

Patient label if available
Surname
Forename
Address
DOB
GP
Unit No.

Acute Laparotomy Care Pathway

PAGE 1—SURGICAL

This proforma must be completed for all non-elective patients undergoing a surgical laparotomy. Front page to be completed by the surgical team prior to patient arrival in theatre. Back page to be completed by the anaesthetic team.

ACTIONS IN CAPITALS ARE MANDATORY. If omitted, an explanation must be documented.

Actions in italics must be considered for every patient, but their use is at the discretion of the clinician.

DOES THE PATIENT HAVE SEVERE SEPSIS? (CIRCLE) **YES—START SEVERE SEPSIS PATHWAY**

NO

SEVERE SEPSIS IF ANY 2 OF:
Temp <36° or >38°C
Resp Rate >20min ⁻¹
Pulse >90bpm
White count <4 or >12x10 ⁹ l ⁻¹
Hyperglycaemia in a non-diabetic
Acutely altered mental state
PLUS ANY OF THE FOLLOWING:
BP (systolic) <90mmHg
Urine <0.5ml/kg/hr for 2 hours
Abnormal clotting
Bilirubin >34umol ⁻¹
Lactate >2mmol ⁻¹
New oxygen requirement
Platelet <100x10 ⁹ l ⁻¹

TAKE A BLOOD GAS AND RECORD:

pH:

Lactate:

HCO₃-std:

RECORD A P-POSSUM M&M ESTIMATE

On Intranet—go to A-Z of Departments, General Surgery

Or www.riskprediction.org.uk/pp-index.php

If information unavailable, use "best guess"

Mortality%:

Morbidity%:

DOCUMENT M&M ON CONSENT FORM (CIRCLE)

YES

NO—Explain

CONSULTANT SURGEON AWARE? (CIRCLE)

YES

NO—Explain

CONSULTANT ANAESTHETIST AWARE? YES (CIRCLE)

NO—Explain

RISK CATEGORY (CIRCLE)
LOWER (<5% Mortality) MEDIUM (5-10%) HIGH (≥10%)
Increase risk category by 1 level if any of:
Insulin Treated Diabetes
Long term steroids or immunosuppressants (eg Methotrexate)
Severe sepsis

NAME	SIGNATURE	DATE	TIME
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FILE WITH THE ANAESTHETIC CHART IN THE MEDICAL NOTES

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PAGE 2—ANAESTHETIC

<i>Induction in Theatre (caution: if bowel obstruction may get better head up tilt on trolley)</i>	YES	NO
<i>Arterial line awake (normally YES for high/medium)</i>	YES	NO
<i>Lidco to be used during surgery (normally YES for high/medium)</i>	YES	NO
<i>Lidco guided resuscitation pre-induction</i>	YES	NO
CVP line (MANDATORY YES IF HIGH RISK)	YES	NO
TARGET MAP (MINIMUM 65mmHg—CONSIDER HIGHER IF CHRONIC HYPERTENSION) USE VASOCONSTRICTOR INFUSION IF UNABLE TO ACHIEVE MAP	= TARGET MAP <input style="width: 50px; height: 20px;" type="text"/>	
<i>Epidural (normally YES if elderly, chest disease or bowel obstruction. Contraindications include coagulopathy or infection at insertion site. Relative contraindication if sepsis present)</i>	YES	NO
TEMPERATURE MONITORING THROUGHOUT (MANDATORY YES)	YES	NO
HOURLY BLOOD GASES PERFORMED (unless lower risk and no arterial line)	YES	NO

TOWARDS END OF SURGERY

REPEAT p-POSSUM

On Intranet—go to A-Z of Departments, General Surgery or

www.riskprediction.org.uk/pp-index.php If data not available use “best guess”

Mortality%

INTRAOPERATIVE INSTABILITY OR CONCERNS (CIRCLE)	YES TREAT AS HIGH RISK	NO
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FINAL RISK GROUP (CIRCLE) (Do not reduce risk group from preop.) Level. See over for definitions)	POSTOPERATIVE MANAGEMENT
HIGH	Go to critical care- overflow or transfer if no bed available. Consider suitability for extubation. Consider Lidco post-operatively.
MEDIUM	Go to critical care if a bed is available. If no capacity, can go to ward with clear observation and escalation plans
LOWER	Can usually go to the ward

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