

# GASTROINTESTINAL BLEED STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)  
 Advisor Assessment Form (AF)

NCEPOD questionnaire number

## INSTRUCTIONS FOR COMPLETION

Please complete all questions with either block capitals or a bold cross inside the boxes provided. If you make a mistake, please "black-out" the box and re-enter the correct information. Unless indicated, please mark only one box per question.

### A. PATIENT DETAILS

1. Age at time of admission    years
2. Gender  Male  Female
3. Weight    kg OR   st   lb  Not recorded
4. Height    cm OR  ft   in  Not recorded
5. BMI    Not recorded

### B. ADMISSION/GI BLEED PRESENTATION

6. Time and date of arrival to hospital: Time:     Date:      Not recorded  
h h m m d d m m y y
7. Time and date of admission to first ward: Time:     Date:      Not recorded  
h h m m d d m m y y
8. Was the admission  Non elective  Elective  Not recorded
9. What was the mode of admission?  
 Via the Emergency Department  Hospital transfer  
 Following outpatients/telephone consultation  Other   
 Direct from a GP  Not recorded
- 10a. If transferred for management of their GI Bleed what was the reason for the inter-hospital transfer  
 Oesophago-Gastro-Duodenoscopy  Specialist surgical input  
 Specialist GI/hepatologist care  Palliative care  
 HDU or ICU bed  Other   
 Interventional Radiology for  Not documented  
 Transjugular Intrahepatic Portal Systemic Shunt (TIPS)  
 Embolisation















































