Emergency Laparotomy
Peri-operative Care Pathway

This pathway should be started for **ALL patients presenting with acute abdominal conditions that may need emergency surgery**. The pathway is designed to provide guidance and improve the peri-operative care of these high-risk emergency cases.

Pre-operative information

Please attach addressograph label

NHS No.: **Hospital No.:**

Patients Name:

Address:

D.O.B.:

Date of admission	
Admitting specialty	
Surgical Consultant	
Age	
ASA	
Weight (kg)	
Height (m)	

Risk Factors:

- Ischaemic heart disease ☐
- Congestive cardiac failure ☐
- Respiratory disease ☐
- Renal failure (creatinine >150µmol/l) ☐
- Diabetes Mellitus (requiring insulin) ☐
- Anticoagulants ☐

Past medical history:

Allergies:

Surgical Consult:

Date and time seen by surgical Spr:
…. /…. /…. …. : ….

Date and time seen by surgical consultant:
…. /…. /…. …. : ….

Working diagnosis:
……..

Planned procedure:
……

Initial management:
Operative ☐
Non-operative ☐

Theatre booking:

Date and time of decision for theatre:
…. /…. /…. …. : ….

Date and time booked:
…. /…. /…. …. : ….

Anaesthetist informed ☐
PERRT / ITU informed ☐

NCEPOD classification:

Immediate ☐ Urgent ☐ Expedited ☐

Anticipated level of post-operative care:
Level 2/3 (PACU/ICU) ☐ Level 1 (Ward) ☐ Bed booked ☐

Clinician completing pathway (Print and sign) ……

Bleep number ……

Designation:
FY1/FY2/CT1-2/ST3+

Pre-operative ED/ Ward Checklist:

IV Fluid prescribed **AND** administered	☐	
Antibiotics prescribed **AND** administered	☐	
Analgesia prescribed **AND** administered	☐	
Fluid Balance chart started hourly	☐	
Urinary catheter inserted	☐	
Recent blood results reviewed	☐	
Blood cross-matched	☐	
ECG – checked and documented	☐	
Chest X-ray – checked and documented	☐	
Blood glucose checked and management plan in place	☐	
Blood gas checked, documented	☐	
VTE risk assessment completed	☐	
VTE prophylaxis prescribed (**IF** appropriate)	**Y** ☐	**N** ☐
Coagulopathy / thrombocytopenia present	**Y** ☐	**N** ☐
Management plan for coagulopathy in place (refer to guidelines or on-call haematologist)	☐	
Naso-gastric tube inserted (if appropriate)	**Y** ☐	N ☐
Patient discussed with ITU outreach (SpR 07939135452)	☐	

Fluid management

Maintenance fluids: Total 1-1.5 ml/kg/hour
Consisting of oral fluids (if not contraindicated) or IV compound sodium lactate (Hartmann's)

Resuscitation: If systolic BP <90 give 250-500 ml colloid bolus
Repeat if patient remains hypotensive 15 minutes after administration (provided no congestive cardiac failure)

Replacement of electrolytes: With appropriate supplements guided by blood test / ABG results (exercise caution with renal impairment)

If the patient develops cardiac failure, or hypotension continues despite fluid resuscitation, call Senior team member for urgent review and consider PERRT/ITU outreach review

Clinician completing pathway (Print and sign) ……..

Bleep number ……

Designation: FY1/FY2/CT1-2/ST3+/SG/Cons

Patient's Name: …… Hospital Number ……..

Pre-operative Clerking

Date

Pre-operative Clerking

Patient's Name: ..... Hospital Number .....

Pre-operative Clerking

Date	

Patient's Name: …… Hospital Number ……..

Intra-operative management

To be completed by the Anaesthetist in addition to the anaesthetic record

Date and time of arrival in theatre
…. / …. …. : ….

Most senior anaesthetist present
(at any point during the procedure)

Consultant ☐
Staff grade/Clinical fellow ☐
ST (please specify grade) ……..... ☐
CT 1-2 ☐

Consultant Anaesthetist informed **Y** **N**

Surgical procedure performed:
……..

Most senior surgeon present
(at any point during the procedure)

Consultant ☐
Staff grade/ Clinical Fellow ☐
ST (please specify grade) ……☐
CT1-2 ☐

Consultant Surgeon informed **Y** **N**

Invasive monitoring used:

Arterial line ☐
Central venous catheter ☐
Oesophageal Doppler ☐
LiDCO rapid/plus ☐

Invasive monitoring not appropriate ☐
Reason:
……

Vasopressor infusion required
Phenylephrine/ metaraminol ☐
Noradrenaline ☐

Inotropes required **Y** **N**

Blood products required
PRC ☐
FFP ☐
platelets ☐
cryoprecipitate ☐

Surgical Site Infection Prophylaxis:
Antibiotics: Given prior to induction ☐ Given on induction ☐ Time … : … Dose ….

Antibiotic regimen reviewed based on surgical findings ☐
Consider escalation and additional agents (e.g. gentamicin, antifungal)

Temperature monitoring and appropriate warming techniques ☐

Post-operative plan:

Patient transferred to: ICU (level 3) ☐ PACU (level 2) ☐ PACU in recovery ☐

Recovery If Level 2/3 care to be continued in recovery the anaesthetist is to remain with patient

Post-op CXR, CVC, NG correct placement checked, blood sugar, ABG
Fluids/antibiotics/analgesia prescribed and administered

Anaesthetist (Print and sign) ……

Bleep number ……

Designation:
FY1/FY2/CT1-2/ST3+/SG/Cons

Hospital:

Ward:

Hospital No:

Surname:

First Name:

Date of Birth: Age:

FROM WARD

Date

Operation Proposed

SURGEON OR HOUSE SURGEON

Operation Notes: Surgeon:

Incision: Assistant:

Operative Findings:

Operation:

Drains: Packs:

TO WARD SISTER

POST-OPERATIVE INSTRUCTIONS:

Operation Sheet

Patient's Name: …… Hospital Number ……..

