Acute Bowel Obstruction Organisational Questionnaire

A. Introduction

What is this study about?

The aim of this study is to identify the remedial factors in process of care of patients with large or small intestinal obstruction.

Who should complete this questionnaire?

This questionnaire has been designed to collect data on the organisational structures surrounding the care provided to patients with an obstructed bowel. It should be completed for hospitals where patients with acute bowel obstruction might be cared for/ treated. One questionnaire should be completed for each hospital within a Trust/Health board

The questionnaire has been disseminated to our named local contact, who is primarily responsible for the data collection. However, others can be invited by the named local contact to complete sections as appropriate. This can be done by clicking on the envelope icon (on the right hand side of the front screen) and entering the details of those to be invited.

Many thanks for your help with our study

A list of definitions can be found here:-

http://bit.ly/2qYWnOL

If you have any queries about this study or this questionnaire, please contact: abo@ncepod.org.uk or telephone 020 7251 9060.

This study was commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into medical and surgical care.

B. The Hospital 1a. Type of facility Please select the one answer that best describes this hospital ☐ District general hospital <= 500 beds ☐ District general hospital > 500 beds ☐ University teaching hospital ☐ Single specialty hospital □ Independent hospital Please specify any additional options here... 1b. How many in-patient beds are there in your hospital? ☐ Unknown Value should be no more than 10,000 2. What is the catchment population for this hospital? Value should be no more than 5,000,000 People Value should be no more than 5,000,000 3a. Is there an Emergency Department (ED) at this hospital? () Yes Unknown 3b. If answered "Yes" to [3a] then: What was the number of Emergency Department attendances during 2018? 1st of January 2018 to 31st December 2018 Attendances ☐ Unknown 3c. If answered "Yes" to [3a] then: Is there a protocol for the management of acute bowel obstruction (ABO) when diagnosed in the emergency department? O Yes O No Unknown 3d. If answered "Yes" to [3a] then: Are Early Warning Scores (EWS) used within the Emergency Department? Yes (No Unknown 3e. If answered "Yes" to [3a] and "Yes" to [3d] then: What type of Early Warning Score? ☐ Unknown ■ NEWS ☐ NEWS2 Please specify any additional options here... 4. Does this hospital have any dedicated assessment units? Please select all that apply Yes - Surgical Assessment Unit Yes - Medical Assessment Unit ☐ Yes - Acute Admissions Unit □ No ☐ Unknown Please specify any additional options here...

C. Bowel Cancer Screening

O Yes	O No	0	Jnknow	/n
. If answered "Ye When was the B			ne init	iated at this hospital?
<pre>< 6 months ag =>5 years ag</pre>	go	6 months - <1 ye		☐ 1 year - <5 years ago
Please specify any	/ additional opti	ions here		
If answered "Ye What is the cate		n: ation for this hospit	al. age	ed 60-74 vears?
		people		Unknown
If answered "Ye What percentag Percentage of the	e of this popu	n: ulation are invited f	or scre	ening?
		Percent		Unknown
Value should be no mo	ore than 100			
. If answered "Ye Which test is of		n:		
☐ Faecal occult	blood (FOB) tes	st 🔲	Faecal i	mmunochemical test (FIT)
Please specify any	y additional opti	ions here		
If answered "Ye What is the perc Percentage of the	centage uptak	n: ke of bowel cancer s	creeni	ng (FOB/FIT)? Unknown
Value should be no mo	ore than 100	rercent		O I I I I I I I I I I I I I I I I I I I
	cancers does	s this hospital treat	annua	
. How many color				
How many color				Unknown
				Unknown
. How many color	ese are screei	n detected?		Unknown

D. Protocols and Guidelines

	with suspected (large	or small) acute bowel	obstruction (ABO) ?
	O Yes	O No	O Unknown
1b.	If answered "Yes" to Does it include specif	[1a] then: ic guidance for small b	owel obstruction?
	O Yes	O No	O Unknown
1c.	If answered "Yes" to Does it include specif	[1a] then: ic guidance for large b	owel obstruction?
	O Yes	O No	O Unknown
2a.	If answered "Yes" to Does the protocol/pat measures?		e for the initial treatment and resuscitation
	O Yes	O No	O Unknown
2b.	If YES, please state w	[1a] and "Yes" to [2a] that is covered: oly, *please see definition	
	Oxygen administrati		☐ Urine output measurement
	☐ IV fluid administration		Antibiotic administration
	Nasogastric tube ins	ertion	Frequency of observations
	☐ Escalation criteria ☐ None of these		☐ Transfer criteria to higher level care*
	Please specify any addit	ional options here	
2c.	If answered "Yes" to I	[1a] and "Yes" to [2a] a	and "IV fluid administration" to [2b] then:
2c.	If answered "Yes" to Type of fluid specified		and "IV fluid administration" to [2b] then:
	Type of fluid specified	[1a] and "Yes" to [2a] a	and "IV fluid administration" to [2b] then: and "IV fluid administration" to [2b] then:
2d.	If answered "Yes" to Rate of fluids specified If answered "Yes" to Rate of fluids specified	[1a] and "Yes" to [2a] a	and "IV fluid administration" to [2b] then: and "Nasogastric tube insertion" to [2b] then:
2d.	If answered "Yes" to Rate of fluids specified If answered "Yes" to Rate of fluids specified	[1a] and "Yes" to [2a] and "Yes" to [2a] and "Yes" to [2a] a	and "IV fluid administration" to [2b] then: and "Nasogastric tube insertion" to [2b] then:
2d. 2e.	If answered "Yes" to Rate of fluids specified If answered "Yes" to Is there a timeframe to Yes If answered "Yes" to "Yes" to [2e] then:	[1a] and "Yes" to [2a] and "Yes" to [2a] and "Yes" to [2a] afor insertion of NG tube	and "IV fluid administration" to [2b] then: and "Nasogastric tube insertion" to [2b] then: are: O Not applicable O Unknown and "Nasogastric tube insertion" to [2b] and
2d. 2e.	If answered "Yes" to Rate of fluids specified If answered "Yes" to Is there a timeframe to Yes If answered "Yes" to "Yes" to [2e] then:	[1a] and "Yes" to [2a] and "Yes" to [2a] and "Yes" to [2a] afor insertion of NG tube [1a] and "Yes" to [2a] afor insertion of NG tube	and "IV fluid administration" to [2b] then: and "Nasogastric tube insertion" to [2b] then: are: O Not applicable O Unknown and "Nasogastric tube insertion" to [2b] and
2d. 2e. 2f.	If answered "Yes" to Rate of fluids specified If answered "Yes" to Is there a timeframe to Yes If answered "Yes" to Is there a timeframe to Yes If answered "Yes" to Is "Yes" to Is then: Timeframe specified to Is the	[1a] and "Yes" to [2a] and "Ye	and "IV fluid administration" to [2b] then: and "Nasogastric tube insertion" to [2b] then: are: O Not applicable O Unknown and "Nasogastric tube insertion" to [2b] and are:
2d. 2e. 2f.	If answered "Yes" to Rate of fluids specified If answered "Yes" to Is there a timeframe of Yes If answered "Yes" to Is there a timeframe of Yes If answered "Yes" to Is then: Timeframe specified of Yes to Is then: Timeframe specified of Yes to Is answered "Yes" to Is answered "Ye	[1a] and "Yes" to [2a] and "Ye	and "IV fluid administration" to [2b] then: and "Nasogastric tube insertion" to [2b] then: are: O Not applicable O Unknown and "Nasogastric tube insertion" to [2b] and are: Dours O Unknown Unknown
2d. 2e. 2f.	If answered "Yes" to Rate of fluids specified If answered "Yes" to Is there a timeframe for yes If answered "Yes" to "Yes" to [2e] then: Timeframe specified for yes If answered "Yes" to Size of NG tube specified for yes If answered "Yes" to Does the protocol/pat	[1a] and "Yes" to [2a] and "Yes" to [2a] and "Yes" to [2a] afor insertion of NG tube [1a] and "Yes" to [2a] afor insertion of NG tube [1a] and "Yes" to [2a] afied? No [1a] then:	and "IV fluid administration" to [2b] then: and "Nasogastric tube insertion" to [2b] then: and "Nasogastric tube insertion" to [2b] and and "Nasogastric tube insertion" to [2b] and and "Nasogastric tube insertion" to [2b] then: and "Nasogastric tube insertion" to [2b] then: and "Nasogastric tube insertion" to [2b] then: and "Nasogastric tube insertion" to [2b] then:

