

## Appendix 1. Data fields collected for cohort study

| Field              | Options (definitions)  |
|--------------------|--|
| Age                | In years   |
| Height             | In centimetres,  |
| Weight             | In kilograms   |
| Sex                | Male, Female   |
| Comorbidities      | Myocardial infarct<br>Congestive heart failure<br>Peripheral vascular disease<br>Cerebrovascular disease (except hemiplegia)<br>Dementia<br>Chronic pulmonary disease<br>Connective tissue disease<br>Peptic ulcer disease<br>Mild liver disease<br>Diabetes (without complications)<br>Diabetes with end organ damage<br>Hemiplegia (or paraplegia)<br>Moderate or severe renal disease<br>Solid tumour (non-metastatic)<br>Leukaemia<br>Lymphoma, Multiple Myeloma...<br>Moderate or severe liver disease<br>Metastatic solid tumour<br>AIDS |
| Source of referral | Emergency Department<br>General Practice<br>Surgical Clinic admission<br>Referral from inpatient team  |

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| <b>Where was the patient living prior to admission to the hospital?</b>                | Own Home/Sheltered Accommodation<br>Residential Home<br>Nursing Home |
| <b>Date admitted to hospital</b>   | Day/Month/Year   |
| <b>Date first seen by a member of the surgical team</b>                                | Day/Month/Year   |
| <b>Date of last enteral intake</b>   | Day/Month/Year   |
| <b>Initial management strategy</b>   | Conservative<br>Operative (<br>Palliative                            |
| <b>White Cell Count</b>  |  |
| <b>C-Reactive Protein</b>  |  |
| <b>Albumin</b>   |  |
| <b>Did the patient have an AKI at admission?</b>                                       | Yes / No   |
| <b>Was the patient identified as being malnourished, or at risk of malnourishment?</b> | Yes / No<br>Day/Month/Year   |
| <b>How was this identified?</b>  |  |
| <b>Was the patient reviewed by a dietitian or nutrition team during admission?</b>     | Yes / No   |
| <b>Were oral supplements (e.g. fortisips) started at any point during admission?</b>   | Yes / No<br>Day/Month/Year   |
| <b>Was NG or NJ feed started during admission?</b>                                     | Yes / No<br>Day/Month/Year   |
| <b>Was TPN started during the admission?</b>   | Yes / No<br>Day/Month/Year   |
| <b>If TPN was used, when was it stopped?</b>   | Day/Month/Year   |
| <b>Was intravenous access established for nutrition?</b>                               | Yes / No   |

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| <b>What type of line was initially used?</b>   | Peripheral cannula<br>Peripherally inserted central catheter (PICC)<br>Central venous catheter (CVC/Central line)<br>Hickmann line   |
| <b>What date was this inserted?</b>  | Day/Month/Year   |
| <b>Did the patient develop line sepsis related to this line?</b>   | Yes / No   |
| <b>Date line sepsis diagnosed</b>  | Day/Month/Year   |
| <b>Abdominal X-ray performed</b>   | Yes / No<br>Day/Month/Year   |
| <b>CT scan performed</b>   | Yes / No<br>Day/Month/Year   |
| <b>Did the patient receive water-soluble contrast agent (gastrografin) apart from when undergoing a CT scan?</b> | Yes / No<br>Day/Month/Year   |
| <b>Aetiology</b>   | Congenital band adhesion<br>Post-operative adhesions<br>Right sided colon cancer<br>Crohn's disease<br>Disseminated intra-abdominal malignancy<br>Incarcerated Hernia - Groin<br>Incarcerated hernia - Midline<br>Incarcerated hernia - Incisional<br>Incarcerated Hernia - Parastomal<br>Small bowel Volvulus<br>Other_____ |
| <b>Did the patient undergo an operation/procedure for SBO?</b>   | Yes / No<br>Day/Month/Year   |
| <b>American Society of Anesthesiologist (ASA)</b>  | Classified as:   |

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|--|--|
| <b>score</b>                                     | <ol style="list-style-type: none"> <li>1. A normal healthy patient</li> <li>2. A patient with mild systemic disease</li> <li>3. A patient with severe systemic disease</li> <li>4. A patient with severe systemic disease that is a constant threat to life</li> <li>5. A moribund patient who is not expected to survive without the operation</li> </ol> |
| <b>Method of operation</b>                       | <p>Laparoscopic</p> <p>Lap converted to open</p> <p>Open (midline)</p> <p>Open (groin)</p> <p>Open (other)</p>   |
| <b>What intervention?</b>                        | <p>Division (single) band adhesion</p> <p>Adhesiolysis</p> <p>Hernia repair</p> <p>Small bowel resection</p> <p>Large bowel resection</p> <p>Formation jejunostomy</p> <p>Formation ileostomy</p> <p>Anastomosis of bowel</p> <p>Other</p>   |
| <b>Date resumed enteral nutrition</b>            | Day/Month/Year   |
| <b>In hospital death</b>                         | Yes / No   |
| <b>Date patient medically fit for discharge:</b> | Day/Month/Year   |
| <b>Date of discharge</b>                         | Day/Month/Year   |
| <b>Readmitted within 30-days post discharge</b>  | Yes / No   |

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|                                  |   |
| <b>Discharge destination</b>     | Own Home/Sheltered Accommodation<br>Rehabilitation Unit<br>Residential Home<br>Nursing Home<br>Hospice<br>Still acute inpatient on 30/4/17<br>Deceased  |
| <b>In hospital complications</b> | UTI<br>Pneumonia<br>Cardiac<br>PE/DVT<br>Delirium<br>Superficial surgical site infection<br>Intra abdominal sepsis<br>Abdominal wall dehiscence<br>Anastomotic leak<br>Radiological drain<br>Reoperation<br>Unplanned HDU/ITU admission |