

*excluding suspected isolated appendix & gall bladder or renal pathology

1SEPSIS 6
Supplemental Oxygen
Lactate
Blood Cultures
IV Fluid resuscitation
IV Antibiotics
Urinary Catheter

Emergency Assessment

- NEWS score within 30 minutes of admission
- FBC/U+E/LFT/CRP/Clotting/Amylase/G+S
- Lactate
- Identification & implementation of Sepsis 6
- Delivery of antibiotics within 1 hour of sepsis diagnosis

2ESCALATION CRITERIA
Any of:
NEWS >6
Lactate >4
Pneumoperitoneum on CXR
Suspected Peritonitis
Refractory Abdominal Pain
Non-Specific concern for patient

Absent

Escalation Criteria²

Present

Surgical Middle Grade Review within 2Hrs of admission/referral
Assessment by Consultant within 14 Hrs

Surgical Middle Grade Review within ½ Hr of admission/referral
Inform Consultant immediately

CT Scan within 12 hrs of surgical review

Urgent CT Scan: Senior to D/W Radiologist

Patient too unwell to wait for CT scan

CT Report
If Intra-abdominal sepsis: Verbal report to Cons. Surgeon

Decision made for Emergency Laparotomy
Booking: Use NELA Urgency criteria: 1 < 2hrs, 2A 2-6hrs, 2B 6-18hrs, 3 >18hrs
RISK ASSESSMENT
Refer for Post-Op Care of The Elderly Physician Review if:
≥70 yrs old & Clinical Frailty Score (Rockwood) ≥6

High Risk Criteria
Escalation criteria present
NELA Risk Score ≥5%
ASA ≥3
Insulin Dept. Diabetes
CKD eGFR ≤45
Acute Kidney Injury
Age ≥70
Immunosuppressive therapy

Mortality Risk: Low <5%
Document in notes

Mortality Risk: High 5-9%
Document in notes
063 to request Cons. Anaesthetist pre-op review

Mortality Risk: High ≥10%
Document in notes
Cons. Surgeon to directly contact Cons. Anaesthetist

At Operation End: Re-calculate P-POSSUM using physiological values immediately prior to anaesthesia & the surgical findings

Direct Cons. Anaesthetist & Surgeon Intra-Operative Care

Ward Post-Op

HDU Post-Op

ICU Post-Op