

## Ambulatory Emergency Care Pathways

*Acute Abdominal Pain*

## Content Summary

Ref	Title	Description
1	Condition Details	Identifies pathway details and clinical sign-off
2	Pathway Algorithm	Identifies the pathway to follow to identify patients suitable for Ambulatory Care
3	Patient Criteria	Criteria for patients appropriate for the pathway
4	Patient Information	Identifies Patient Information leaflets for issue to patients regarding their pathway
5	KPIs	Identifies how the pathways are measured

## 1. Condition Details

Condition Details Summary	Data (Baseline using 2010/11 outturn)
HRG/ICD-10 Codes	FZ35C, FZ35B / R100, R101, R102, R103, R104
Total Patients per Month (Avg)	51.58
Bed Days Utilised per Month (Avg)	18.17
Number of Beds Utilised per Month (Avg)	0.11
Average Length of Stay	0.81
Potential Percentage suitable for ambulatory care	30-60%

Sign Off:

Pathway Designed by Clinical Subject Matter Expert

\_\_\_\_\_ Signed

\_\_\_\_\_ Print

Pathway Approved by Specialty Lead

\_\_\_\_\_ Signed

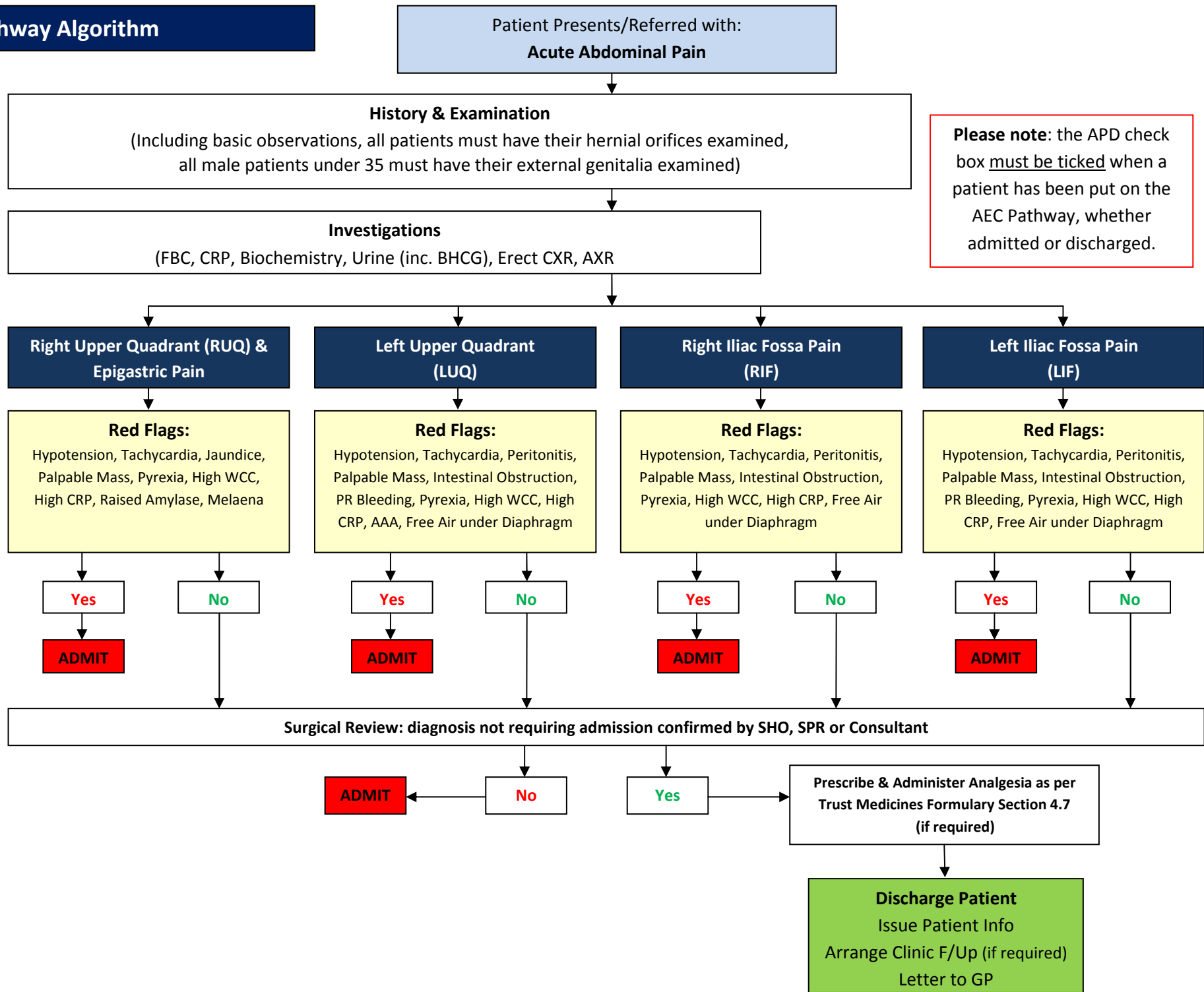
\_\_\_\_\_ Print

Pathway Authorised by Divisional Director

\_\_\_\_\_ Signed

\_\_\_\_\_ Print

## 2. Pathway Algorithm



### 3. Patient Criteria

#### Red Flags - Exclude the following Patients and Admit:

**RUQ Pain:** Hypotension, Tachycardia, Jaundice, Abdominal Mass, Pyrexia, High WCC, High CRP

**LUQ Pain:** Hypotension, Tachycardia, Peritonitis, Abdominal Mass, Intestinal Obstruction, PR Bleeding, Pyrexia, High WCC, High CRP, AAA

**RIF Pain:** Hypotension, Tachycardia, Peritonitis, Abdominal Mass, Intestinal Obstruction, PR Bleeding, Pyrexia, High WCC, High CRP

**LIF Pain:** Hypotension, Tachycardia, Peritonitis, Abdominal Mass, Intestinal Obstruction, PR Bleeding, Pyrexia, High WCC, High CRP

#### Clinical Criteria that requires addressing same day for AECP, else Admit / Reconsider Diagnosis:

N/A

## 4. Patient Information

### **What have you developed?**

You have developed pain in your abdominal area.

### **How serious is it?**

Abdominal Pain is the result of a number of conditions, some of which may be more serious than others. Your doctor may need to further investigate the cause of your abdominal pain. This will have been discussed with you before you left the hospital.

