

Surgical Emergency Ambulatory Care Pathway

Patient >18years and presents/ referred with acute abdominal pain

History and examination

Including observations, examination of hernial orifices, and examination of external genitalia in males under 35 years

Investigations

FBC, CRP , Biochemistry, Urine (inc BHCG), Erect chest XR for upper abdominal pain, and/or sudden onset pain

RUQ and epigastric pain red flags:

Hypotension, tachycardia, jaundice, palpable mass, pyrexia, high WCC, high CRP, Raised lipase, malaena, Free air under diaphragm

Yes

ADMIT

No

Right iliac fossa pain red flags:

Hypotension, tachycardia, peritonitis, palpable mass, intestinal obstruction pyrexia, high WCC, high CRP, Free air under diaphragm

Yes

ADMIT

No

Surgical review : if diagnosis does not require admission (as confirmed by SHP, SpR or Consultant), patient should be **discharged** for return the following day. Ensure Pt has **SAEC information sheet**.