

GI Surgery Referral Pathway



GP, ED, Paramedics please always discuss surgical SDEC/SAU referrals with surgical triage nurse 07:00 -19:00 or submit careflow referral to 'Surgical SDEC: EGI and specific pathways.

0117 41 49190
OOH: 011741 40700



Request for assessment not requiring admission.

SDEC slot within 24 hours - inc. next day attendance



Request for advice possibly avoiding admission.

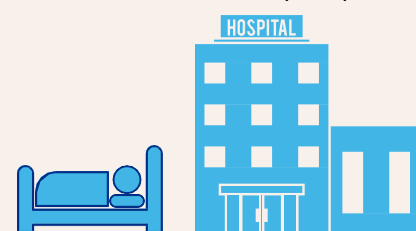
SDEC SAU

Never give Surgical Triage Nurse telephone number to patients



Request for admission.

Admission to SAU (32b).



Suitable for Surgical SDEC

Principles: Patients with a suspected ACUTE surgical diagnosis, mobile & managed with oral analgesia.

Over age 16

Haemodynamically stable

News <4 (no single parameter scoring 3 or more)

Trunk (only) Abscesses

Localised GI surgery (only) wound problems.

Right upper quadrant pain (suspected biliary problem)

Right iliac fossa pain (suspected appendicitis -NOT pregnant)

Left iliac fossa pain (suspected diverticulitis)

Stable PR bleeds.

Hernias with pain / incarceration (Not Strangulation or obstruction)

PLEASE NOTE Patients must be fit to, and prepared to, wait for assessment in a chair.

Excluded Diagnoses or Requires ED assessment

Chronic Abdominal problems with a known diagnosis (>6 months)

Abscesses located not on the trunk (See specific abscess pathway)

Surgical Wounds after non GI surgery

ACUTE but:

- News >4 or requiring Sepsis 6 or resuscitation
- Any generalized abdominal pain
- Trauma (inc #rib)
- Suspected aneurysm
- bHCG +ve with abdominal pain
- Chest pain or SOB (even post-operative)
- Flares of established or suspected non-Surgical conditions eg:
 - Crohn's / UC, hepatitis, cirrhosis
 - Acute breast problem presenting during breast clinic opening hours.
 - UGI bleed / anaemia - to Medicine
 - Ectopics, PID, endometriosis, ovarian events - to Gynaecology/Urology or vascular diagnosis.

Suitable for Surgical Admission Unit (SAU)

Principles: Patients with a suspected ACUTE surgical diagnosis, reduced mobility, not managed on oral analgesia and/or NEWS >4 (or 3 in one parameter)
Patients with diarrhoea/vomiting or a diagnosed infection

AND

Right upper quadrant pain

Lower abdominal pain

Unstable PR bleed and/or patient on anticoagulation

Suspected GI malignancy with an acute surgical issue.

Suspected bowel obstruction (inc due to hernias) - not requiring resuscitation