Patient name: .....
NHS no: .....
Hospital no: ..... Please affix patient ID label within this box
DOB: .....

Weston Area Health NHS
NHS Trust

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.

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

2. Acute Surgical Referral

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

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 ≥ 10%
- ICU admission for patients with P-POSSUM < 10% at discretion of Perioperative team
- Critical Care out reach review of all patients managed with ward based care post-operatively

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

SIRS (2 of any)

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

SEPSIS 6

Supplemental O_2
IV Fluids resuscitation
Measurement of Blood Lactate
Blood Cultures
Broad Spectrum IV antibiotics
Urinary Catheterisation

Escalation Criteria (1 of any)

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

Acute Abdominal Pathway

Patient name: .....
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Targets

Admission DD/MM/YY HH:MM

Recorded Times

30 min → **NEWS** DD/MM/YY HH:MM

1 hour → **Identification of Sepsis and Antibiotic Delivery**

A+E Review and Management DD/MM/YY HH:MM

DD/MM/YY HH:MM prescribed

DD/MM/YY HH:MM given

2 hours → **Referral to Surgical Team** DD/MM/YY HH:MM

Surgical Review and Escalation to Senior Surgeon DD/MM/YY HH:MM

Diagnosis

1 hours → **CT scan** booked DD/MM/YY HH:MM

performed DD/MM/YY HH:MM

1 hour → **reported** DD/MM/YY HH:MM

5 hours from admission → **Surgical Decision** DD/MM/YY HH:MM

Time of decision to operate or for observation/conservative management

Theatre ☐

Not Currently for Theatre ☐

6 hours from admission → **Urgent / emergency laparotomy**

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 ≥ 10% - Refer to ICU

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