STANDARD OPERATING PROCEDURE

UNIVERSITY HOSPITALS DERBY AND BURTON NHS FOUNDATION TRUST

Emergency Department Referral of Patients Presenting with Abdominal Pain

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Date :	………………………………………..

INDEX SHEET

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REVIEW AND AMENDMENT LOG

If this document is viewed as a paper copy, the reader is responsible for checking that it is the most recent version.

Version	Type of change	Date	Description of Change
1	New SOP	May 2019	
2	Post clinicians review	June 2019	Minor amendments and clarifications

SOP 1 - Emergency Department Referral of Patients Presenting with Abdominal Pain

Contents Page

Paragraph Number	Subject	Page Number
1	Introduction and Purpose	5
2	Procedure	5
2.1	No Pathology Requiring Admission	6
2.2	Unclear Diagnosis	6
2.3	Definite Surgical Pathology	6
3.0	Review of SOP	7
Appendix 1	Training Record	8

1. Introduction and Purpose

1.1. Background

Abdominal pain is a common presentation in the Emergency Department (ED) and delays in diagnosis and management can significantly worsen the patient outcomes.

Achieving the balance between safe and expedient assessment versus delay and over investigation is the key in managing abdominal pain presentations.

1.2 Purpose

The purpose of this Standard Operating Procedure is:

- To assist clinicians in admitting patients to the correct assessment area within the hospital
- To ensure that patients receive high quality and safe care.

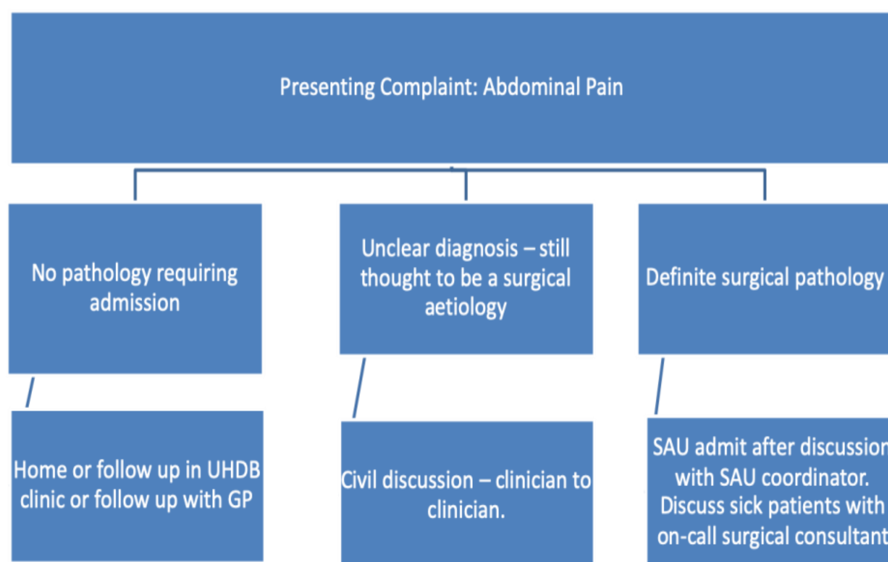
2. Procedure

All patients referred by a General Practitioner (GP) to the surgical team on-call, or attending the hospital with a GP referral letter, will be seen on the Surgical Assessment Unit (SAU).

If a patient attends with a GP letter addressed to the on call surgical team, but the GP hasn't had a conversation with the admitting team, then the patient will be transferred to the SAU. This will be fed back to the GP, however the Trust does expect that many GPs telephone the hospital and illicit no response from the surgical team as they are often in theatre.

If a patient needs immediate resuscitation, having been referred via a GP, the resuscitation will take place in the resuscitation room of the Emergency Department.

The following procedure is for patients presenting with abdominal pain, but any other surgical presentation could be viewed in a similar way:



2.1. No Pathology Requiring Admission

Some patients will present with signs and symptoms that require minimal investigation / treatment and after ED assessment, may be discharged from ED without any need for admission.

