Emergency Department Adult Upper GI Bleed Triage Guideline
Using the Glasgow Blatchford Score
For initial risk stratification and possible early discharge.
This is a guideline and does not replace clinical judgement.

**Very Low Risk**
Glasgow Blatchford score of 0 or 1:
- Mortality and urgent need for endoscopy is low in this group.
- Consider discharge and outpatient GI follow up if no other medical conditions require hospitalization.

**Low Risk**
Glasgow Blatchford score of 2:
- Requires GI consultation, may be done over the phone.
- Discharge may be considered after GI consultation if the patient is hemodynamically stable with no ongoing bleeding, no stigmata of liver disease, has social support, and access to a medical facility.

**Non-Low Risk**
Glasgow Blatchford score of 3 or higher:
- Need for intervention and monitoring is high and inpatient admission should be strongly considered.

- **Do not use if the patient is admitted for another cause or developed GI bleeding after admission.**
- **Adult patients only.**
- **Liver disease -functionally defined as:**
  - **Cirrhosis (known or suspected)** – platelet count < 150, splenomegaly
  - **Alcoholic hepatitis** – discriminate function > 32, AST:ALT ratio >2, alcohol use in the past 4 weeks, and cholestasis without biliary disease
  - **Other reason to suspect portal hypertension which could lead to a variceal bleed**
Glasgow Blatchford References: