Abstract PTH-42 Figure 1 Kaplan-Meier curves of survival, grouped according to the CFS.

Although Blatchford scores >2 were not a predictor of early outcome or the use of intervention, there is a correlation between Blatchford score and death over time. The Blatchford score is significantly greater in those with survival <4 weeks (14.6) compared with those <52 weeks (8.9, p<0.01). Likewise pre and post Rockall score is correlated with 52 week survival, (log rank test, p<0.01), but a poor indicator of the need to intervene at OGD, or death from GI causes. Indicating that both risk assessment scores are in fact surrogate markers of frailty rather than GI pathology.

All patients that died during admission had a CFS 7-9, and of the 15 (11%) patients that died <4 weeks 80% had CFS 7-9. Of the 23 patients who died <12 weeks 91% had a CFS 7-9. Only 1/6 (1.5%) of patients with a CFS 1-3 survived <52 weeks.

Conclusion A Blatchford score ≤2 is strongly predictive of no AUGIB.

No scoring system predicts reliably whether intervention was required. A high percentage of those patients with poor outcomes during admission, and <12 weeks have a CFS of 7-9, in contrast to the excellent long term survival of those patients with a CFS 1-3.

The Rockwood CFS can help differentiate those patients who may have poor outcomes from undertaking emergency OGD, particularly in the short term, giving an opportunity to discuss and pursue a more conservative approach.