If you have been told by your doctor that you do not require any further treatment, then there is no need for any further follow-up.

### **What is the treatment?**

This may vary however you will have been given advice in terms of what you should do. In some cases you may have been given some medication/treatment that you should complete/follow as advised.

If your doctor cannot find the cause of your abdominal pain, they will usually diagnose non-specific abdominal pain. This is the case for 1 in 3 people who go to hospital with abdominal pain. If you have non-specific abdominal pain, you do not need an operation or any other treatment. In 4 in 5 people, the pain will get better on its own allowing you to return to normal activities within a few days.

If your doctor needs to further investigate the cause of your abdominal pain, you may be asked to come back to hospital for an Outpatient appointment to see a specialist.

### **What happens next?**

If you have not already been discharged by your Doctor, the hospital will be in touch with you to arrange the date and time of an Outpatient appointment to see a specialist at the hospital.

### **What can I do if I become worried about my condition?**

If at any point you are concerned, please see your GP or contact NHS Direct on 0845 46 47.

**The information in this leaflet is not intended to replace the advice given to you by your doctor or the service looking after you.**

## 5. KPIs

KPIs	Description	How it will be measured	Baseline (2010/11)	At Min %	At Max %
Core KPIs	Reduction in the number of patients requiring a stay of more than 24 hours (i.e. a 0-Day LoS)	PAS	619	93	186
	Reduction in the Avg number of Bed Days utilised for the condition	PAS	503	75	151
	Reduction in Bed Numbers	PAS	1.38	0.2	0.41
Other KPIs					
Scope	<b>Scope:</b> Patients entering the AECF Pathway at St. Peter's Hospital				
Governance	<b>Governance:</b> Reports to the Unscheduled Care Programme Board and Divisional Performance Review Meetings				

- Above Min and Max figures are part year effects for 2011/12 based on month of implementation