

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

Patient name:
NHS no:
Hospital no: <i>Please affix patient ID label within this box</i>
DOB:

ALLERGY OR INFECTION STATUS

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1. Immediate assessment and resuscitation

- Consider SEPSIS (see below)
- Early fluid resuscitation
- Check U&E, FBC, clotting and treat coagulopathy: G&S
- Check CBG and manage hyperglycaemia
- Check arterial lactate
- Maintain normothermia; Give analgesia
- Senior surgical review (ST/Cons) within 2 hours of referral (30 minutes if NEWS > 5)
- Document mortality risk estimate (NELA Risk Score)

2. Sepsis Screen & Treatment - (Sepsis Six/BUFALO)

- Oxygen
- **Blood cultures**
- IV Antibiotics (within 1 hour if acute admission/90mins if inpatient)
- IV fluid challenges
- Measure lactate
- Measure urine output

3. Rapid diagnosis and surgical plan

- Early involvement of consultant surgeon in decision making
- CT scan - within 2 hours of request, verbal report within 1 hour
- Provide patient and relatives with oral & written information

4. Planning for emergency surgery (within appropriate time frame for case)

- Prioritise theatre based on risk score/clinical urgency & Book
- Discuss with or review by consultant anaesthetist
- Discuss with or review by consultant intensivist
- Periop Care of Elderly review (in those >70yrs)

5. Intra operative care & optimisation

- Consultant delivered surgery when risk of death \geq 5%
- Consultant delivered anaesthesia when risk of death \geq 5%
- Consider use of cardiac output monitor to guide fluid therapy
- Appropriate antibiotics
- Measure ABGs and serum lactate
- Complete NELA

6. Postoperative ICU for patients with predicted mortality >5%

- Re-evaluate mortality risk estimate
- Critical care admission for all patients with NELA RS predicted mortality \geq 5%

EMERGENCY LAPAROTOMY PATHWAY