

EmLap Trigger Tool

Patient Name: _____
 Date of Birth: _____
 NHS Number: _____
 Date:

Patient with acute abdominal pathology that may need an emergency laparotomy *and any 1 of the following* high risk features:

- Age >65
- Serious clinical concern
- ≥ 2 'amber observations', or HR>systolic BP
- Significant CVS/Respiratory disease
- Long term steroids/immune-suppressed/β-blockade
- Diabetic on Insulin
- Lactate > 2.0
- SIRS > 2 and ≥ 1 organ dysfunction
- Recent Abdominal Surgery



High Risk EmLap Pathway triggered



Start the clock

Date patient identified

Time patient identified :

Time 2222 EmLap call :



EmLap – First Hour Care Checklist

	Completed	N/A
SpO₂>94% : (High flow oxygen via non-rebreath mask if needed)		
Blood test complete : FBC, U&E, LFTs, Coagulation, Amylase, Glucose and G&S, β-HCG in all females of reproductive age		X
Blood culture(s) sent		
IV Antibiotics prescribed AND 1st dose administered : as per Trust guidelines		
Active Fluid resuscitation : Hartmann's solution 20 ml/kg if systolic BP <90 or lactate >2. If remains hypotensive: give boluses of 250 ml Hartmann's solution with reassessment, up to a maximum of 2 litres		X
ABG including lactate		X
Analgesia prescribed and administered		
12-lead ECG		X
Urinalysis/MSU		X
Erect Chest x-ray		X
Commence fluid balance		X
Phone switchboard 2222 and ask to put out fast bleep to surgical registrar bleep 7954 for 'EmLap referral'. You will need to give your extension number, location and patient name.		X

One Hour Time Check	All appropriate steps complete? (circle)		Yes	No
Name			Signature & Stamp/Registration Number	
Designation	Bleep	Time		
		<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		

Call Critical Care Outreach Team (Bleep 7838) team if appropriate

MRCS should review the patient within 30 minutes. Escalate to Consultant if required

EmLap MRCS Checklist

Patient Name:
Date of Birth:
NHS Number:
Date: <input type="text" value="DDMMYY"/>

High Risk EmLap Pathway – MRCS Duties	Yes	No	N/A
Check all appropriate first hour management steps complete			

Ensure appropriate fluids including maintenance, resuscitation and electrolyte replacement prescribed

Correct coagulopathy as required: discuss with anaesthetist/haematologist

Maintain normothermia active warming, warmed fluids

Active glucose management: VRII if BM>12

Calculate estimated P-POSSUM score: The Hub>More links>Surgical Risk Predictor (P- POSSUM) (http://www.riskprediction.org.uk). Document mortality risk estimate	Score	%
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Trigger ICU review or MET call if appropriate at any time

Outcome of MRCS review (one of the following)	Tick 1
EmLap pathway patient: Immediate laparotomy: target <1 hour to theatre Confirm with Consultant Surgeon and notify all appropriate staff– go to pre-op ward checklist	
EmLap pathway patient: CT scan required: Consultant Surgeon agreed Always book 'CT abdo EmLap' on Soarian and verbally alert Radiologist/radiographer (10 pm – 8 am via off-site provider) Target: CT scan within 2 hrs, report within 1 hr	
Non-operative/ unlikely to need operation – confirm with Consultant, and then step down from High Risk EmLap pathway Make appropriate action plan (restart EmLap pathway if high risk features develop)	

MRCS review post CT	
Discussed with Consultant Surgeon	at <input type="text" value="HH:MM"/>
Working Diagnosis post CT:	

Outcome following discussion with Consultant Surgeon (one of the following)	Tick 1
Laparotomy /Operative intervention required Date and time consultant decision to operate <input type="text" value="DDMMYY"/> Time: <input type="text" value="HH:MM"/> Target: operation within 6 hours of decision to operate; go to pre-op ward checklist	
Non-operative; step down from High Risk EmLap pathway; make appropriate management plan. Restart pathway if high risk feature develops.	

MRCS check	All appropriate steps complete? (circle)	Yes	No
Name	Signature & Stamp/Registration Number		
Designation	Bleep	Time <input type="text" value="HH:MM"/>	

EmLap Pre-Op Ward Checklist

Patient Name:
Date of Birth:
NHS Number:
Date: <input type="text" value="DDMMYY"/>

Responsibility of MRCS, (who can delegate tasks) immediately following decision to operate

	Completed	Designation	Initials
Inform on-call anaesthetist (bleep 7018) of patient presence including High Risk status, observations, P-POSSUM score & Lactate.			
Inform theatre co-ordinator (bleep 7224)			
Provide patient and relatives with oral and written information about treatment			
Critical Care bed arranged			
Valid G&S available			
Blood products arranged			
Blood results reviewed			
Comments			

Responsibilities for on-call anaesthetist	Yes
Perform prompt anaesthetic assessment; optimize for theatre	
Inform Consultant Anaesthetist of EmLap patient and planned time of surgery	
Liaise with theatre co-ordinator to ensure case is appropriately prioritised	
Comments	

Anaesthetist Name	All appropriate steps complete? (circle)		Yes	No
Name			Signature & Stamp/Registration Number	
Designation	Bleep	Time		
		<input type="text" value="H H:MM"/>		

EmLap Operative Checklist

Patient Name:	
Date of Birth:	
NHS Number:	
Date:	DDMMYY

Pre-op in addition to the WHO checklist	Yes	N/A
Theatre team agreed on appropriateness and seniority of all staff		
Discuss options for limiting surgery if instability		

Intra-operative in addition to other trust standards	Yes	N/A
'Suction above the cuff' ETT if ICU ventilation likely		
Fluid therapy guided by cardiac output monitoring (LiDCO)		
Low tidal volume protective ventilation		

End of Surgery Bundle (within the last 30 minutes of surgery)	Yes	N/A
Arterial blood gases to assess lactate, acid-base status and the P:F ratio		
Post Surgery P-POSSUM (≥5% mortality defines high risk)	Score	%
Intra-operative fluid requirements documented		
Reverse muscle relaxant		
NELA data recorded		
Post op destination (circle one)	ICU	SHDU Ward

Anaesthetist Name	All appropriate steps complete? (circle)	Yes	No
Name	Time HH:MM		
Designation	Bleep	Stamp or signature & Registration Number	

EmLap Post-Operative Checklist

Surgical post operative management plan written and includes	Yes	N/A
Antibiotics prescribed		
VTE prophylaxis prescription		
Nutrition plan		

Anaesthetic post op management plan written and includes	Yes	No	N/A
CXR ordered with plan to review			
Post-operative fluids prescribed			
Post-operative pain relief prescribed			
Post-operative nausea & vomiting prophylaxis prescribed (see medical notes for details)			
Post op review completed within 24 hours			
If hand over to ICU required systematic hand-over given			