	s" to [1a] and "Yes" to eframe specified?		
☐ Immediate	<4 hours	<12 hours	<24 hours
Please specify any	additional options here		
If answered "Yes Is it part of the pare admitted as	protocol/pathway to un	dertake a frailty assess	ment on all patients who
O Yes	O No	O Unknown	
o. If answered "Yes Is it part of the patients with AE	protocol/pathway to un	dertake a dementia ass	essment on all elderly
O Yes	O No	Unknown	
	ol/pathway include gui	dance for the review of ly medicine (or equivale	elderly patients with acute nt?)
YesUnknownNot Applicable	e (No Care of the Elderly M	O No ledicine)	
	s" to [1a] and "Yes" to iteria for referral to Ca	[4c] then: re of the Elderly medicin	e (or equivalent)?
☐ Age (please st	ate in box below)	Frailty score (ple	ease state in box below)
Dementia scor	re		
_	re / additional options here		
Please specify any e. If answered "Yesthen:	additional options here	[4c] and "Age (please st	ate in box below)" to [4d]
Please specify any e. If answered "Yesthen:	additional options here s" to [1a] and "Yes" to	[4c] and "Age (please st	ate in box below)" to [4d]
Please specify any e. If answered "Yesthen:	additional options here s" to [1a] and "Yes" to	[4c] and "Age (please st	ate in box below)" to [4d]
Please specify any e. If answered "Yesthen:	additional options here s" to [1a] and "Yes" to	[4c] and "Age (please st	ate in box below)" to [4d]
Please specify any e. If answered "Yes then: Please give furt	y additional options here s" to [1a] and "Yes" to her details of age limit s" to [1a] and "Yes" to	[4c] and "Age (please st that triggers referral: [4c] and "Frailty score (please state in box below)'
Please specify any e. If answered "Yes then: Please give furt	y additional options here s" to [1a] and "Yes" to her details of age limit s" to [1a] and "Yes" to	[4c] and "Age (please st	please state in box below)'
Please specify any e. If answered "Yes then: Please give furt	y additional options here s" to [1a] and "Yes" to her details of age limit s" to [1a] and "Yes" to	[4c] and "Age (please st that triggers referral: [4c] and "Frailty score (please state in box below)'
Please specify any e. If answered "Yes then: Please give furt	y additional options here s" to [1a] and "Yes" to her details of age limit s" to [1a] and "Yes" to	[4c] and "Age (please st that triggers referral: [4c] and "Frailty score (please state in box below)'
Please specify any Please specify any If answered "Yes Please give furth F. If answered "Yes to [4d] then:	y additional options here s" to [1a] and "Yes" to her details of age limit s" to [1a] and "Yes" to	[4c] and "Age (please st that triggers referral: [4c] and "Frailty score (please state in box below)'

