Draft guidelines for the timing of emergency intra-abdominal surgery (v1)

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| **Timing of surgery** | Clinical features |
| **Immediate** | Surgery required to prevent imminent death |
| **≤ 3hrs from initial surgical assessment** | Septic shock |
| **≤ 6hrs from initial surgical assessment** | Severe sepsisEWS ≥ 5 without hypotensionEWS ≤ 5 with significant comorbidities (ASA ≥ 3) |
| **≤ 18hrs from initial surgical assessment** | Sepsis without organ impairmentEWS ≤ 5 and no significant comorbidities (ASA ≤ 2) |
| **Expedited** | Patients with no features indicating systemic sepsis can be managed with less urgency - delay will result in unnecessary hospital stay, discomfort, illness, and cost. |

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| **Sepsis (2 or more symptoms and signs of infection)** |
| Temp <36 or >38.30c | Respiratory rate > 20/min |
| HR > 90/min | Acutely altered mental state |
| WCC > 12 or < 4x109/l | Hyperglycaemia in absence of diabetes (BG > 8mmol/l) |
| **Severe sepsis (organ dysfunction evident)** |
| SBP < 90mmHg | Bilirubin > 34umol/l |
| Urine output < 0.5ml/kg/hr for 2hrs | Lactate > 2mmol/l |
| INR > 1.5 or APTT > 60sec | Creatinine > 177umol/l |
| Platelets < 100x109/l | New oxygen requirement to keep SpO2 > 90% |
| **Septic shock (tissue hypoperfusion despite adequate fluid resuscitation)** |
| SBP < 90mmHg or MAP < 65mmHg | Lactate > 2mmol/l |
| Reduction in normal SBP > 40mmHg |  |

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| **MEWS** | **3** | **2** | **1** | **0** | **1** | **2** | **3** |
| HR |  | ≤40 | 41-50 | 51-100 | 101-129 | 111-129 | ≥130 |
| Systolic BP | ≤70 | 71-80 | 81-100 | 101-199 |  | ≥200 |  |
| Respiratory rate |  | ≤8 |  | 9-20 | 21-24 | 25-29 | ≥30 |
| Temperature |  | ≤35 | 35.1-36.0 | 36.1-37.9 | 38-38.9 | ≥39 |  |
| SpO2 | <86 | 86-91 | 92-93 | ≥94 |  |  |  |
| CNS |  |  | New confusion | A | V | P | U |