

Surgical Admission Proforma

Patient Details:

Date:

Time:

Admitting Doctor:

Grade:

Bleep:

Consultant On Call:

Method of Referral: A&E / G.P. / Other

Presenting Complaint:

Patient Age:

Occupation:

History of Presenting Complaint:

Past Medical History

This list is compulsory

Checklist (provide full details to the right)

Ischaemic heart disease	Yes	No
MI	Yes	No
Angina	Yes	No
Heart failure	Yes	No
Atrial fibrillation	Yes	No
Hypertension	Yes	No
Asthma	Yes	No
COPD/Emphysema	Yes	No
TB	Yes	No
Rheumatoid fever	Yes	No
Thyroid dysfunction	Yes	No
Rheumatoid arthritis	Yes	No
Osteo-arthritis	Yes	No
Epilepsy	Yes	No
CVA	Yes	No
TIA	Yes	No
Diabetes - type 1	Yes	No
- type 2	Yes	No
PE	Yes	No
DVT	Yes	No
Kidney disease	Yes	No
Blood disorder	Yes	No

Please state:

Previous Operations

Orthopaedic implants	Yes	No
Pacemaker	Yes	No
CABG	Yes	No

Other:

Family History

Social History

Activities of daily living:

- Independent Residential home
 Carers (x/day) Nursing home

Mobility:

- Independent Frame Stick Wheelchair

Smoking:

- Yes No Ex Pack years:

Alcohol:

- Yes No Ex Units/week:

Drug Abuse:

- Yes No Ex

Known Dementia?

- Yes No

Four point abbreviated mental score (compulsory if >65yrs):

- Place D.o.B. Age Year

Risk assessment for Venous Thromboembolism (VTE)

All surgical patients should be risk assessed on admission and reviewed at 24 hours

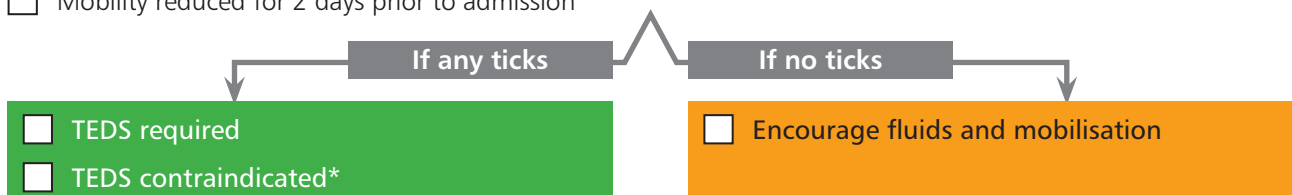
Step 1: Assess Thrombosis risk (tick box if present)

Patient related

- Active cancer or cancer treatment
- Age >60
- Dehydration
- Known thrombophilias
- Obesity (BMI >30 kg/m²)
- One or more medical comorbidities
- Personal history of first-degree relative with a history of VTE
- Use of hormone replacement therapy
- Use of oestrogen-containing contraceptive therapy
- Varicose veins with phlebitis
- Pregnancy or <6 weeks post partum (see NICE guidance for specific risk factors)
- Mobility reduced for 2 days prior to admission

Admission related

- Patient mobility likely to be significantly reduced mobility for 3 days or more
- Major inpatient surgery (Total anaesthetic + surgical time >90 minutes)
- Major surgery involving pelvis or lower limb (Total anaesthetic + surgical time >60 minutes)
- Acute surgical admission
- Critical care admission
- Having hip / knee replacement
- Having hip fracture



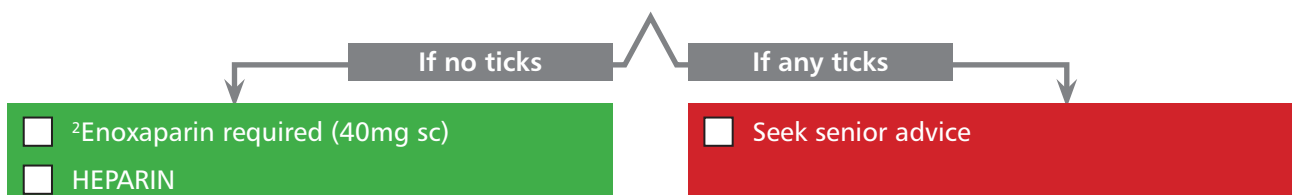
Step 2: Assess Bleeding risk (tick box if present)

