**Any child vomiting any blood**

**Assess & Manage ABC**
- Keep NBM
- IV Access
- Fluid / blood bolus and 2 large cannulae if shocked.
- Consider major haemorrhage protocol.

**Perform URGENT CXR** to Check for button battery unless ingestion can confidently be excluded.

**No button battery apparent**

**Assess likelihood of portal hypertension:**
- Enlarged liver, spleen, history of liver disease
- Bloods: FBC, Coagulation, Group and save, LFT, U+Es
- IV omeprazole
- Urgent US abdomen

**Portal Hypertension likely**
- Enlarged spleen +/- liver de-arranged LFTs. Known liver disease or portal hypertension.
- Discuss with variceal bleeding centre and follow guidance
- IV Antibiotics and octreotide, correct coagulopathy.
- Uncontrollable bleeding use Sengstaken Blakemore tube or foley catheter to tamponade bleeding

**Portal Hypertension unlikely**
- Assess risk eg with Sheffield Score. More detailed history of bleeding.

**High risk:** requires urgent endoscopy with endoscopist and surgeon able to manage acute bleeding. Consider octreotide and tranexamic acid to control bleeding. **Consider transport discuss with PICU transport team**

**Low risk:** Endoscopy not urgent. Can remain in local centre and discuss further management with Paed endoscopist after considering other reasons for reported blood eg epistaxis.