Initial post-operative management - ITU/PACU/Recovery

Handover:

Anaesthetist to ITU Doctor ☐ Theatre staff to ITU Nurse ☐

Date and time of ITU Admission: … / … / … …. : ….

Investigations checked and documented:

Admission bloods ☐ ABG ☐ ECG ☐ CXR (central line/NGT placement) ☐

Respiratory management:

Aim PaO_2 > 10kPa and $PaCO_2$ < 6kPa

If intubated: ensure ventilation in line with low volume moderate PEEP lung protective strategy

If extubated: early chest physiotherapy if appropriate with hourly appropriate ABG monitoring

Cardiovascular management:

Aim MAP > 65 mmHg (adjust for hypertension)

Fluid management:

- Hartmann's maintenance 1-1.5 ml/kg/hour in total including enteral feed

Inotrope/vasopressor:

If Fluid management fails to maintain MAP > 65 mmHg

- Consider starting noradrenaline
- Consider starting inotrope if CO < 4.0 L/min
- Discuss with ITU consultant if clinical deterioration or any concerns

Hydrocortisone – consider if on-going septic shock / increasing inotrope or vasopressor requirements

Renal management:

Aim urine output > 0.5 ml/kg/hour

- Ensure adequate intravascular volume and appropriate MAP sustained with fluid therapy +/- vasopressors/inotropes (as required)
- Consider CVVHF if oligo-anuria **and** fluid overload / persistent metabolic acidosis / hyperkalemia (discuss with ITU consultant)

Microbiology:

Antibiotic plan prescribed in accordance with trust guideline ☐

- Discuss all emergency laparotomies with on-call ITU/microbiology team

General:

VTE prophylaxis – prescribed in line with surgical plan ☐

GI prophylaxis – PPI prescribed in line with ITU protocol ☐

Analgesia – prescribed and administered with good effect, plan pain team review ☐

Metabolic – aim blood glucose 6-10 mmol/l (insulin sliding scale if necessary) ☐

Nutrition – oral / NG / NJ/ TPN feed (follow surgical plan) ☐

Relatives – next of kin contacted (aim early family discussion) ☐

Bleeding/coagulopathy – stop anticoagulants, inform Surgical Registrar, check Hb and coagulation, correct as necessary (discuss with on-call ITU/Haematology consultant)

Inform Surgical Registrar for urgent review – if bleeding, acute infection, sepsis, cardiac event, acute surgical complications

Clinician completing ITU pathway (Print and sign) ……

Bleep number ……

Designation: FY1/FY2/CT1-22/ST3+/SG/Cons

Patient's Name: …… Hospital Number ……..

Ongoing post-operative management – ward

This section is to be completed by the surgical team upon return to the ward area from ITU/PACU/Recovery.

Date and time returned to ward … / … / … …. : …. Handover completed ☐

Initial observations:

HR	
BP	
RR	
Sats O_2	
FiO_2	
Temp	
U/O	
EWS	

IV fluids prescribed
Hartmann's maintenance
(1-1,5 ml/kg/hour in total including feed) ☐

Hourly fluid balance chart ☐

VTE prophylaxis
assesed ☐

GI prophylaxis ☐

Analgesia prescribed:
Epidural ☐
Morphine PCA ☐
Regular/PRN ☐

Nutrition (aim early enteral feeding):
Plan ……..……..
……..
Oral (+/- supplements) ☐
NG/NJ ☐
TPN ☐

Wound condition
……..
……..

Antibiotics prescribed ☐

Post-op investigations:

FBC, U&E +/- LFTs, clotting ☐

$ScvO_2$ (if central line) ☐

Fluid management

Maintenance fluids: Total 1-1.5 ml/kg/hour
Consisting of oral fluids (if not contraindicated) or IV compound sodium lactate (Hartmann's)

Resuscitation: If systolic BP <90 give 250mls colloid bolus
Repeat if remain hypotensive 15 minutes post administration (provided no congestive cardiac failure)

Replacement of Electrolytes: With appropriate supplements guided by blood test / ABG results (exercise caution with renal impairment)

If the patient develops cardiac failure, or hypotension continues despite fluid resuscitation call Senior team member for urgent review and consider Critical Care Outreach/ITU review

Cardiorespiratory goals:				
HR	**<100**	**>60**	U/O	**> 0.5 ml/kg/hour**
BP systolic	**<160**	**>90**	RR	**<20**
$ScvO_2$	**>70%**		Sats O_2	**>92% on oxygen**
			Glucose	**6-10 mmol/l**

If goals are not being met or NEWS is 3 or more –senior team member/PERRT/ITU outreach must review

Patient's Name: …… Hospital Number ……..

Continuation sheet

Date	

GENERAL SURGERY

Patient's Name: …… Hospital Number ……

Continuation sheet

Date	

Patient's Name: …… Hospital Number ……..

Continuation sheet

Date	

GENERAL SURGERY

Patient's Name: …… Hospital Number ……..

Continuation sheet

Date	