O Yes	O No	○ Unknown
	es" to [1a] and "Yes" to [5a] de the following? that apply	then:
☐ Written guide☐ Guidelines fo	egarding interventions following elines/ information sheet for pat or recording a MUST score eferral to a dietician/ the nutrition	ients/carers
Please specify a	ny additional options here	
	es" to [1a] then: ocol/pathway include guidanc	e on the use of Gastrografin?
O Yes	O No	Unknown
	es" to [1a] and "Yes" to [6a] de guidance on the following	
☐ When to use	Gastrografin (which patients)	☐ The timing of Gastrografin use
		–
Please specify a	ny additional options here	
If answered "Y	ny additional options here es" to [1a] then: e Bowel Obstruction protocol	/ pathway include guidance on the following?
If answered "Y Does the Acute Please select all The timing o A time limit of	ny additional options here es" to [1a] then: e Bowel Obstruction protocol	/ pathway include guidance on the following? maker nould be made
If answered "Y Does the Acute Please select all The timing o A time limit o Guidance on Guidance on Guidance on	res" to [1a] then: Be Bowel Obstruction protocol that apply If first review by senior decision on when a treatment decision sh which patients to refer for surge who (grade of clinician) should the timing of surgery	/ pathway include guidance on the following? maker hould be made
If answered "Y Does the Acute Please select all The timing o A time limit o Guidance on Guidance on Guidance on Specific guid	res" to [1a] then: Be Bowel Obstruction protocol that apply f first review by senior decision on when a treatment decision sh which patients to refer for surge who (grade of clinician) should	/ pathway include guidance on the following? maker nould be made ery refer for surgical opinion
If answered "Y Does the Acute Please select all The timing o A time limit o Guidance on Guidance on Guidance on Guidance on Guidance on Guidance on	res" to [1a] then: Bowel Obstruction protocol that apply first review by senior decision on when a treatment decision sh which patients to refer for surge who (grade of clinician) should the timing of surgery lance on colonic stenting	/ pathway include guidance on the following? maker nould be made ery refer for surgical opinion
. If answered "Y Does the Acute Please select all The timing o A time limit o Guidance on	res" to [1a] then: Bowel Obstruction protocol that apply first review by senior decision on when a treatment decision sh which patients to refer for surge who (grade of clinician) should the timing of surgery lance on colonic stenting when to refer to the Acute Pain	/ pathway include guidance on the following? maker nould be made ery refer for surgical opinion
If answered "Y Does the Acute Please select all The timing o A time limit o Guidance on Guidance on Guidance on Guidance on Guidance on Hease specific guid Guidance on Hease specify all If answered "Y made" to [7a]	res" to [1a] then: Bowel Obstruction protocol that apply first review by senior decision on when a treatment decision sh which patients to refer for surge who (grade of clinician) should the timing of surgery lance on colonic stenting when to refer to the Acute Pain when to use laparoscopy my additional options here	/ pathway include guidance on the following? maker nould be made ery refer for surgical opinion
If answered "Y Does the Acute Please select all The timing o A time limit o Guidance on Guidance on Guidance on Guidance on Guidance on Hease specific guid Guidance on Hease specify all If answered "Y made" to [7a]	res" to [1a] then: Bowel Obstruction protocol that apply first review by senior decision on when a treatment decision sh which patients to refer for surge who (grade of clinician) should the timing of surgery lance on colonic stenting when to refer to the Acute Pain when to use laparoscopy my additional options here res" to [1a] and "A time limit then:	/ pathway include guidance on the following? maker nould be made ery refer for surgical opinion Team
If answered "Y Does the Acute Please select all The timing o A time limit o Guidance on Guidance on Guidance on Guidance on Guidance on Guidance on Hease specify all If answered "Y made" to [7a] Time limit on t	res" to [1a] then: Bowel Obstruction protocol that apply first review by senior decision on when a treatment decision sh which patients to refer for surge who (grade of clinician) should the timing of surgery lance on colonic stenting when to refer to the Acute Pain when to use laparoscopy my additional options here res" to [1a] and "A time limit then: reatment decision?	/ pathway include guidance on the following? maker nould be made ery refer for surgical opinion Team on when a treatment decision should be
If answered "Y Does the Acute Please select all The timing o A time limit o Guidance on Guidance on Guidance on Guidance on Guidance on Please specific guid Guidance on Please specify all If answered "Y made" to [7a] Time limit on to If answered "Y then:	res" to [1a] then: Bowel Obstruction protocol that apply first review by senior decision on when a treatment decision sh which patients to refer for surge who (grade of clinician) should the timing of surgery lance on colonic stenting when to refer to the Acute Pain when to use laparoscopy my additional options here res" to [1a] and "A time limit then: reatment decision?	/ pathway include guidance on the following? maker hould be made ery refer for surgical opinion Team on when a treatment decision should be hours Unknown of first review by senior decision maker" to [7a]

8a.	Other than a dedicated ABO pathways pathways/protocols which would include laparotomy / acute abdomen pathways Please select the one answer that best fits	de the care of patients with ABO (eg. emergency)?
	Yes - Care of these patients covered byYes - There is no dedicated ABO protocol	ol/pathway at this hospital and no other protocols/ pathways for
8b.	this hospital." to [8a] then: Please list any other protocols/ pathw	nts covered by mix of dedicated ABO - There is no dedicated ABO protocol/pathway at rays/ guidelines that cover the management of (other than a protocol specifically dedicated to
	☐ Acute abdomen pathway☐ Acutely ill patients pathway☐ Acute surgical pathway☐ Unknown	□ Laparotomy pathway□ High risk patients pathway□ None□ Other (please state in box below)
	Please specify any additional options here	
8c.	this hospital." to [8a] then:	nts covered by mix of dedicated ABO - There is no dedicated ABO protocol/pathway at uidance for the management of suspected small O Unknown
8d.	If answered "Yes - Care of these patie pathway/protocol and others" or "Yes this hospital." to [8a] then:	•
	O Yes O No	O Unknown
8e.	this hospital." to [8a] then:	- There is no dedicated ABO protocol/pathway at des guidance for the initial treatment and
	O Yes O No	O Unknown
8f.		are of these patients covered by mix of dedicated "Yes - There is no dedicated ABO protocol/pathway
	Antibiotic administration Naso	output measurement
	Please specify any additional options here	
8g.		l administration" to [8f] and "Yes - Care of these ABO pathway/protocol and others" or "Yes - There is t this hospital." to [8a] then:

If answered "Yes" to [8e] and "Nasogastric tube insertion" to [8f] and "Yes - Care of thes patients covered by mix of dedicated ABD pathway/protocol and others" or "Yes - There no dedicated ABD protocol/pathway at this hospital." to [8a] then: Is there a timeframe for insertion of NG tube? Yes				
If answered "Yes" to [8e] and "Nasogastric tube insertion" to [8f] and "Yes" to [8i] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: Timeframe for NG tube insertion	patients covered no dedicated A	ed by mix of dedicated ABO protocol/pathway	I ABO pathway/protocol and at this hospital." to [8a] the	l others" or "Yes - There i
"Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then:	O Yes	O No	Unknown	
If answered "Yes" to [8e] and "Nasogastric tube insertion" to [8f] and "Yes - Care of thes patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There no dedicated ABO protocol/pathway at this hospital." to [8a] then: Size of NG tube specified? Yes	"Yes - Care of to others" or "Yes then:	these patients covered s - There is no dedicate	by mix of dedicated ABO p	athway/protocol and
patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There no dedicated ABO protocol/pathway at this hospital." to [8a] then: Size of NG tube specified? Yes			hours Unknown	
If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: Does any pathway/protocol specify the necessary timeframe for a CT scan for patients presenting with bowel obstruction? Yes	patients covered no dedicated A	ed by mix of dedicated ABO protocol/pathway	ABO pathway/protocol and	l others" or "Yes - There i
pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: Does any pathway/ protocol specify the necessary timeframe for a CT scan for patients presenting with bowel obstruction? Yes No Not applicable Unknown If answered "Yes" to [9a] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: Please state the timeframe specified? Immediately 4 hours 5 lours 5 lours 7 lours 7 lours 7 lours 8 lours Please specify any additional options here If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: Does the hospital have any specific guidelines which include undertaking a frailty assessment on all patients who are admitted as an emergency? Yes No Not applicable Unknown If answered "Yes - Care of these patients covered by mix of dedicated ABO protocol/pathway at this hospital." to [8a] then: Does the hospital have any specific guidelines for the review of elderly patients with acute bowel obstruction by Care of the Elderly medicine (or equivalent?) Yes No No Not applicable Unknown If answered "Yes" to [10b] and "Yes - Care of these patients covered by mix of dedicated ABO protocol/pathway at this hospital." to [8a] then: Does the hospital have any specific guidelines for the review of elderly patients with acute bowel obstruction by Care of the Elderly medicine (or equivalent?) Yes No No Not applicable Unknown If answered "Yes" to [10b] and "Yes - Care of these patients covered by mix of dedicated ABO protocol/pathway at this hospital." to [8a] then: What are the criteria for referral to Care of the Elderly medicine?	O Yes	O No	Unknown	
If answered "Yes" to [9a] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: Please state the timeframe specified? Immediately	Does any path	way/ protocol specify t	the necessary timeframe fo	r a CT scan for patients
ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: Please state the timeframe specified? Immediately		O No	Not applicable	Unknown
Please specify any additional options here If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: Does the hospital have any specific guidelines which include undertaking a frailty assessment on all patients who are admitted as an emergency? Yes No Not applicable Unknown If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: Does the hospital have any specific guidelines for the review of elderly patients with acute bowel obstruction by Care of the Elderly medicine (or equivalent?) Yes No Not applicable Unknown If answered "Yes" to [10b] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: What are the criteria for referral to Care of the Elderly medicine?		_	•	•
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pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: Does the hospital have any specific guidelines which include undertaking a frailty assessment on all patients who are admitted as an emergency? Yes No Not applicable Unknown If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: Does the hospital have any specific guidelines for the review of elderly patients with acute bowel obstruction by Care of the Elderly medicine (or equivalent?) Yes No Not applicable Unknown If answered "Yes" to [10b] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: What are the criteria for referral to Care of the Elderly medicine?	ABO pathway/pat this hospital Please state the	orotocol and others" or I." to [8a] then: ne timeframe specified	r "Yes - There is no dedicate ?	red by mix of dedicated ed ABO protocol/pathway
pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: Does the hospital have any specific guidelines which include undertaking a frailty assessment on all patients who are admitted as an emergency? Yes No Not applicable Unknown If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: Does the hospital have any specific guidelines for the review of elderly patients with acute bowel obstruction by Care of the Elderly medicine (or equivalent?) Yes No Not applicable Unknown If answered "Yes" to [10b] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: What are the criteria for referral to Care of the Elderly medicine?	ABO pathway/pat this hospital Please state the Immediately	orotocol and others" or I." to [8a] then: se timeframe specified < 4 hours	r "Yes - There is no dedicate? ? <pre></pre>	red by mix of dedicated ed ABO protocol/pathway
o.If answered "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: Does the hospital have any specific guidelines for the review of elderly patients with acute bowel obstruction by Care of the Elderly medicine (or equivalent?) O Yes O No Not applicable Unknown If answered "Yes" to [10b] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: What are the criteria for referral to Care of the Elderly medicine?	ABO pathway/pat this hospital Please state the Immediately	orotocol and others" or I." to [8a] then: se timeframe specified < 4 hours	r "Yes - There is no dedicate? ? <pre></pre>	red by mix of dedicated ed ABO protocol/pathway
pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: Does the hospital have any specific guidelines for the review of elderly patients with acute bowel obstruction by Care of the Elderly medicine (or equivalent?) O Yes No Not applicable Unknown If answered "Yes" to [10b] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: What are the criteria for referral to Care of the Elderly medicine?	ABO pathway/pat this hospital Please state the Immediately Please specify and If answered "Yapathway/proto this hospital." Does the hospital	erotocol and others" or I." to [8a] then: le timeframe specified < 4 hours A hours	r "Yes - There is no dedicate? <pre> ?</pre>	red by mix of dedicated ed ABO protocol/pathway
If answered "Yes" to [10b] and "Yes - Care of these patients covered by mix of dedicated ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: What are the criteria for referral to Care of the Elderly medicine?	ABO pathway/pat this hospital Please state the Immediately Please specify and If answered "Y pathway/proto this hospital." Does the hospitalsessment on	erotocol and others" of I." to [8a] then: le timeframe specified < 4 hours y additional options here es - Care of these paticol and others" or "Yesto [8a] then: ital have any specific got all patients who are a	ents covered by mix of dedicated as an emergency?	red by mix of dedicated ed ABO protocol/pathway
ABO pathway/protocol and others" or "Yes - There is no dedicated ABO protocol/pathway at this hospital." to [8a] then: What are the criteria for referral to Care of the Elderly medicine?	ABO pathway/pat this hospital Please state the Immediately Please specify and Immediately Please specify Please specify Please specify and Immediately Please specify Please speci	erotocol and others" of I." to [8a] then: I. to [8a] then: I. to [8a] then: I. 4 hours I. 4 hours I. 4 hours I. 5 hours I. 6 hours I. 7 hours I. 8 hours I. 8 hours I. 8 hours I. 8 hours I. 9 hours I. 9 hours I. 10 hours I.	ents covered by mix of dedicated as an emergency? Not applicable ents covered by mix of dedicated AE and a mix of dedicated AE and a mix of dedicated by mix of dedicated by mix of dedicated by mix of dedicated AE and a mix of	red by mix of dedicated ed ABO protocol/pathway < 24 hours
☐ Age ☐ Frailty score	ABO pathway/pat this hospital Please state the Immediately Please specify and Immediately Please specify answered "Yes answered "Yes pathway/proto this hospital." Does the hospital." Does the hospital acute bowel of	es - Care of these patical patients who are a large and others or "Yes tall have any specific got and others or "Yes tall have any specific got and others or "Yes tall have any specific got and others or "Yes tall have any specific got and others or "Yes tall have any specific got and others or "Yes to [8a] then: ital have any specific got got and others or "Yes to [8a] then: ital have any specific got	ents covered by mix of dedicated as an emergency? Not applicable ents covered by mix of dedicated AE as an emergency? There is no dedicated AE as a full as an emergency? There is no dedicated AE as a full as a ful	red by mix of dedicated ed ABO protocol/pathway < 24 hours
	ABO pathway/pat this hospital Please state the Immediately Please specify are Indicated Indicate	es - Care of these paticol and others or "Yesto [8a] then: a ditional options here es - Care of these paticol and others or "Yesto [8a] then: a all patients who are a local and others or "Yesto [8a] then: a tal have any specific gostruction by Care of the costruction and others of the costruction by Care of the cos	ents covered by mix of dedicated as an emergency? Not applicable ents covered by mix of dedicated AE and admitted as an emergency? Not applicable ents covered by mix of dedicated AE and emergency? Not applicable ents covered by mix of dedicated AE and emergency? Not applicable of the review of the Elderly medicine (or equivalent) Care of these patients cover "Yes - There is no dedicated."	red by mix of dedicated ed ABO protocol/pathway < 24 hours

