

# ELPQuIC 2

This pathway should be started for ALL patients presenting with acute abdominal conditions that may need unscheduled surgery.

Patient name: .....  
NHS no: .....  
Hospital no: ..... Please affix patient ID label within this box  
DOB: .....

## 1. Immediate assessment and resuscitation

- EWS within 30 minutes of admission
- MRCS grade surgical registrar review within 2 hours of referral (30 minutes if EWS > 3)
- Arterial lactate measurement to identify sick patients
- Early fluid resuscitation

## 2. Early antibiotics

- Within 1 hour of admission/referral if sepsis or suspected peritonitis/perforation

## 3. Rapid diagnosis and surgical plan

- Rapid CT scan - within 2 hours of request, verbal report within 1 hour
- Communication with consultant surgeon for within 1 hour of CT

## 4. Surgery within 6 hours of admission/referral for urgent/emergency cases

- Prioritise theatre – next available slot on CEPOD
- Consultant-led perioperative care

## 5. Clear management plan for 'expedited' cases, e.g. bowel obstruction

- CT scan within 12 hours to confirm diagnosis
- Regular review with consideration of lactate estimation if sepsis or possible ischaemic bowel
- 12 hourly consultant surgical review, 6 hourly MRCS registrar review if sepsis

## 6. Goal Directed Fluid therapy

- Stroke volume optimisation using cardiac output monitoring intra- and postoperatively

## 7. Postoperative ICU for patients with predicted mortality >5%

- ICU admission for all patients with P-POSSUM predicted mortality  $\geq$  5%
- ICU admission for patients with P-POSSUM < 5% at discretion of perioperative team

P-POSSUM scores can be calculated from the tab for each patient on Plato, or using the 'Surgical risk' app on a smart phone

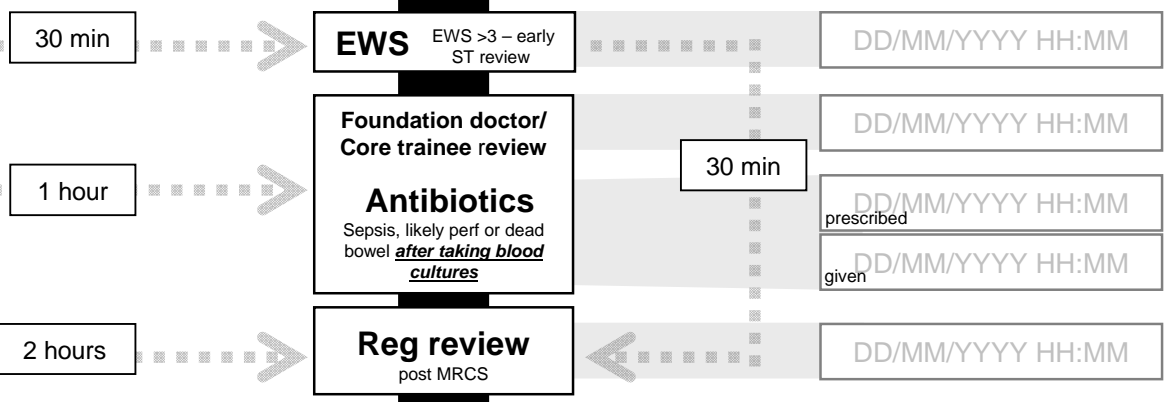
# Admission / Referral

Patient name: .....  
 NHS no: .....  
 Hospital no: .....  
 DOB: .....