Patient related

- Active bleeding
- Acquired bleeding disorders (eg acute liver failure)
- Concurrent use of anticoagulants known to increase the risk of bleeding (such as warfarin with INR >2)
- Acute stroke
- Thrombocytopenia (platelets <75x10⁹/l)
- Uncontrolled hypertension (230/120 mmHg or higher)
- Untreated inherited bleeding disorders (such as haemophilia and von Willebrand's disease)

Admission related

- Neurosurgery, spinal surgery or eye surgery
- Other procedure with high bleeding risk



Risk assessment completed by:

Signature:

Grade:

Date:

Review at time of surgery

- ³Lumbar puncture / epidural / spinal anaesthesia expected within the next 12 hours
- Lumbar puncture / epidural / spinal anaesthesia within the previous 4 hours

Examination

BP:

Pulse:

RR:

Sats:

(FiO₂)

Temp:

GCS:

Jaundiced Yes/No

Anaemia Yes/No

Cyanosed Yes/No

Clubbing Yes/No

Oedema Yes/No

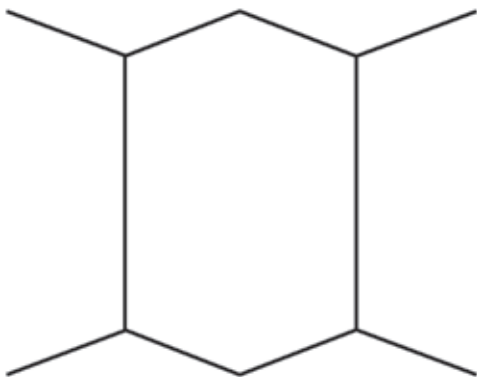
Lymphoedema Yes/No

CVS

RS



Abdominal



Rectal examination

Other (eg vascular, neurology)



Urinalysis

pH

Nitrites

Glucose

Protein

Ketones

Blood

Leucocytes

Haemoglobin

BHCG:

Positive

Negative

N/A

MSU sent

BM:

Differential diagnosis

Plan

Imaging

Requested

Comments

CXR

AXR

USS

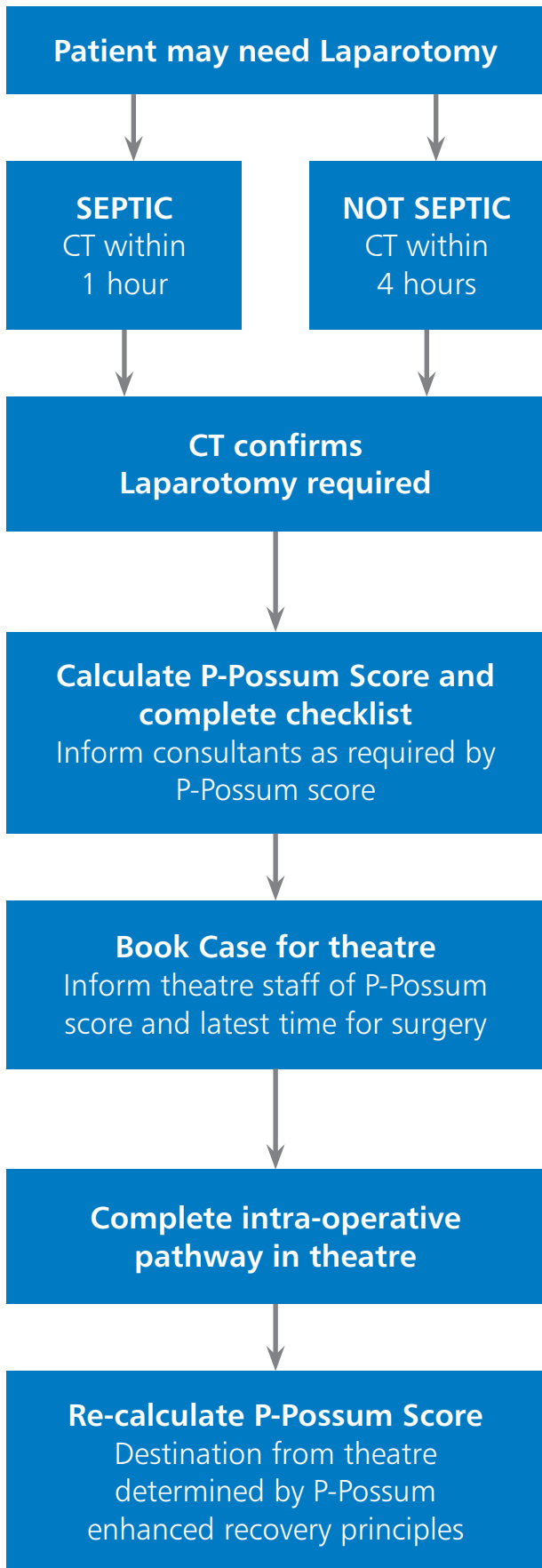
CT

Other



Senior Review

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.....