8h. If answered "Yes" to [8e] and "IV fluid administration" to [8f] and "Yes - Care of these

	/pathway at this hospita urther details of age lim	it that triggers referral:	
covered by m dedicated AB	ix of dedicated ABO pat O protocol/pathway at t	ty score" to [10c] and "Yes hway/protocol and others" his hospital." to [8a] then: Score that triggers referral	or "Yes - There is no
pathway/prot this hospital.' Does the hosp	ocol and others" or "Yes " to [8a] then: pital have any specific g	ents covered by mix of ded s - There is no dedicated AE guidance for the nutritional	30 protocol/pathway at
pathway/prot this hospital.' Does the hosp	ocol and others" or "Yes" " to [8a] then:	s - There is no dedicated AE	30 protocol/pathway at
pathway/prot this hospital. Does the hosp with acute bo Yes Olf answered "ABO pathway at this hospit	ocol and others" or "Yes" to [8a] then: pital have any specific gowel obstruction? No Yes" to [11a] and "Yes - /protocol and others" or al." to [8a] then:	s - There is no dedicated AE	management of patients Unknown ered by mix of dedicated
pathway/prot this hospital.' Does the hosp with acute bo Yes Olf answered " ABO pathway at this hospit Does this incl	ocol and others" or "Yes" to [8a] then: pital have any specific gowel obstruction? No Yes" to [11a] and "Yes -/protocol and others" or al." to [8a] then: ude the following?	s - There is no dedicated Alguidance for the nutritional Not applicable Care of these patients cover "Yes - There is no dedicate	management of patients Unknown ered by mix of dedicated
pathway/prot this hospital. Does the hosp with acute bo Yes Olf answered "ABO pathway at this hospit Does this incl	ocol and others" or "Yes" to [8a] then: pital have any specific gowel obstruction? No Yes" to [11a] and "Yes -/protocol and others" or al." to [8a] then: ude the following? delines/ information sheet	s - There is no dedicated Alguidance for the nutritional Not applicable Care of these patients cover "Yes - There is no dedicate	management of patients Unknown ered by mix of dedicated ed ABO protocol/pathway
pathway/prot this hospital.' Does the hosp with acute bo Yes Olf answered " ABO pathway at this hospit Does this incl Written guidelines Guidelines	ocol and others" or "Yes" to [8a] then: pital have any specific gowel obstruction? No Yes" to [11a] and "Yes -/protocol and others" or al." to [8a] then: ude the following? delines/ information sheet regarding interventions fol for recording a MUST score	s - There is no dedicated Alguidance for the nutritional Not applicable Care of these patients cover "Yes - There is no dedicate for patients/carers lowing a given length of starvage	management of patients Unknown ered by mix of dedicated ed ABO protocol/pathway
pathway/prot this hospital.' Does the hosp with acute bo Yes Olf answered " ABO pathway at this hospit Does this incl Written guidelines Guidelines	ocol and others" or "Yes" to [8a] then: pital have any specific gowel obstruction? No Yes" to [11a] and "Yes -/protocol and others" or al." to [8a] then: ude the following? delines/ information sheet regarding interventions fol	s - There is no dedicated Alguidance for the nutritional Not applicable Care of these patients cover "Yes - There is no dedicate for patients/carers lowing a given length of starvage	management of patients Unknown ered by mix of dedicated ed ABO protocol/pathway
pathway/prot this hospital.' Does the hosp with acute bo Yes Olf answered " ABO pathway at this hospit Does this incl Written guidelines Guidelines Criteria for	ocol and others" or "Yes" to [8a] then: pital have any specific gowel obstruction? No Yes" to [11a] and "Yes -/protocol and others" or al." to [8a] then: ude the following? delines/ information sheet regarding interventions fol for recording a MUST score	s - There is no dedicated Alguidance for the nutritional O Not applicable Care of these patients cover "Yes - There is no dedicate for patients/carers lowing a given length of starvage nutrition team	management of patients Unknown ered by mix of dedicated ed ABO protocol/pathway
pathway/prot this hospital. Does the hosp with acute bo Yes o.If answered " ABO pathway at this hospit Does this incl Written guidelines Guidelines Criteria for	ocol and others" or "Yes" to [8a] then: pital have any specific gowel obstruction? No Yes" to [11a] and "Yes -/protocol and others" or al." to [8a] then: ude the following? delines/ information sheet regarding interventions fol for recording a MUST score referral to a dietician/ the	s - There is no dedicated Alguidance for the nutritional O Not applicable Care of these patients cover "Yes - There is no dedicate for patients/carers lowing a given length of starvage nutrition team	management of patients Unknown ered by mix of dedicated ed ABO protocol/pathway
pathway/prot this hospital.' Does the hosp with acute bo Yes O.If answered " ABO pathway at this hospit Does this incl Written gui Guidelines Criteria for Please specify a a.If answered " pathway/prot this hospital."	ocol and others" or "Yes" to [8a] then: pital have any specific gowel obstruction? No Yes" to [11a] and "Yes -/protocol and others" or al." to [8a] then: ude the following? delines/ information sheet regarding interventions fol for recording a MUST score referral to a dietician/ the any additional options here Yes - Care of these paticocol and others" or "Yes" to [8a] then:	s - There is no dedicated Alguidance for the nutritional Not applicable Care of these patients cover "Yes - There is no dedicated for patients/carers lowing a given length of starvate nutrition team ents covered by mix of ded s - There is no dedicated Alguidance is no dedicated Alguidance.	management of patients Unknown ered by mix of dedicated ed ABO protocol/pathway icated ABO 30 protocol/pathway at
pathway/prot this hospital.' Does the hosp with acute bo Yes Description: Written gui Guidelines Guidelines Criteria for Please specify a a.If answered " pathway/prot this hospital.'	ocol and others" or "Yes" to [8a] then: pital have any specific gowel obstruction? No Yes" to [11a] and "Yes -/protocol and others" or al." to [8a] then: ude the following? delines/ information sheet regarding interventions fol for recording a MUST score referral to a dietician/ the any additional options here Yes - Care of these paticocol and others" or "Yes" to [8a] then:	s - There is no dedicated Alguidance for the nutritional Not applicable Care of these patients cover "Yes - There is no dedicated for patients/carers lowing a given length of starvate nutrition team e ents covered by mix of ded	management of patients Unknown ered by mix of dedicated ed ABO protocol/pathway icated ABO 30 protocol/pathway at
pathway/prot this hospital.' Does the hosp with acute bo Yes b.If answered " ABO pathway at this hospit Does this incl Written gui Guidelines Criteria for Please specify a a.If answered " pathway/prot this hospital.' Does this hos	ocol and others" or "Yes" to [8a] then: pital have any specific gowel obstruction? No Yes" to [11a] and "Yes -/protocol and others" or al." to [8a] then: ude the following? delines/ information sheet regarding interventions fol for recording a MUST score referral to a dietician/ the any additional options here Yes - Care of these paticocol and others" or "Yes" to [8a] then:	s - There is no dedicated Alguidance for the nutritional Not applicable Care of these patients cover "Yes - There is no dedicated for patients/carers lowing a given length of starvate nutrition team ents covered by mix of ded s - There is no dedicated Alguidance is no dedicated Alguidance.	management of patients Unknown ered by mix of dedicated ed ABO protocol/pathway icated ABO 30 protocol/pathway at