Target times

Recorded times

DD/MM/YY HH:MM

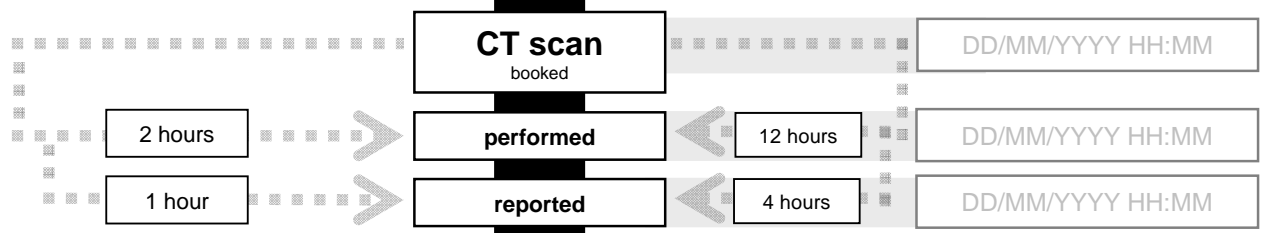


**Urgent / emergency**

## Diagnosis

**Expedited**

Arterial lactate.....mmol/l  
*tick one box*



Discussion with consultant within 1 hour of CT

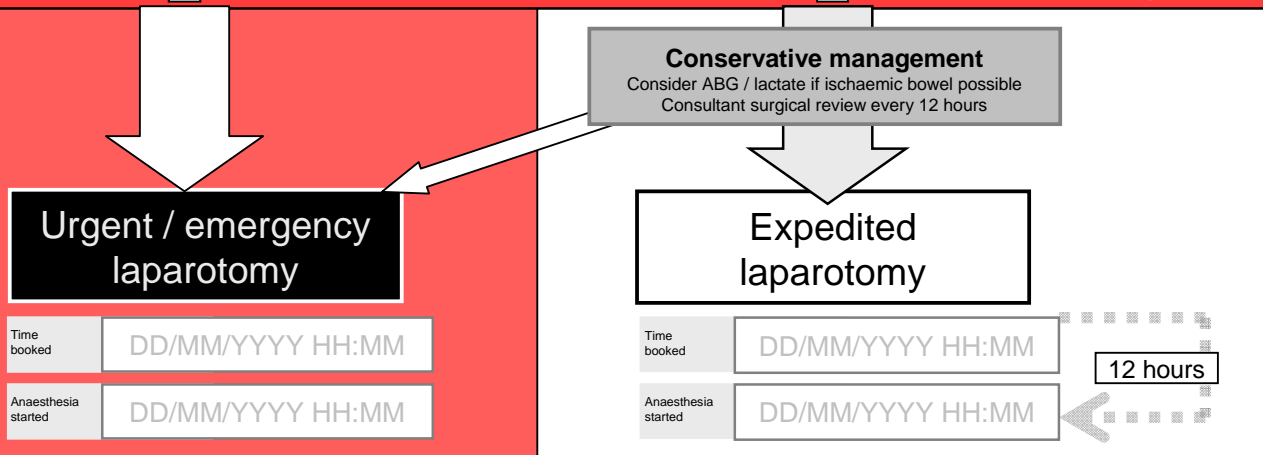
**Urgent / emergency**

## Surgical decision

**Expedited**

DD/MM/YYYY HH:MM

Time of decision to operate or for observation/conservative management



## Management in theatre

Grade of most **senior anaesthetist**: \_\_\_\_\_  
 Grade of most **senior surgeon**: \_\_\_\_\_  
 Goal directed fluid therapy: Yes  No

Calculated P-POSSUM mortality: \_\_\_\_\_ %  
 Use physiological values immediately prior to anaesthesia and surgical findings

Antibiotics administered prior to theatre   
 Antibiotics administered in theatre   
 DD/MM/YYYY HH:MM

## Destination from theatre

A P-POSSUM score should be calculated from the tab for each patient on Plato, or using the 'Surgical risk' app on a smart phone

Calculated P-POSSUM mortality  $\geq 5\%$  - Refer to ICU

Calculated P-POSSUM mortality  $< 5\%$  - Consider ward management but refer to ICU at discretion of anaesthetist or surgeon

Arterial lactate.....mmol/l

Health Records:  
 Clinical Notes  
 UID: