**Acute Surgical Admission**

Name:

ID number:

DOB:

Admitting consultant:

Date admitted:

Time admitted:

GP Address Label

Source of referral: GP / ED / Clinic

Presenting complaint:

Age:

**Allergies:**

MSU sent? Y / N

Initial Assessment

HR: BP: O2: RR: Temp:

EWS: *if EWS >3 complete sepsis screen*

Pain score: / 10

Weight:

Blood glucose: *if blood glucose >11.1 mmol/L consider HbA1c*

Urine dip:

|  |  |
| --- | --- |
| Leukocytes | Blood |
| Nitrites | Ketones |
| Protein | Glucose |

βHcG: NA / Pos / Neg

Bloods:

|  |  |  |  |
| --- | --- | --- | --- |
| CRP | Na | Bili | Amylase |
| Hb | K | ALP | Glucose |
| WCC | Ur | ALT | INR |
| Neuts | Cr | GGT |  |
| Plts | eGFR |  |  |

**Junior Doctor Clerking**

Name:

ID number:

DOB:

Date: Time:

Name: Grade:

History of presenting complaint:

Past medical history:

Surgical history:

Drug history: **Allergies:**

Drug Dose Frequency Drug Dose Frequency

Family history:

Social history:

Functional status?

Smoking? Never / Ex- / Current - amount:

Alcohol? None / Yes - amount:

Recreational drug use?

On Examination:

Name:

ID number:

DOB:

(See front sheet for observations)

General inspection:

AMTS

(to be completed for all patients >75)

☐How old are you?

☐What is your D.O.B?

☐What time is it?

☐Where are we?

☐What year is it?

☐Identify 2 people?

☐What year did WW1 begin?

☐Who is the monarch?

Address for recall

(42 West Street)

☐Count backwards from 20?

☐ (recall address)

Total score =

Cardiorespiratory:



Abdominal:

Hernias?

PR:

 Verbal consent

 Chaperone

Other e.g. vascular:

Yes

No

No

Is the patient likely to need an operation within the next 2 hours? or evidence of bowel obstruction?

NBM

Is the patient likely to need an operation within the next 6 hours? or awaiting abdo USS?

E&D

Clear fluids

Oral intake?

(circle one)

Yes

Investigations:

(See front sheet for urine dip & blood results)

ECG: Requested Not indicated

CXR: Requested Not indicated

AXR: Requested Not indicated

Probable Diagnosis:

Plan:

 Analgesia

 Antiemetic

 Antibiotics

 IV fluids

 VTE prophylaxis

 Ultrasound

Clerking completed by: Sign: Bleep:

**Senior Review**

Name:

ID number:

DOB:

Date: Time:

Name: Grade:

Probable Diagnosis:

Plan:

*This pathway should be started if a decision has been made to perform a laparotomy.*

Name:

ID number:

DOB:

**Emergency Laparotomy Pathway**

1. Consultant responsible at time of surgery:

2. Decision for operation - Date: Time: Made by:

If not consultant, were they contacted? Y / N

3. Booking priority - 3 >18 hours

 2A 6-18 hours

 2B 2-6 hours

 1 <2 hours

4. Seen by consultant anaesthetist prior to theatre? Y / N Date: Time:

5. Abdominal CT - Time requested: Time performed:

Reported by consultant radiologist? Y / N

CT Result:

6. Investigations:

|  |  |  |
| --- | --- | --- |
|  | Pre-op | Immediately Post-op |
| Na |  |  |
| K |  |  |
| Urea |  |  |
| Hb |  |  |
| WBC |  |  |
| Lactate |  |  |
| Pulse |  |  |
| Systolic BP |  |  |
| GCS |  |  |
| ECG |  |  |
| CXR |  |  |
|  P-POSSUM |
| Morbidity |  |  |
| Mortality  |  |  |

|  |  |  |
| --- | --- | --- |
| Blood loss | Contamination | Malignancy |
|  <100 101 – 500 501 – 999 >1000 |  None Serous Localised pus Free fluid |  None Primary only Nodal mets Distant mets |

7. Estimated…

8. Discussions with patient and/or family:

**Post-Take Ward Round**

Name:

ID number:

DOB:

Ward:

Date:

CRP

Hb

WCC

Neuts

Plts

Na

K

U

Cr

eGFR

Bil

ALP

ALT

GGT

INR

Date:

Time:

Consultant:

Diagnosis:

Plan:

Name:

ID number:

DOB:

**Surgical Ward Round**

Ward:

Date:

Time:

Date:

CRP

Hb

WCC

Neuts

Plts

Na

K

U

Cr

eGFR

Bil

ALP

ALT

GGT

INR

**Surgical Ward Round**

Ward:

Date:

Time:

Name:

ID number:

DOB:

Date:

CRP

Hb

WCC

Neuts

Plts

Na

K

U

Cr

eGFR

Bil

ALP

ALT

GGT

INR