This group may be asked to attend their GP for follow up, or follow up may be requested from colleagues within UHDB in an outpatient setting.

2.2. Unclear Diagnosis – (still thought to be a surgical aetiology, abdominal pain present and significant)

Between the hours of 08:00 – 24:00, the ED Consultant will discuss the patient with the on-call Surgical Consultant.

Between the hours of 24:00 – 08:00, the ED Middle Grade (decision making clinician) will discuss the patient with the on-call Surgical Middle Grade.

After conversation:

- The on-call Surgical Consultant / Middle Grade may elect to admit the patient to SAU without any further assessment. The Surgical Consultant/Middle Grade should inform the SAU coordinator of the patient.
- The on-call Surgical Consultant / Middle Grade may review the patient in ED.
- If the review is to take place in ED, the patient will be seen within 60 minutes of the first phone call to the on-call Surgical Consultant/Middle Grade.
- If the on call surgical Consultant/Middle Grade are unable to assess the patient within 60 minutes of the first phone call, that patient will be transferred to SAU.
- If a patient is transferred to SAU, assessed by the surgical team and then not deemed to require an admission under the care of the on-call surgical Consultant, an onward referral will be made by the surgical team. If the onward referral specialty accepts the referral, the accountability for that patient will be the new team's irrespective of the patient's location.

After face to face patient assessment:

- If the on-call Surgical Consultant (0800-2400)/ Middle Grade (2400-0800) deems it necessary for the patient to have further investigations, the patient will be admitted to SAU. The Surgical consultant/Middle grade should inform the SAU coordinator of the patient.
- If the on-call Surgical Consultant / Middle Grade feel that an alternative onward referral is in the patient's best interest, then the on-call Surgical Consultant (0800-2400)/ Middle Grade (2400-0800) will make the required referral.
- It maybe that the ED Consultant who referred the patient, wants to make the onward referral but this would be the exception and not the rule.
- In exceptional cases, two specialties may disagree about who is best placed to care for the patient. When this happens the ED Consultant (0800-2400)/ED Middle grade (2400-0800) will decide under which specialty the patient will be admitted.

- If a patient is transferred to SAU, assessed by the surgical team and then not deemed to require an admission under the care of the on-call surgical Consultant, an onward referral will be made by the surgical team. If the onward referral specialty accepts the referral, the accountability for that patient will be the new team's irrespective of the patient's location.
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2.3 Definite Surgical Pathology

- Some patients will have an immediately obvious surgical pathology. It is assumed that these cases will be discussed with a decision-making clinician in ED (to sense check the clinical assessment and treatment plan).

- If the patient meets criteria for the 'adult acute abdominal pain pathway' (appendix 1) then this pathway must be used. The patient should be moved to the resuscitation room and the surgical consultant/grade must be informed.

- If the patient does not meet the criteria for the 'adult acute abdominal pain pathway' they should be referred to SAU via the SAU coordinator.

Examples may be (this list is not exhaustive):

- Abdominal pain with amylase greater 1000.
- Abdominal pain and free air underneath the diaphragm visible on a CXR
- Abdominal pain and obvious peritonitis (Discuss with the Surgical Consultant on-call for this group)
- Appendicitis
- Cholecystitis
- Strangulated inguinal hernia.
- Bowel obstruction

3.0 Review of SOP:

- This SOP will be reviewed after 1 day, 1 week and 2 months of its introduction.
- Any patient safety concerns must be raised in the usual way and investigated appropriately.
- This is the first iteration of this pathway, and it will change through the assessment process.

APPENDIX 1

SOP TRAINING RECORD

SOP 1 - Emergency Department Referral of Patients Presenting with Abdominal Pain

All Emergency Department and Surgical Department staff is responsible for ensuring that they are aware of, and familiar with, departmental SOPs. By signing below, you are confirming that you have read and understood the contents of this SOP.

If there is anything within the SOP which you do not understand, or if you require additional training, please contact the author or the Assistant Operational Manager before signing below.

Name (Please print)	**Title**	**Signature**	**Date**