FFP. 86% of patients with a GBS score of >6 required emergency endoscopy within 24 hours of admission.

Conclusion The Glasgow Blatchford score is a valid assessment tool when considering the need for treatment in patients presenting with acute upper gastrointestinal bleeding. Patients scoring zero can be considered for safe early discharge as per NICE guidance and subsequent outpatient investigation. Scores of more than 6 are associated with the need for transfusion of blood products and urgent inpatient investigation.

49 VALIDATING THE GLASGOW-BLATCHFORD UPPER GI BLEEDING SCORING SYSTEM

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Introduction The Glasgow Blatchford score is a risk scoring tool used to predict the need to treat patients presenting with upper gastrointestinal bleeding. NICE guidelines suggest patients with a score of zero can be considered for safe early discharge.

Aims/Background As far as we know there are no UK studies validating this scoring system. We aim to demonstrate the validity of the Glasgow Blatchford risk score by means of a prospective study.

Method We prospectively calculated the Glasgow Blatchford score for all patients with acute upper GI bleeding admitted through the acute surgical take in a busy district general hospital from January 2013 to present. These patients were then followed up and their treatment documented on an anonymised, prospectively maintained database. Initial and complete Rockall score was also documented.

Results 88 patients were admitted throught the surgical assessement unit. 68 were male. Age range was 32 to 94 years, median age 65 years (mean 63). There were 32 admissions through A+E, 44 GP referrals and 10 ward referrals. 12 patients had a Glasgow Blatchford score of zero, 8 of whom had outpatient OGD, all 12 showed no active bleeding. 10 of these OGDs were reported as normal. 50 patients had a score of 6 or below, 38 patients had a score of 7 or more required an average of 3 units packed red cells and 1 unit of