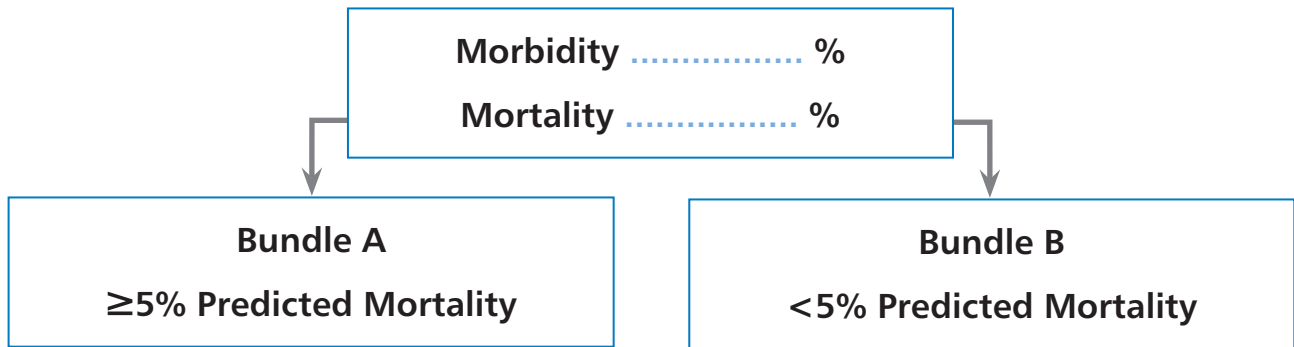
Intensive Care?

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 $\geq 10\%$ 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

Post take ward round

Consultant:

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

Have you reviewed the VTE Risk assessment?

Yes

No

Results reviewed

Blood results

N/A

ECG

N/A

X-Rays

N/A

Urine

N/A

BHCG

N/A

ABGs

N/A

Consultant review

P

BP

Sats

T

Presumed diagnosis

Definite diagnosis

Decisions

Yes No

Eat & Drink

NBM for theatre/lx

Diet after?

Home later?

DNAR

Prescribed

Yes N/A

DVT prophylaxis

Antibiotics

Anticoagulation

IV Fluids

Plan

1

2

3

4

5

EDD

Nurse-led discharge: Yes/No

Date/...../.....

Doctor's signature:

Hand over

Upper G.I. surgery

Medicine

Lower G.I. surgery

Other

Handed over to:

Team:

Doctor:











Appendix A - Sepsis

Sepsis (≥ 2 of the following)	
Temp <36 or >38.3	Respiratory Rate >20 /min
Heart rate >90 /min	Accutely altered mental state
WCC >12 or $<4 \times 10^9$ /l	Hyperglycaemia in absence of diabetes (BM >8 mmol/l)

Severe Sepsis (sepsis + organ dysfunction evident)	
SBP <90 mmHg	Bilirubin >34 umol/l
Urine output <0.5 ml/kg/hr	Lactate >3 mmol/l
INR >1.5 or APTT >60 sec	Creatinine >177 umol/l
Platelets $<100 \times 10^9$ /l	New O ² requirements to keep SpO ² $>90\%$

Septic Shock (sepsis + tissue hypoperfusion despite adequate fluid resus)	
SBP <90 mmHg or MAP <65 mmHg	Lactate >2 mmol/l
Reduction of normal SBP of >40 mmHg	

Appendix B - Timing of Surgery

Timing	Clinical features
Immediate	Surgery required to prevent imminent death
<3hrs from deterioration	Septic Shock
<6hrs from deterioration	Severe sepsis EWS >5 without hypotension EWS <5 with significant comorbidities (ASA >3)
<18hrs from deterioration	Sepsis without organ impairment EWS <5 and no significant comorbidities (ASA <2)
Expedited (within 24 hours)	Patient with no features indicating systemic sepsis can be managed with less urgency - delay will result in unnecessary hospital stay, discomfort, illness and cost

Cumulative Pathology Results

Date										
Time										
Na+										
K+										
Urea										
Creat.										
eGFR										
CRP										
WCC										
Hb										
Platelet										
Neut										
MCV										
Bili										
ALP										
ALT										
Albumin										
Corr Ca ²⁺										
Magnesium										
Phosphate										
Lipase										
Glucose										
LDH										
INR										
PT										
APTT										
Fibrinogen										
Tnl										