

Emergency Laparotomy

This CRF follows the patient from the decision of surgery and until the patient being discharged from hospital.

When patient is discharged, send form to:
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Surgical code:
JAH00 Emergency Laparotomy. Add code
JAH01 if laparoscopy.

Priority:
 emergency
 2 hours
 6 hours

PATIENT DATA

Preoperative- Surgeon liability

Surgery notification: date _____ time _____

- Latest **surgical** bedside assessment before notification. Time: _____
- Reoperation after elective surgery
- Surgery will initiate as laparoscopy

The following are carried out **immediately** after a decision to operate has been taken.

- Antibiotics** given, time: _____
Septic patient- 2:nd dose after 4h.
- EWS-early warning score**
Register in med journal. score: _____
- Arterial Blood Gas** with lactate
- extended blood chemical analyses**.
Hb, platelet count, white blood count, sodium, potassium, creatinine, CRP, procalcitonin
- Urinary catheter**
- Nasogastric tube**
- Planning** of the continuing pre-operative care in consultation with the responsible anesthetist.
(All factors that can delay surgery must be eliminated, i.e. shower.)

The following is done **promptly** and must be completed before surgery.

Decide on care restrictions. Specify below if restrictions apply.

- yes
- no

- Relatives contacted**. Reason if not contact _____

Comorbidity

- COPD
- Ischemic heart disease
- Heart failure
- Diabetes
- Kidney failure
- Obesity
- Smoker
- None of the above

Pathological findings and surgical procedure: _____

Post-op complication Surgeon liability (Not to be filled in to early)

A postoperative complication has arisen that....: _____ Date when reviewed: _____

- 1) is pharmacological treated with: Antiemetics, antipyretics, analgesics, diuretics and/or electrolytes
- 2) is treated with pharmacotherapy not mentioned above (eg blood transfusion or TPN).
- 3a) requires surgical, endoscopic or radiological intervention.
- 3b) requires surgical, endoscopic or radiological intervention in general anesthesia.
- 4a) requires ICU care due to single organ failure.
- 4b) Requires ICU care due to multiorgan failure.
- 5) lead to patient loss of life.

Peroperative- Anesthetist liability

- Anesthetist preop bedside assessment
Time _____ ASA-classification: _____

Ready for theater: _____ Anesthesia start: _____

Surgery start: _____ surgery finish: _____

- Thoracic Epidural**
If the Epidural is not performed, please state the reason below: _____

- A-line**
- Noradrenaline**
- RSI**
Drug for induction.
 Ketamin
 Propofol

- Central venous catheter**
Should especially be considered when there is a need for post-care at ICU.

Goal directed fluid therapy (GDFT):

- CardioQ**
- Lidco-Rapid**
- PPV**
- other** _____

Decision on post-op level of care after consultation between surgeon and anesthetist.

- Post-op **recovery**
- Post-op **Intensive care unit**
Reasons for postop-ICU

Anesthesiological complication with postoperative significance

- No complication
- Aspiration
- Other _____

Per-operativ
Competence of Surgeon

- Resident
- Specialist
- Consultant

Per-operativ
competence of Anesthetist

- Resident
- Specialist
- Consultant

Post-op-recovery Nurse liability

Recovery start: date _____ time _____

Recovery finish: date _____ time _____

The following is performed at recovery before round with anesthesiologist.

- monitoring** standard
- Temperature** _____ degrees.
- Chemical blood analyse**, ICU-standard
- Arterial Blood Gas**
- Active temperature control**
- Visual Analog Scale** on arrival: _____
- EWS-early warning score**. Register in medical journal. score: _____
- Visual Analog Scale** on discharge: _____

Post-op- Anesthetist liability

After approximately **30 minutes** at recovery.

Assessment bedside by anesthesiologist:
Review of treatment goals. Time: _____
Patient should be assessed every two hours unless vital parameters show a completely stable patient.

Goal directed fluid therapy post-op:

- Lidco-Rapid
- CardioQ
- other _____
- none

Evaluation of **paintreatment** post-op:

- Epidural
- Patient Controlled Analgesia
- TAP-Block
- PainBuster
- Other _____

Care continues at:

- Surgical ward
- ICU
- Other _____

Post-op surgical ward: Nurse liability

Arrival to ward: date _____ Time _____

- EWS on arrival. score: _____
- EWS 2 h after arrival. score: _____
- EWS 4 h after arrival. score: _____
- EWS 8 h after arrival. score: _____

EWS every 8 hours as long as the responsible surgeon sees the need.

Take **immediate** contact with a surgeon in case of clinical deterioration.

EWS-evaluation terminates at. date: _____

Reviewed by: _____