

OC-084

**SAFE DISCHARGE OF PATIENTS WITH LOW-RISK UPPER GASTROINTESTINAL BLEEDING (UGIB): CAN USE OF GLASGOW-BLATCHFORD BLEEDING SCORE (GBS) BE EXTENDED?**

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**Introduction** Risk stratification of patients with suspected UGIB using either Glasgow-Blatchford Bleeding Score or pre-endoscopy Rockall score to facilitate early safe discharge (GBS = 0, pre-Rockall = 1) has been reported.<sup>1,2</sup> This observational study compared score utility and considered the impact of extending the range of GBS or pre-Rockall scores permitting safe discharge.

**Methods** Consecutive adult patients presenting from September 2008-March 2009 with suspected UGIB to acute medicine and the emergency department had clinical history, vital signs, laboratory and endoscopy results prospectively recorded using electronic databases. GBS, pre-Rockall scores and a composite endpoint (blood transfusion, endoscopic therapy, interventional radiology and surgery or 30-day mortality) were calculated.

**Results** 388 patients with suspected UGIB were identified of which 92.3% were admitted (median (range) GBS = 5 (0-19) and Pre-Rockall = 2 (0-11)), representing 2.4% of 14,809 medical admissions. 7.7% were discharged (GBS = 0 (0-4) and Pre-Rockall = 0 (0-4)). 47.9% underwent endoscopy. 151 (38.9%) patients had the composite endpoint; of these, 77.5% received blood transfusion, 45.7% endoscopic treatment and 8.0%

**Table 1** OC-084 UGIB Risk Score

Glasgow-Blatchford Bleeding Score (GBS)	Frequency (%)	Sensitivity	Specificity	PPV	NPV
0	15.2	100	25	46	100
0/1	24.5	99	39	51	98
0/1/2	32.5	97	51	56	96
<b>Pre-endoscopy Rockall</b>					
0	19.8	97	30	47	94
0/1	36.3	87	51	53	86
0/1/2	53.6	70	68	58	78

died within 30 days. AUROC (95% CI) for 30-day composite endpoint was 0.92 (0.89–0.94) using GBS and 0.75 (0.70–0.80) using pre-Rockall. Sensitivity, specificity, NPV and PPV for different GBS and pre-Rockall score thresholds are listed in table 1.

**Conclusion** GBS is superior to pre-Rockall in predicting patients with UGIB who can be safely discharged. Sensitivity analysis suggests that patients with GBS <3 could be considered for early discharge doubling the number of eligible patients (from 15.2% to 32.5%). This has important patient safety and financial implications.

## REFERENCES

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**Competing interests** None.

**Keywords** risk stratification, upper gastrointestinal haemorrhage.