Targeting Emergency Surgical Patients

**Timely Intervention**
- Optimization of Abnormal Blood results (i.e. K+, INR, Hb)
- Arterial Blood Gas if indicated
- Radiological interventions
- Early anaesthetic / ICU input
- Early liaison with Theatre
- Document Timings of Required Interventions i.e. Surgery

**Antibiotics**
- Give intravenous antibiotics EARLY
- In the presence of sepsis or shock give within the 1st hour of presentation.

**Risk Assessment**
- Perform and Document P-POSSUM scoring (www.riskprediction.org.uk)

**Goal Directed Therapy**
- If hypotensive and / or a serum lactate > 4 mmol/L:
  - Deliver an initial bolus 20 ml/kg crystalloid or an equivalent
  - Aim for MAP > 65mmHg
  - UO > 0.5 mls / kg
  - CRT < 2 secs
  - Decreasing lactate

**Severity of Sepsis**
- Septic Shock (Refactory hypotension)
- Severe Sepsis (Sepsis with signs of organ failure)
- Sepsis (SIRS with presumed / confirmed infection)
- Infected source, no SIRS

**Time to Surgical Intervention (maximum)**
- Immediate
- As soon as possible and within 6 hrs of onset
- As soon as possible and within 18 hours (7am-10pm start)
- As soon as possible (7am-10pm start)

**Risk of Sepsis**
- Septic Shock (Refractory hypotension)
- Severe Sepsis (Sepsis with signs of organ failure)
- Sepsis (SIRS with presumed / confirmed infection)
- Infected source, no SIRS

**Postoperative Care Placement Guided by:**
- Surgical APOGAR score
- Length of surgery
- Likelihood of deterioration

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