2018 Dynamic Practice Guidelines for Emergency General Surgery

Committee on Acute Care Surgery, Canadian Association of General Surgeons

2 TRIAGING CONSULTS AND WARD CALLS

Dynamic Practice Guidelines for Emergency General Surgery

Dean Percy MD MSc, and Emilie Joos MD
Committee on Acute Care Surgery, Canadian Association of General Surgeons

TRIAGING CONULTS AND WARD CALLS

Anticipating Problems

1. Concise, effective and comprehensive handover is paramount in surgical care

- Should be scheduled in protected time, standardized, allow for two-way communication, and faciliated by senior colleague[1]
- Checklists, templates, proforma, computerized lists improve handover effectiveness[2]

2. Predicting Problems

- Knowing the projected disease course allows anticipation of problems and their severity
    - For example: Intraabdominal sepsis on post-operative day 5 from colonic anastomotic leak vs. minor septic shower hours after appendectomy with perforation

[1] Royal College of Surgeons of England. 2007 Link
[2] Pucher PH, Johnston MJ, Aggarwal R, et al. 2015 Surgery

TRIAGING CONULTS AND WARD CALLS

Anticipating Problems

Common Post-Op Complication	Timeline
Post-operative Bleed (Early)	• <24 hours (unsecured vessel, coagulopathy, venous bleed from volume expansion)
Post-operative Bleed (Late)	• 7-10 days (infection leading to pseudoaneurysm, erosion into vessel/ anastamosis
Wound Infection (Early)	• 24-48 hours (necrotizing wound infection, severe)
Wound Infection (Late)	• 5-7 days (superficial, deep or organ space infection, abscess formation)
Wound Dehiscence	• 24-48 hours (technical failure); 5-7 days (infection, poor healing)
Myocardial Infarction	• Any time
Venous Thromboembolism	• Any time, but classically 5-7 days
Anastomotic Leak	• 24-48 hours (technical failure); 5-7 days (poor healing)

Oxford Handbook of Clinical Surgery 4th Ed.. Oxford University Press 2013

TRIAGING CONULTS AND WARD CALLS

Effective Communication

Situation-Background-Assessment-Recommendation[1]

- Validated technique to improve communication

Example:

- **Situation:** 68 year old female admitted last night with small bowel obstruction confirmed on abdominal x-ray. Her vitals are normal and she has a distended but non-tender abdomen. She has an NG and is NPO
- **Background:** Low anterior resection for colorectal cancer 2 years ago with ileostomy reversal last year. History of coronary artery disease and diabetes on metformin at home.
- **Assessment:** Her presentation is consistent with an uncomplicated small bowel obstruction, no signs of strangulation, but she is still obstipated with high NG output.
- **Recommendation:** Continue NG decompression and IV fluids. There is a CT abdomen pending. Please re-assess her in six hours. If she develops peritonitis, or if CT shows signs of strangulation or compromised bowel she may require urgent operative intervention.

Kaiser Permanente of Colorado SBAR Technique for Communication: A Situational Briefing Model. Cambridge, MA: Institute for Healthcare Improvement; 2005

TRIAGING CONULTS AND WARD CALLS

Communicating Patient Status

Conveying urgency to consultants/ senior colleagues

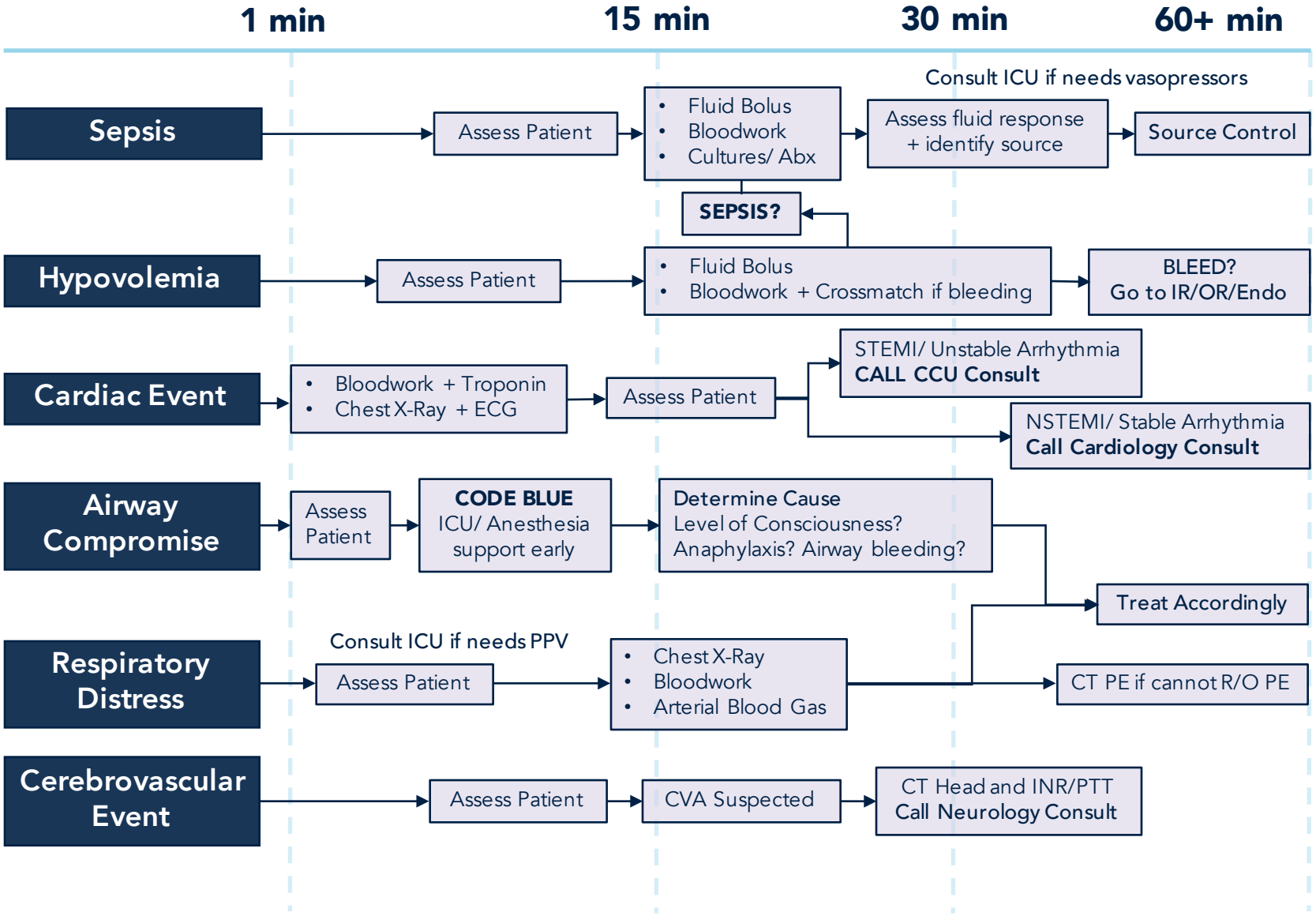
- Provide the most life-threatening diagnosis on your differential (ie 'tension hemothorax' instead of 'pleural effusion', or 'mesenteric ischemia' instead of 'ileus').
- Use of language is important ('I'm worried about…' instead of 'I don't know…' or 'there has been clinical deterioration' instead of 'the vitals look worse')

Structure your assessment using SBAR

Dr. X, **(S)** I'm seeing a 54 year old female with tachycardia, hypotension, and hematochezia. **(B)** She is on warfarin for Afib and has chronic NSAID use. Her INR is 5 and hemoglobin is 64. **(A)** She is clinically in hypovolemic shock, and I am concerned about a massive upper GI bleed. (**R)** I have started PPI infusion and given octaplex. Massive transfusion is ordered, ICU is aware of the patient and I am organizing upper endoscopy'

TRIAGING CONULTS AND WARD CALLS

Suggested time frames for **HEMODYNAMICALLY STABLE** patients ONLY



TRIAGING CONULTS AND WARD CALLS