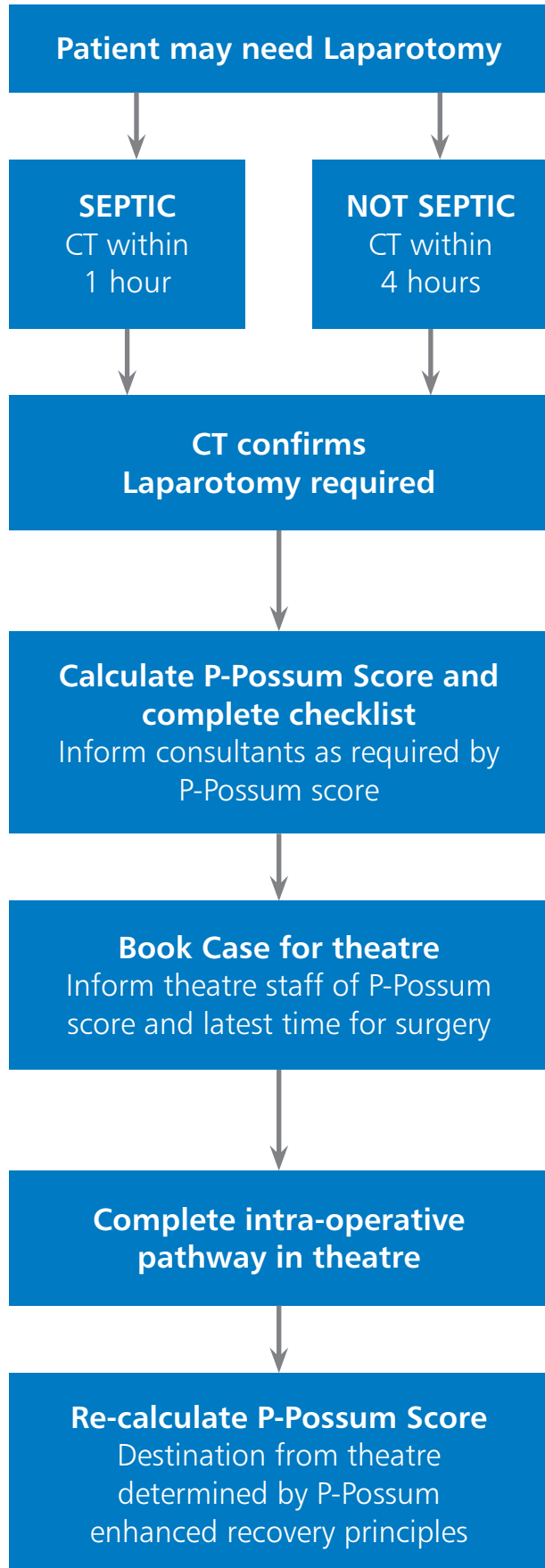


Emergency Laparotomy Pathway and Major Laparoscopic Surgery



See Appendix A for Sepsis Table

CT Requested Date...../...../..... Time.....

CT Performed Date...../...../..... Time.....

CT Reported Date...../...../..... Time.....

Decision for Laparotomy

Date...../...../..... Time.....

Consultant decision? Yes/No

Consultant seen patient? Yes/No

See Appendix B for Timing of Surgery

Booked for Theatre

Date...../...../..... Time.....

Latest Time for Theatre

Date...../...../..... Time.....

Anaesthetic Started

Date...../...../..... Time.....

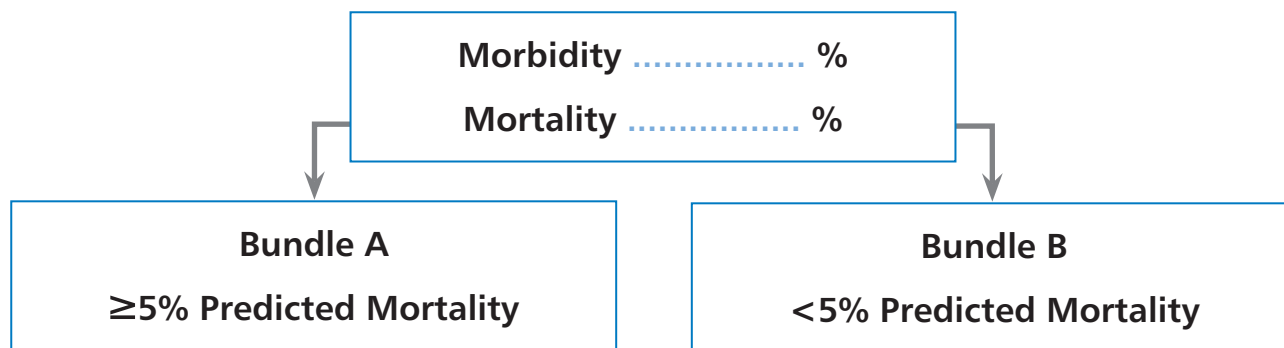
Intensive Care?

