

Adult Acute Abdomen Pathway 1 - INITIAL ASSESSMENT AND MANAGEMENT

Time	Action	Date & Time	Sign-off	
0 hrs	Initial risk assessment by clinician (ward-based or A&E)	dd/mm/yy - hh:mm	Name of clinician	
1 hr	Any of the following = HIGH RISK	dd/mm/yy - hh:mm	Name of clinician	
	✓/✗			
	• SIRS criteria ≥ 2 or shock of any cause (<i>SBP < 90mmHg</i>)			
	• EWS ≥ 5			
	• Age ≥ 65 years			
	• Age > 50 <u>and</u> any of			Anticipated to need urgent surgery
				Renal impairment (<i>creatinine >130umol/l</i>)
				Diabetes (<i>including diet-controlled</i>)
				Significant CVS/RS disease (<i>or risk factors for</i>)
	• Abdominal findings cause particular concern (<i>eg, severe pain, generalised peritonism, gross distension</i>)			
• Recent intra-abdominal surgery				
• Long-term steroids or immuno-suppressive therapy				
<i>Beware! B blockers can suppress the CVS response to illness.</i>				
Baseline investigations for patients	✓/✗	dd/mm/yy - hh:mm	Name of clinician	
• CT scan (<i>request within 2hrs in patients with "HIGH RISK" features</i>)				
• FBC, U&Es, LFTs, CRP, amylase, glucose (<i>consider BHCG/Trop T</i>)				
• Coagulation				
• Group & save				
• Blood cultures if febrile				
• Arterial blood gas (<i>review lactate</i>)				
• Urinalysis/MSU				
• ECG				
Treat sepsis (SIRS ≥ 2)	• IV antibiotics within 1hr of diagnosis	dd/mm/yy - hh:mm	Name of clinician	
	• IV fluids for hypovolaemia/raised lactate			
	• Source control within 6hrs of diagnosis			
<i>General Surgery (ST) middle grade reviews patient within 30 min of initial assessment or referral.</i>				
2 hrs	High risk - early management		Name of surgical trainee	
	Time of review by General Surgery middle grade (ST).			
	Time discussed with consultant surgeon (<i>within 1hr of review by General Surgery middle grade if patient is anticipated to require urgent surgery or Critical Care support</i>).			
	Request CT scan (<i>discuss with duty radiologist - use of contrast to be determined on an individual patient basis</i>).			
4 hrs	Time abdominal CT reported (<i>within 4hrs of initial assessment</i>).		Name of surgical trainee	
	Does the patient need an operation? (<i>circle</i>)	Y / N		
	Estimated post-operative mortality?	%		
	Alert medical team in Critical Care and FRCA (3 rd on call) for theatre cases.			
5 hrs	FRCA review and discussion with consultant in anaesthesia (<i>within 1hr of alert</i>).	dd/mm/yy - hh:mm	Name of FRCA/CCT holder	
6 hrs	Time arrived in anaesthetic room (<i>within 2hrs of decision to operate</i>).	dd/mm/yy - hh:mm	Name of FRCA/CCT holder	
Lower risk - early management				
12 hrs	Time discussed with consultant surgeon (<i>within 12hrs of initial assessment</i>).	dd/mm/yy - hh:mm	Name of surgical trainee	
24 hrs	Time abdominal CT reported (<i>within 24hrs of initial assessment</i>).	dd/mm/yy - hh:mm	Name of surgical trainee	
	Time reviewed by consultant surgeon if not taken to theatre (<i>within 24hrs of admission</i>).	dd/mm/yy - hh:mm	Name of surgical CCT holder	
	Does the patient need an operation? (<i>circle</i>)	Y / N	dd/mm/yy - hh:mm	Name of surgical trainee
36 hrs	Time arrived in anaesthetic room (<i>within 12hrs of decision to operate</i>).	dd/mm/yy - hh:mm	Name of FRCA holder	