Draft policy for CT scanning patients presenting with a new acute abdomen 15/03/14

Introduction

The Acute Abdomen Pathway should be applied to all patients presenting with a new acute abdomen. This includes,

- Acute admissions with an acute abdomen.
- Medical patients who are suspected of having an acute abdomen requiring review by a surgical team.
- Patients with a new acute abdomen following elective surgery.

The only agreed exclusion criterion for the Acute Abdomen Pathway is suspected acute pathology of the gallbladder in isolation.

"HIGH RISK" is defined by the integrated criteria included in the Pathway Tool for "INITIAL ASSESSMENT AND MANAGEMENT".

Delays in the pathway of CT scanning are a cause of significant delays in undertaking definitive surgery.

The CT scans undertaken on patients who went on to have an emergency laparotomy are extremely accurate in diagnosing the surgical condition - clinicians should consider CT scanning as an essential aid to diagnosing acute intra-abdominal pathology.

Indications for CT scanning

Dr Paul Taylor (Clinical Director of Radiology) supports the use of CT scanning in assessing patients suspected of having acute intra-abdominal pathology which may result in an emergency laparotomy - this includes all patients with "HIGH RISK" features.

Unless a patient is suspected of having disease of the appendix or gallbladder, all patients with an acute abdomen should be considered for an abdominal CT scan according to the timeline indicated in the Acute Abdomen Pathway. Patients with features of HIGH RISK at initial surgical assessment should have a CT scan as soon as is practical (for example allowing time to administer oral contrast) – **our ambitious objective is to complete CT scanning within 2hrs of initial surgical assessment.**

The decision to use contrast (oral/IV) can only be made on an individual patient basis following a discussion between the senior surgeon (or ED physician) requesting the investigation and the duty radiologist for CT scanning. Paul Taylor advises that contrast should ideally be used in most circumstances to enable more accurate diagnosis.

Process

- Paul Taylor would like a senior surgeon (ST or consultant) or senior ED physician who is familiar with the patient to discuss every request for a CT scan with the duty radiologist in person.
- The request must emphasize that the patient is on the Acute Abdomen Pathway.
- The duty radiologist can be contacted on Ex 68795 (CT Reporting Room). In office hours, calls will be diverted to a secretary who will manage the enquiry - out of hours, calls will not be diverted. The radiologist on call (out of hours) can also be contacted on Bleep 3377.
- The duty radiologist will Bleep 8005 to report findings even if negative - if there is no response from 8005, the consultant surgeon on call should be telephoned.