

RECOMMENDATIONS FOR STAFF ADMITTING EMERGENCY PATIENTS FOR SURGERY

In addition to the recommendations above, staff working with patients admitted through emergency departments or surgical admission units should:

- Ensure robust admission processes are in place to identify those patients with a history of blood loss (acute or chronic), symptoms or clinical features suggestive of anaemia and/or hypovolaemia
- Document cardiovascular status including assessment for hypovolaemia or shock as this may mean measured Hb is falsely high
- Complete urgent serum blood tests to include: Hb, Ferritin, T-Sats, CRP, eGFR or Creatinine, B12 and folate, and LFTs, Lactate and Group & Save if relevant ([see Figure 6](#))
- Consider point of care testing, such as haemoglobin concentration screen (Hemocue®) or blood gas analysis (venous or arterial) on admission to identify anaemia
- Activate Major Haemorrhage Protocol early if major blood loss or signs of shock
- Consider bleeding risk and how to mitigate this. Clearly document the decision to continue, withhold or discontinue any medications
- Differentiate resuscitation from assessment and optimisation of anaemia⁴¹
- Develop specialty specific protocols for preoperative optimisation then intraoperative and postoperative management of patients with anaemia, particularly in those with frailty
- Ensure early senior decision making regarding timing and urgency of operative intervention
- Use a shared decision making process to consent for blood transfusion and conservation techniques
- Specific specialties:
 - Urology patients with haematuria are often on antiplatelet or anticoagulant medication. Some reversal agents may be indicated – see the [UKCPA](#) for further advice
 - Vascular – Critical Limb Ischaemia (CLI) patients may need higher blood transfusion thresholds
 - Hip fracture patients – 19% of patients are under-resuscitated and 50% are anaemic preoperatively.⁴² Many benefit from early resuscitation, including consideration of early blood transfusion⁴³
 - Emergency general surgery – patients are very varied and have a higher incidence of perioperative blood transfusion
 - The National Emergency Laparotomy Audit (NELA) reports-only 24% of patients over 70 had geriatrician input.⁴⁴ Standard protocols are helpful especially out-of-hours.