# IMPROVING DOCUMENTED ADVICE REGARDING ANTICOAGULANTS AND ANTIPLATELETS IN ACUTE UPPER GASTROINTESTINAL BLEEDS

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**A quality improvement study found that structured interventions including reporting software prompts, education, and departmental guidance improved documentation of anticoagulation management advice in endoscopy reports for acute upper gastrointestinal bleeds from 35% to 65%.**

## KEY POINTS

- Among 319 patients undergoing endoscopy for acute upper gastrointestinal bleeds, 22.5% were taking antiplatelet or anticoagulant therapy, rising to 29.3% in a second cohort of 283 patients.
- Interventions including software prompts, education campaigns, and visible medication guidance summaries led to improvements in documented advice on endoscopy reports (35% to 65%), post-procedure appropriate prescribing (68% to 75%), and pre-procedure management (76% to 81%).
- Almost 4 in 10 reports pre-intervention provided only non-specific advice such as 'continue medication', and discontinuation of aspirin in low-risk bleeds was a recurring theme.
- Documentation was better in major bleeds with haemodynamic instability, where 87.5% of patients had clearly documented advice, suggesting that workload pressures and case complexity influence documentation quality.
- This work is relevant to gastroenterologists, endoscopists, and quality improvement teams seeking to implement care bundles and improve anticoagulation management documentation in acute gastrointestinal bleeding.

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