** Insert Trust logo**

NHS Number…………………………………………

Trust Number………………………………………...

Forename, Surname ………………………………...

Date of Birth…………………………………………..

Postcode…………………………………………..

**Emergency Laparotomy Pathway (“EmLap”) for NELA patients only**

**Preoperative**

|  |
| --- |
| □ Enter on NELA database (data.nela.org.uk) |
| □ Mortality Risk: NELA risk……..…% High Risk (5%+ or by clinical judgement)? Yes □ No □  |
| □ **Ensure antibiotics given** at booking if suspected intraabdominal sepsis |
| □ Discussed with anaesthetist? Yes □ No □ Discussed with Critical Care? Yes □ No □  |
| □ Judged frail? Yes □ No □ Not assessed □ |

Book patient for theatre

Time: - \_ \_;\_ \_

Date: \_ \_/\_ \_/\_ \_

**1. Immediate:** Theatre within 2 hrs

Tick one:

**2B. Urgent:** Theatre 6-18 hours

**2A. Urgent:** Theatre 2-6 hours

**3. Expedited:** Theatre 18+ hours

**Arrival in theatre suite** Date: \_ \_/\_ \_/\_\_ Time: \_ \_:\_\_

Document any delays:

**Intraoperative**

|  |  |  |
| --- | --- | --- |
| **Most patients will require:** |  | **Requirements to achieve Best Practice Tariff:** |
| □ Consultant Surgeon |  | High risk cases **must** have: |
| □ Consultant Anaesthetist |  | (either judged high risk, or NELA risk 5%+) |
| □ Antibiotics and peritoneal micro samples for C&S |  |  |
| □ Lactate +/- invasive monitoring |  | 1. Consultant Surgeon in theatre
 |
| □ Goal-Directed Fluid Therapy considered |  | 1. Consultant Anaesthetist in theatre
 |
| □ NELA domains 1-6 completed |  | 1. Direct admission to Critical Care
 |
| □ Plan for critical care admission |  |  |

**Postoperative**

|  |
| --- |
| Post Op placement: Critical Care □ \*Enhanced care area □ \*Ward □ |
| Older people’s medicine review necessary: Yes □ No □ Referred? Yes □ No □ |
| \*Reason for non admission to Critical Care: Not felt necessary □ Palliative □ Lack of bed capacity □ |

Print Name: Sign Name:

Designation: Date: \_ \_/\_ \_/\_ \_ Time: \_ \_/\_ \_/\_ \_