockall score

The first three rows make up the clinical score. After endoscopy the scores form the last two rows are added to create the full score.

Scores are additive. A score of 0 for the clinical and scores from 0-2 for the full score are the clinical cut-offs to indicate patients at low risk of re-bleeding or death.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Variable** | **Score 0** | **Score 1** | **Score 2** | **Score 3** |
| **Age** | <60 | 60- 79 | ≥80 |  |
| [**Shock**](http://en.wikipedia.org/wiki/Shock_%28circulatory%29) | No shock | Pulse ≥100Systolic blood pressure ≥100  | Systolic blood pressure <100 |  |
| **Co-morbidity** | Non major |  | Chronic heart failure, ischemic heart disease, major comorbidity | Renal failure, liver failure, metastatic cancer |
| **Diagnosis** | [Mallory-Weiss](http://en.wikipedia.org/wiki/Mallory-Weiss_syndrome) lesion | All other diagnoses | GI malignancy |  |
| **Evidence of bleeding** | None |  | Blood, adherent clot, visible or spurting vessel |  |

**Table 4:** Forrest classification[12] and the risk of re-bleeding within 24 hours after exclusively medical therapy

|  |  |
| --- | --- |
| **Acute bleeding** | **Re-bleeding risk (%)** |
| Forrest I a (Spurting bleeding) | 90 |
| Forrest I b (Oozing bleeding) | 50 |
| **Signs of recent bleeding** |  |
| Forrest II a (Visible vessel) | 25-30 |
| Forrest II b (Adherent clot) | 10-20 |
| Forrest II c (Flat pigmented [haematin](http://en.wikipedia.org/wiki/Haematin) on [ulcer](http://en.wikipedia.org/wiki/Peptic_ulcer) base) | 7-10 |
| **Lesions without active bleeding** |  |
| Forrest III (Lesions without signs of recent bleeding or fibrin-covered clean ulcer base) | 3-5 |