BSUH emergency laparotomy management & optimisation pathway

Patient for potential emergency laparotomy

Conservative Management plus regularly review

Optimisation - within 30mins
NEWS2
Bloods
Lactate
ECG
I.V. fluid resus & maintenance
+- Sepsis bundle if appropriate

Diagnostic workup - within 60mins
Senior surgical review (post-MRCS)
+- CT scan request

Senior surgical decision

Decision to operate
Consultant surgical & anaesthetic involvement in decision

Risk assessment & documentation
NELA risk score at booking: surgical team to complete NELA database sections 1-3 (+/- anaesthetic input)
Consider ‘High risk’: If >5% ‘NELA predicted mortality’ or on clinical judgement

Post op
- Appropriate level of care
- Consider elderly care review if appropriate

‘High risk’
- Critical care bed request preoperatively
- Consultant surgical & anaesthetic presence as standard
- NELA database
Anaesthetic team complete NELA database section 4-6, including post-op risk reassessment

Consider
- Glycaemic control
- Nutrition
- Chest physio
- Medication review including alternate routes

Decision making should be shared throughout with patients and families, and may involve MDT discussion

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