

# Standard Operating Procedure

## Gastritis

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### 1. Purpose

To provide a standardized protocol for the diagnosis and management of acute and chronic gastritis to ensure rapid symptom relief, H. pylori eradication where indicated, and prevention of complications (ulceration, bleeding, malignancy).

### 2. Scope

Applicable to all healthcare providers (Emergency physicians, surgeons, medical officers, and nursing staff) managing patients with suspected or confirmed gastritis.

### 3. Responsibilities

- **Emergency Physician/MO:** Initial assessment, stabilization, investigations, referral.
- **Gastroenterologist/Physician:** Diagnosis confirmation, H. pylori testing, medical management.
- **Surgeon:** Management of complications requiring intervention (e.g. Bleeding)
- **Anesthetist:** Perioperative care if surgery needed.
- **MO/Nursing Staff:** Monitoring, medication administration, patient education.

#### A. Initial Assessment

- **History:** Epigastric pain, nausea, vomiting, dyspepsia, NSAID/alcohol use, smoking, H. pylori risk factors.
- **Examination:** Epigastric tenderness, vital signs, signs of anemia or peritonitis.

#### B. Investigations

- **Laboratory:** CBC, baseline investigations, H. pylori testing (breath test/faecal antigen preferred; CLO test on biopsy).
- **Endoscopy + Biopsy:** Gold standard – multiple biopsies (antrum, body) for histology and H. pylori

### **C. Initial/Supportive Management**

- Stop NSAIDs/alcohol.
- IV fluids if dehydrated.
- High-dose PPI (IV/oral).
- Analgesia + antiemetics.
- Admit if severe, bleeding, or elderly.

### **D. Specific Management**

- **H. pylori positive:** H. pylori eradication
- **Erosive/Stress/NSAID:** High-dose PPI ± sucralfate
- **Autoimmune:** PPI + vitamin B12 replacement.
- **Bleeding:** Endoscopic hemostasis; surgery (under-running ± gastrectomy) if refractory.

### **E. Monitoring**

- Vitals and hemoglobin.
- Watch for bleeding, perforation, outlet obstruction.
- Repeat endoscopy if gastric ulcer or no improvement.

### **F. Discharge & Follow-up**

- Discharge when stable and tolerating oral intake.
- Oral PPI 4–8 weeks.
- Lifestyle: avoid NSAIDs/alcohol/smoking.
- OPD follow-up 2–4 weeks; endoscopic surveillance.
- Confirm H. pylori eradication.

## **5. Documentation**

- Admission notes (history, examination)

- Endoscopy/biopsy report
- Consent form
- Progress notes
- Discharge summary with medication plan, lifestyle advice, and follow-up