

## GUH ASAU Criteria

### Manchester Triage System:

- The Categories 3 and 4 (Green) or equivalent patients are appropriate to be assessed in the ASAU.

Triage Category	Surgical description/example	Management location
Resuscitation	e.g. active intraperitoneal bleeding, trauma	ED – surgical team will review in ED/resus
Emergent	e.g. incarcerated hernia with bowel entrapment, diffuse peritonitis due to hollow viscus perforation, necrotizing fasciitis, any patient with haemodynamic instability (e.g. unstable bleeding), all UGI bleeding.	ED – surgical team will review in ED/resus
Urgent	<ul style="list-style-type: none"> <li>• Acute appendicitis</li> <li>• Uncomplicated cholangitis (not septic or unstable),</li> <li>• Diverticulitis not septic, not HD unstable)</li> <li>• Complications after recent surgery</li> </ul>	ASAU
Less urgent	<ul style="list-style-type: none"> <li>• Uncomplicated cholecystitis requiring admission (not meeting criteria for necrotizing fasciitis)</li> <li>• First presentation Acute Pancreatitis</li> <li>• Abscess requiring drainage</li> <li>• LGI bleed (not unstable)</li> <li>• LBO (not perforated or HD unstable)</li> <li>• Pilonidal abscess</li> <li>• Cellulitis</li> <li>• Renal Colic (Stone on CT)</li> <li>• Plastic emergencies continue current pathway</li> <li>• ENT emergencies (Contact ENT to assess in ASAU)                             <ul style="list-style-type: none"> <li>i) Tonsillitis</li> <li>ii) Quinsy</li> <li>iii) Foreign body (no airway compromise)</li> </ul> </li> <li>• MaxFac (Contact MaxFac to assess in ASAU)                             <ul style="list-style-type: none"> <li>iv) Dental Abscess</li> <li>v) Facial cellulitis/Abscess</li> <li>vi) Fractures</li> </ul> </li> </ul>	ASAU
5 Non urgent		Appropriate OPD referral

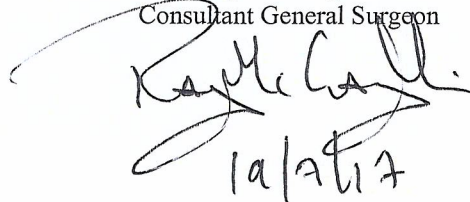
## Exclusion Criteria

- All patient with shock (haemorrhagic / septic)
- Acute perforated abdominal viscus/severe peritonitis
- Acute penetrating abdominal trauma with signs of peritonism
- Severe acute blunt abdominal or thoracic trauma
- Obstructed patients with severe symptoms
- Chronic pancreatitis / recurrent Alcohol related pancreatitis
- Portal Hypertension with variceal bleeding
- Inter hospital transfers
- Obstructed renal system from other institutions
- Coffee ground vomiting? Bleeding in patients with multiple medical co morbidities
- Lower limb cellulitis in patients with multiple medical co morbidities / severe pre-exsiant lymphedema
- Strangulated/obstructed/irreducible hernia
- Acute abdominal pain (no clear diagnosis)
- Unstable GI bleeding (upper or lower)
- Urology emergencies including
  - Torsion
  - Acute Urinary retention
  - Acute Hematuria
  - Scrotal Trauma
  - Priapism
- Plastic Emergencies
  - Burns
  - Pressure Ulcers
- All Vascular Emergencies
- ENT
  - Hearing loss
  - Stridor
- All Orthopaedics Emergencies
- Ophthalmology Emergencies
- Cardiothoracic Emergencies

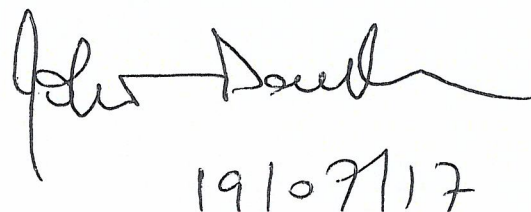
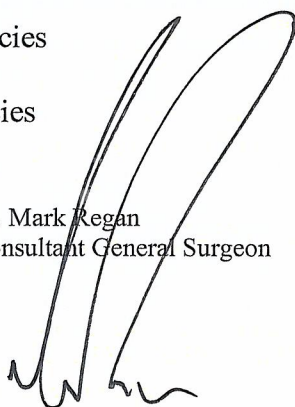
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