

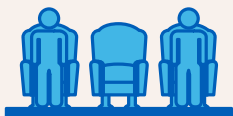


GPs, District Nurses, out of hours providers always call the HUB before sending patient to SDAU/SAU on **0117 414 0700**



Request for advice not requiring admission

SDAU slot within 24 hours for review **or** advice to call back 09:30-16:30, 7 days



Request for advice possibly leading to admission

SDAU

Patients suitable for ambulatory care

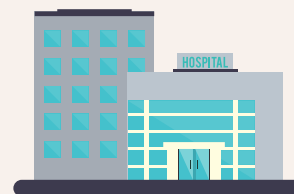
SAU

Contact GI Surgery registrar (Bleep 9772) to agree admission 24 hours a day.



Request for admission

Admission to **SAU** (32b)



Suitable for Surgical Day Assessment Unit (SDAU) / Ambulatory Patients

Principles: None -septic patients with suspected uncomplicated surgical working diagnosis, mobile & managed with oral analgesia
 T < 38, WCC < 15, CRP < 70, Hb > 10
 U&E / LFTs / Lipase < 2x ULN
 'Could go home with a surgical review or scan' = home and SDAU
 Abscesses (see excluded anatomy)
 Localized GI surgery wound problems
 Mild Acute Biliary Pathology – Colic Cholecystitis, Mild Jaundice (not pancreatitis)
 Uncomplicated acute appendicitis & diverticulitis, none-IBD colitis
 Stable PR bleeds
 Suspected GI malignancy without complications
 Hernias (inc pain / incarceration)
 Urgent USS, CT & fluoro Imaging possible in SDAU

Excluded Diagnoses / Inappropriate for SDAU / SAU

Principles: Life-threatening diagnosis, requiring any organ support (ITU) indicated for immediate (< 2 hour) surgery, Trauma patients, Flares of established none-Surgical conditions
 Any Aneurysm Working Diagnosis
 Severe Acute Pancreatitis or Cholangitis
 GI Perforations with compromise
 Unstable and BHCG +ve
 Surgical Trauma goes to 26b not SAU
 Gastroenterology (IBD flares, hepatitis, cirrhosis, any UGI bleed symptoms / anaemia)
 Gynaecology (ectopics, PID, endometriosis, ovarian events)
 Urology and vascular diagnosis confirmed with those teams
 Medicine (VTE & Cardiorespiratory complications of surgery)

Suitable for Surgical Admission Unit (SAU)

Principles: Septic patients with suspected more severe or complicated surgical working diagnosis, reduced mobility & not managed on oral analgesia
 T > 38, WCC > 15, CRP > 70, Hb < 10
 U&E / LFTs / Lipase > 3x ULN
 Septic or Diabetic Abscesses (see excluded anatomy)
 Septic / compromised post-op complications
 Compromised Biliary Pathology, Pancreatitis
 Complicated acute appendicitis & diverticulitis, none-IBD colitis
 Uncompromised GI Perforation
 Significant PR bleeds
 Suspected GI malignancy with complications
 Bowel Obstruction (inc Hernia)
 Hernias - suspected strangulation