

Acute Abdomen Patient Pathway (Adults)

This pathway is intended for all patients presenting with an acute abdomen.

Consider the pathway if the patient has:

- ☐ High clinical suspicion of an acute abdomen.
- ☐ NEWS2 score >4.
- ☐ Recent abdominal surgery.
- ☐ Pain score >5/10.
- ☐ History of abdominal trauma.
- ☐ Signs of Sepsis.

Nurse/ Clinician to initiate the pathway

Patient name:

Date of birth:

NHS number:

Date:

Reason to trigger pathway:

.....

Consider pathway if:

- | | |
|---|---|
| <input type="checkbox"/> High clinical suspicion of acute abdomen | <input type="checkbox"/> NEWS2 score >4 |
| <input type="checkbox"/> Recent abdominal surgery | <input type="checkbox"/> Pain score >5/10 |
| <input type="checkbox"/> History of abdominal trauma | <input type="checkbox"/> Signs of Sepsis |

Patient identified on: / / at: Name/Grade:

Time surgical referral was received:

Time of surgical review:

Name: Grade of surgeon:

Working diagnosis:

.....

First Hour Care Checklist

						Tick when Completed
SpO ₂ >94%: (High flow oxygen via non-rebreath mask if needed)						
Blood tests complete:	FBC <input type="checkbox"/>	U&E <input type="checkbox"/>	LFTs <input type="checkbox"/>	G&S <input type="checkbox"/>	Blood Cultures <input type="checkbox"/>	
	Coagulation <input type="checkbox"/>	Amylase <input type="checkbox"/>	Glucose <input type="checkbox"/>	β-HCG (females of reproductive age) <input type="checkbox"/>		
IV Antibiotics prescribed as per Trust guidelines: <input type="text" value="HH:MM hours"/>						
1 st dose administered:						
Active Fluid Resuscitation: Plasma-Lyte solution 20 ml/kg if systolic BP <90 or lactate >2. If patient remains hypotensive administer boluses of 250 ml Plasma-Lyte solution with reassessment, up to a maximum of 2 litres.						
ABG/ VBG (Including lactate) taken:			Lactate = <input type="text"/>			
Analgesia prescribed and administered:						
12-lead ECG completed:						
Urinalysis completed: <input type="checkbox"/>		MSU obtained: <input type="checkbox"/>		Urinary catheter inserted: <input type="checkbox"/>		
Erect chest x-ray completed or CT scan:						
Commence fluid balance monitoring:						

**Call Critical Care Outreach Team if appropriate*

**Escalate to Senior Surgeon (ST3 or above) if required*

Doctor's Checklist

Patient name:
Date of birth:
NHS number:
Date:

Outcome of Doctor on-call review	Tick 1				
Straight to theatre: Confirm with Senior Surgeon and notify all appropriate staff.					
CT scan required: Senior Surgeon agreed. Always book 'CT acute abdomen' and verbally alert the Radiologist/ Radiographer. Target: CT scan within 2 hours, report within 1 hour. <table border="1" style="margin-top: 10px;"> <tr> <td>Surgical Doctor on-call review (post CT scan):</td> </tr> <tr> <td>Discussed with Consultant Surgeon:</td> </tr> <tr> <td>At: HH:MM hours</td> </tr> <tr> <td>Working Diagnosis post CT scan:</td> </tr> </table>	Surgical Doctor on-call review (post CT scan):	Discussed with Consultant Surgeon:	At: HH:MM hours	Working Diagnosis post CT scan:	
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Discussed with Consultant Surgeon:					
At: HH:MM hours					
Working Diagnosis post CT scan:					
Non-operative management/ Patient unlikely to require surgery: Confirm with Senior Surgeon, and step down the patient from the pathway. Complete appropriate management plan (restart the pathway if high risk features develop).					

POSSUM / COMPASS	Score
Mortality risk estimate:	%
Morbidity risk estimate:	%

**Trigger Critical Care review or MET call if appropriate at any time*

Checklist for Patients Attending Theatre (To be completed by Surgeon)	Completed	Designation	Initials
Anaesthetic review			
POSSUM/ NELA			
Safer Surgery Checklist			
Consent			
Critical Care discussion			
Family informed			

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