Yes/No

P-Possum Score and Pre-Op Checklist

<http://www.riskprediction.org.uk/pp-index.php> (go to this link to calculate P-Possum)

Age:	Cardiac Hx:	Respiratory Hx:	ECG:
SBP:	HR:	Hb:	WCC:
Ur:	Na:	K:	GCS:



- Is patient still appropriate for theatre?**
- If ≥10% Patient requires ITU Admission (Level 2/3) **Inform ITU**
- Consultant Surgeon and Anaesthetist** should be present in theatre
- High Flow O₂** (80%)
- IV Fluids**
- If haemodynamically unstable bolus 10ml/kg rate 1.5ml/kg/hr repeated twice STAT
- Transfuse if HB<9**
- Catheterise**
ensure accurate fluid balance chart is started
- IV Antibiotics - Tazocin** (teicoplanin / gentamicin / metronidazole if allergy)
- VTE Assessment**
- Prescribe Pre-Op Drink**
(If >2 hours prior to surgery, unless complete bowel obstruction/GCS <8)

- High Flow O₂** (80%)
- IV Fluids**
1.5ml/kg/hr Crystalloid
- IV Antibiotics - Tazocin** (teicoplanin / gentamicin / metronidazole if allergy)
- IV Antibiotics - Not Applicable**
- VTE Assessment**
- Prescribe Pre-Op Drink**
(If >2 hours prior to surgery, unless complete bowel obstruction/GCS <8)

Time of first antibiotic dose given

.....

or N/A

Consider for all patients:

Complete Consent

Pre-Op Stoma Assessment Bleep 1174 / Ext 03632 (during working hours)

ERAS patient education leaflets

Intra-Operative Checklist

Bundle A $\geq 5\%$ Predicted Mortality as Bundle B plus

Consultants aware and /or present
(please specify)

- Surgeon
- Anaesthetist
- Intensivist

- IV Antibiotics - Tazocin** (teicoplanin / gentamicin / metronidazole if allergy)
- IV Antibiotics - Not Applicable**

- Monitoring** - Consider ScvO² in theatre and in recovery with (paired ABG)
- Consider ODM or SPV /PPV intraoperative GDT

- Nutrition** - Feeding tube (jejunal if possible)
- Leave lumen for TPN if central line

- Postoperative care** - Bloods /ABG on admission to recovery
- HDU /ICU

Bundle B <5% Predicted Mortality

- Fluid** Crystalliod preferred if SIRS /sepsis
- Oxygen** - FiO² 0.8 /PaO² >11 kPa
- Ventilation** - ARDSnet ventilation strategy if ALI (start 8ml.kg, Pplat<30)
- Anaesthesia** - Normothermia
- Adequate NMB reversal
- Analgesia and anti-emetics prescribed
- Nutrition** - Prescribe Fortisips /juice (+ Forceval if malnourished)
- Glucose control
- Targets** - Set postoperative targets BP /SpO² /UO /Hb /fluid
- Review at 4-6 hours or in Recovery +/- ABG

Documentation

- P-Possum re-score** (post-operative)
- Complete NHS audit and care pathway**

P-Possum Score Post-Op

<http://www.riskprediction.org.uk/pp-index.php> (go to this link to calculate P-Possum)

Age:	Cardiac Hx:	Respiratory Hx:	ECG:
SBP:	HR:	Hb:	WCC:
Ur:	Na:	K:	GCS:

Morbidity %
Mortality %

Critical Care Checklist - Anaesthetist to fill in please

Consider the following general principles of enhanced recovery after surgery:

- Analgesia** - opioid sparing
- Nutrition** - oral diet where possible
- Fluids** - minimum necessary
- Lines/drains/catheters** - remove within 48 hours where possible
- Mobility** - aim chair day 1, walk day 2
- VTE prophylaxis** - as per risk assessment
- Stoma care** - stoma nurse to see day 1

Consider the following additional general principles of post-operative critical care:

- Protective ventilation**
- Patient-approved physiological targets**
- Antibiotic choice and duration**
- Stress ulcer prophylaxis**

Critical Care Discharge - (if admitted to ITU)

Medically fit for ward discharge Date...../...../..... Time.....

Days of level 3 care before fit for discharge

Days of level 2 care before fit for discharge

Complications in critical care
(tick those that apply):

- Delirium**
- Re-operation**
- Failure of enteral nutrition**
- Infection**
- New organ failure**

Physiological targets for ward care
(review after 24 hours):

Heart rate 100-60	Resp Rate <20
SBP 90-160	Sats 92-96% on <50% oxygen
Urine Output >0.5ml / kg / hr	BM 6-11mmol / l
Hb >70	Other:

(Please write in specific criteria if differs from the above)

EWS trigger score (please circle): As standard Revised EWS:

Antibiotic stop date:

Does this patient require input from Medicine for the Elderly Consultant?
If YES please call the CALS (Complex Assessment and Liaison Service) on ext 04314 or if you need to speak directly to a consultant, call mobile 0773 885 9048