Adult Upper GI

Key
Green text – test type
Blue box - test results
Orange box - referrals

Routes into Pathway

Patient presents with symptoms

Clinical Assessment - History

Additional Info Pop Up

- Edinburgh Dysphagia Score Link
- Globus is the sensation of a lump in the throat. Dysphagia is the sensation of something sticking.

Symptoms – *present for how long?*

Dysphagia
- where
- duration
- getting worse
- constant
- solids/ liquids/ both

Vomiting
- when
- duration
- associated symptoms (esp. pain)
- presence of blood

Pain
- constant/ intermittent
- associated with eating in general/ specific food
- any radiation – esp. to back

General
- unexplained weight loss
- change in colour of urine/ stool (inc. fatty stools)

Additional Info Pop Up

- Smoking & alcohol consumption
- Drug use

Clinical Assessment - Examination

Additional Info Pop Up

- Smoking & alcohol consumption
- Drug use

General
Features suggestive of weight loss – muscle bulk loss/ skin sagging

Abdomen
Areas of tenderness
Mass
Organomegaly
Features of chronic liver disease

Urgent Referral and Admission Guidance

Same Day Referral Pop Up
Unwell
Febrile AND localised pain, peritoneal signs, pallor, vomiting, abdominal pain.
Signs and symptoms suggestive of recent GI Bleed. Haemodynamically unstable. Food Bolus obstruction, absolute dysphagia.

UCR
Dysphagia, (unless previous endoscopy in last 12/12)
Over 55 with weight loss and either dyspepsia or reflux or upper abdominal pain.

Investigations – *select all appropriate based on clinical assessment*

Jaundice (see same day urgent referral pop up)

FBC UE LFT INR CRP

Over 40 OR weight loss → **CT/ UCR**

Under 40 & no weight loss
Under 60 without symptoms
Colicky pain after eating, vomiting +/- change in stool & urine → **USS**

CT/ UCR + **USS** → **No identifiable cause – see liver pathway**

Nausea/ Vomiting

These symptoms are common and associated with a large number of conditions.
In the context of >60 with weight loss
Refer UCR/CT

In the context of >60 with weight loss Refer UCR/CT

Investigations – *select all appropriate based on clinical assessment*

Upper abdominal pain/ reflux without jaundice

Retrosternal chest pain without weight loss
Pain with food without mass or weight loss → **HPylori**
Unremitting pain → **Scope**
>55 and weight loss
Mass
Dysphagia esp. to solids (consider neurology referral if to liquids)
>60 with weight loss and diarrhoea, back pain, constipation, new onset DM
→ **UCR/ Urgent Endoscopy and CT**

Additional Info Pop Up

Adequate Therapy
Reflux – 4 week PPI
Peptic ulcer disease – eradication of Hpylori (6 to 8 weeks treatment)

Trial of therapy including lifestyle

If on review adequate therapy failure → **Endoscopy or refer/ A&G**

If on review therapy successful intermittent use of alginates or PPI PRN