

Patient name: .....

NHS no: .....

Hospital no: *Please affix patient ID label within this box* .....

DOB: .....

# Acute Abdominal Pathway

This pathway for **ALL** patients with acute abdominal conditions that may require surgery.

Request Forms Should contain the words 'Acute Abdominal Pathway' in a circle.

## SIRS (2 of any)

Temp <36 or >38  
RR >20  
HR >90  
WCC <4 or >12

## 1. Emergency Assessment and Resuscitation

- NEWS within 30 minutes of admission to Hospital
- **FBC/U+E/LFT/CRP/Clotting/Amylase/G+S (Results available <30 Mins)**
- Identification of Sepsis and implementation of Sepsis 6 Pathway
- Delivery of appropriate antibiotics within 1 hour of Sepsis diagnosis

## SEPSIS 6

Supplemental O<sub>2</sub>  
IV Fluids resuscitation  
Measurement of Blood Lactate  
Blood Cultures  
Broad Spectrum IV antibiotics  
Urinary Catheterisation

## 2. Acute Surgical Referral

- Referral for Surgical team review within 2 hours of admission
- Immediate Escalation to Senior Surgeon if criteria fulfilled

## Escalation Criteria ( 1 of any)

NEWS > 6  
Lactate >4  
Pneumoperitoneum on CXR  
Peritonitis  
Refractory Abdominal Pain  
Non-Specific Concern for Patient

## 3. Rapid Diagnosis and Surgical Plan

- Senior Surgical review within 1 hour of Escalation
- ITU/Anaesthetic review if patient shocked or surgery planned
- Rapid CT scan (if required) <1 hour from request
- Verbal report of CT to Consultant Surgeon ( <1 hour from CT Scan)

## 4. Emergency Theatre Provision

- Consultant Involvement in Perioperative Care including P-POSSUM calculation
- < 6 Hours from admission to theatre for Urgent/Emergency cases (<3 Hours if Septic Shock)
- Prioritisation of Theatre – next available slot on CEPOD/ Interruption of Elective Operating List

## 5. Perioperative Management

- Goal Directed therapy using cardiac output monitoring intra-operatively (and postoperatively for level 2/3 patients).
- Completion of National Emergency Laparotomy Audit Online Database

## 6. Postoperative ICU for patients with predicted mortality >10%

- ICU admission for all patients with P-POSSUM predicted mortality  $\geq$  10%
- ICU admission for patients with P-POSSUM < 10% at discretion of Perioperative team
- Critical Care outreach review of all patients managed with ward based care post-operatively

## 7. Feedback of Processes at Monthly M+M Meeting for ALL Laparotomies

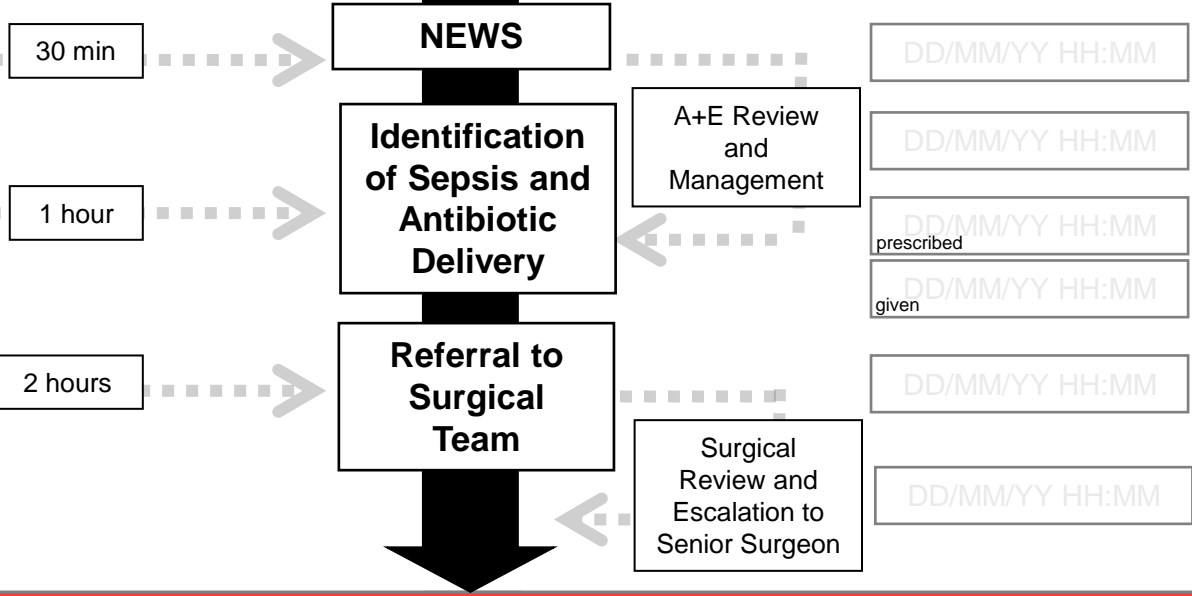
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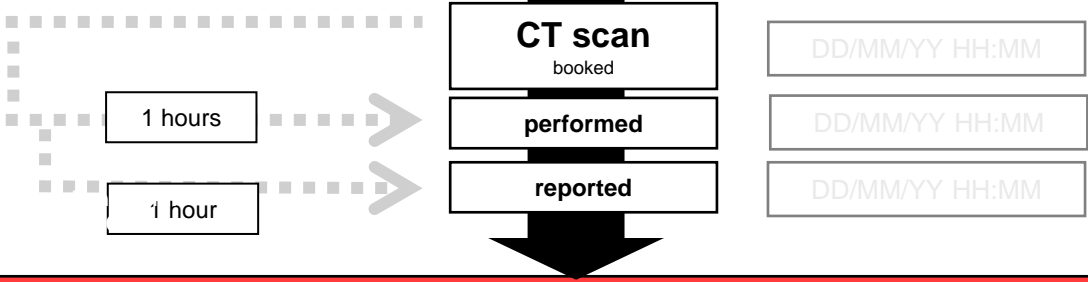
Targets

**Admission** DD/MM/YY HH:MM

Recorded Times



## Diagnosis



## Surgical Decision

5 hours from admission

DD/MM/YY HH:MM

Time of decision to operate or for observation/conservative management

Theatre

Not Currently for Theatre

## Urgent / emergency laparotomy

6 hours from admission

Time booked DD/MM/YY HH:MM

Anaesthesia started DD/MM/YY HH:MM

## Management in theatre

Grade of most senior anaesthetist: \_\_\_\_\_

Grade of most senior surgeon: \_\_\_\_\_

Goal directed fluid therapy: Yes  No

Calculated P-POSSUM mortality:  %

Use physiological values immediately prior to anaesthesia and surgical findings

Antibiotics administered prior to theatre

Antibiotics administered in theatre

DD/MM/YY HH:MM

## Destination from theatre

Calculated P-POSSUM mortality  $\geq$  10% - Refer to ICU

Calculated P-POSSUM mortality  $<$  10% - Consider ward management but refer to ICU at discretion of anaesthetist or surgeon