**Acute Abdominal Pathway**  

**This pathway for ALL patients with acute abdominal conditions that may require surgery. Request Forms Should contain the words ‘Acute Abdominal Pathway’ in a circle.**

**1. Emergency Assessment and Resuscitation**

• NEWS within 30 minutes of admission to Hospital

• FBC/U+E/LFT/CRP/Clotting/Amylase/G+S (Results available <30 Mins)

• Identification of Sepsis and implementation of Sepsis 6 Pathway

• Delivery of appropriate antibiotics within 1 hour of Sepsis diagnosis

**2. Acute Surgical Referral**

•Referral for Surgical team review within 2 hours of admission

•Immediate Escalation to Senior Surgeon if criteria fulfilled

**3. Rapid Diagnosis and Surgical Plan**

• Senior Surgical review within 1 hour of Escalation

• ITU/Anaesthetic review if patient shocked or surgery planned

• Rapid CT scan (if required) <1 hour from request

• Verbal report of CT to Consultant Surgeon ( <1 hour from CT Scan)

**4. Emergency Theatre Provision**

• Consultant Involvement in Perioperative Care including P-POSSUM calculation

**NCEPOD classification:**

Immediate (within minutes) Urgent (within hours) Expedited (within days)

•< 6 Hours from admission to theatre for Urgent/Emergency cases (<3 Hours if Septic Shock)

• Prioritisation of Theatre – next available slot on CEPOD/ Interruption of Elective Operating List

**5. Intra-Operative Care**

**Date and time booked for theatre:** / / (dd/mm/yyyy) / (hh:mm)

**ASA:** 1 2 3 4 5

**Patient been reviewed by Consultant Anaesthetist Yes No if yes,** (dd/mm/yyyy) / (hh:mm)

**Date and time of entry in to the operating theatre (Not theatre suite):** (dd/mm/yyyy) / (hh:mm)

**Most senior surgeon present:** Consultant Post CCT fellow SAS grade Specialty trainee (ST) Core trainee (CT)

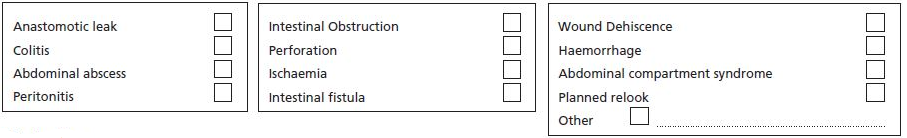
**Most senior anaesthetist present:** Consultant Post CCT fellow SAS grade Specialty trainee (ST) Core trainee (CT)

**Name of the consultant surgeon?**

**Name of the consultant anaesthetist?**

**Is this procedure, first surgical procedure after admission OR complication of previous surgery within the same admission**

**Indication for the surgery (Please select all that apply):**



**Monitoring**

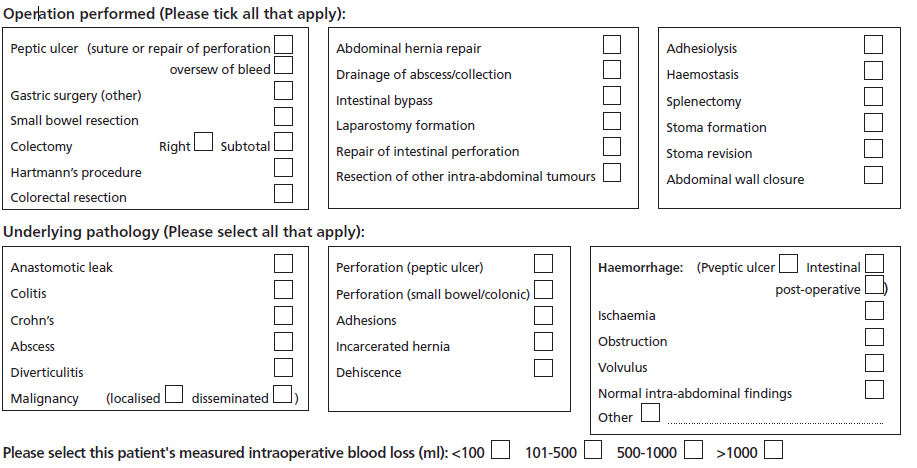
**(Invasive monitoring recommended for patients >60yrs, ≥ASA 3 and immediate surgery; OR if estimated mortality > 10%)**

Arterial Line Central venous catheter

Goal directed fluid therapy provided? Not provided

Cardiac output monitor Other

**(Routine use of the technique is recommended for emergency laparotomy)**



**6. Postoperative ICU for patients with predicted mortality >10%**

**Post-operative Risk assessment**

Was the patient classified as high risk at the end of the surgery? Yes No

How was the risk assessment performed at the end of the procedure?

**P-POSSUM score calculated at the end of the procedure: Yes No**

**if yes, predicted mortality: % predicted morbidity: %**

**Immediate Post-operative Care**

**Post-op location:**

Level 3 (ICU) Level 2 (HDU) Level 1 (Ward) Extended Recovery/PACU (Overnight stay)

**Acute Abdominal Pathway**

|  |  |  |
| --- | --- | --- |
| Target | Admission dd/mm/yy HH:MM | Recorded times dd/mm/yy HH:MM |
| A&E Review and management | | |
| 30min | NEWS |  |
| 60min | Identification of sepsis and antibiotic delivery |  |
| 2hrs | Referral to surgical team |  |
| Diagnosis | | |
| 1hr | CT booked and performed |  |
| 1hr | CT scan reported |  |
| 5hrs (after admission) | Surgical Decision |  |
| 6hrs (after admission) | Theatre  Time booked  Time anaesthesia started |  |
| Management in theatre | | |
|  | | |
| Destination from theatre | | |
| **Calculated P-POSSUM mortality**  **10%** - Refer to ICU **Calculated P-POSSUM mortality < 10% -** Consider ward management but refer to ICU at discretion of anaesthetist or surgeon | | |