

THE SHOCK INDEX IS NOT BETTER THAN PRE-EXISTING SCORING AT PREDICTING OUTCOMES IN UPPER GASTROINTESTINAL BLEEDING PATIENTS.

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A retrospective study comparing Shock Index to established scoring systems for predicting intervention need and mortality in upper gastrointestinal bleeding found Shock Index inferior to pre-existing scores.

KEY POINTS

- The study analyzed UGIB patients admitted between 2013-2020, comparing Shock Index performance against MAP(ASH), ABC, Glasgow-Blatchford, AIMS65, and Rockall scores for predicting need of intervention and in-hospital mortality.
- All pre-existing scores demonstrated statistically superior performance to Shock Index for predicting relevant outcomes, with MAP(ASH) achieving AUROC 0.789 for intervention and ABC achieving AUROC 0.804 for mortality compared to Shock Index AUROC 0.626 and 0.612 respectively.
- Shock Index showed advantage over pulse alone for predicting intervention but no advantage over vital signs for predicting mortality.
- The authors recommend using MAP(ASH) or ABC scoring systems over Shock Index for predicting intervention and mortality in UGIB, citing easier calculation and better performance.
- This material is relevant for clinicians managing upper gastrointestinal bleeding who need to select risk stratification tools.

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