



Epigastric pain +/-

1. N/V + radiation to back – Think **Pancreatitis**
2. Hematemesis – Think **Peptic Ulcer Disease – Bleeding/perforation**
3. Palpable swelling – Think **Hernia/ Hepatomegaly**
4. History of IHD – Think **M.I**

Examination:
General + Abdominal

Observations/NEWS
(q-SOFA sepsis criteria)

Investigations:

1. **Bloods:** FBC, U&E, LFT, Amylase, coagulation screen & G&S
2. **ECG**
3. **Radiology:** CXR

Relevant Findings:

- Percussion Tenderness = Peritonism
- Hematemesis
- Palpable mass

Q-SOFA Sepsis Criteria

- SBP < 100 mmHg
- GCS < 15
- RR > 22/minute

If 2/3 of the above present = SEPSIS

1. Peritonism +/- Sepsis (2/3 present)
2. Hematemesis +/- Haemodynamic compromise
3. ECG with new T/ST changes +/- raised Troponin

YES - Urgent senior advice

1. NBM + Strict Input/output charting
2. IV Fluids (see NICE guidelines)
3. Regular Paracetamol + Opiate and PRN Morphine + Antiemetic
4. IV Antibiotics if septic/ deranged inflammatory markers*
5. Stop Anticoagulants if bleeding/Abnormal Coag
6. Follow AKI bundle if AKI**
7. Urgent medical review (ST changes)



* Refer to trust guidelines for choice of antibiotics
** Refer to trust AKI guidelines

NO - Review on ward round

1. Orally Sips only
2. AKI - IV fluids + medication review**
3. Regular Paracetamol + Opiate and PRN Morphine + Antiemetic
4. VTE Prophylaxis
5. Abdominal USS (if suspected pancreatitis)