☐ When to use Gastrografin (which patients)	☐ The timing of Gastrografin use
Please specify any additional options here	
If answered "Yes - Care of these patients co pathway/protocol and others" or "Yes - The this hospital." to [8a] then: Does the hospital provide any specific guid	re is no dedicated ABO protocol/pathway at
☐ Timing of first review by a senior decision ma ☐ A time limit on when a treatment decision sh ☐ Guidance on which patients to refer for surge	ould be made
☐ Guidance on who (grade of clinician) should☐ The timing of surgery☐ Specific guidance on colonic stenting	refer for surgical opinion
Guidance on when to refer to the Acute Pain Guidance on when to use Laparoscopy	Team
Please specify any additional options here	
If answered "A time limit on when a treatm "Yes - Care of these patients covered by mi others" or "Yes - There is no dedicated ABC then: Time limit on treatment decision?	
	hours Unknown
	nior decision maker" to [13a] and "Yes - Care ABO pathway/protocol and others" or "Yes y at this hospital." to [8a] then:

What imaging is available at this hospital 24/7? Abdominal Ulrasound MRI Gastrografin follow through (WSCS) Unknown			E. IIIIag	ing	
MRI Gastrografin follow through (WSCS) Unknown MRI Gastrografin follow through (WSCS) Unknown MRI Unknown MRI Unknown MRI Unknown MRI Unknown MRI Unknown MRI MRI	. What imaging is	available at this hospit	tal 24/7?		
MRI Gastrografin follow through (WSCS) Unknown MRI Gastrografin follow through (WSCS) Unknown MRI Unknown MRI Unknown MRI Unknown MRI Unknown MRI Unknown MRI MRI	☐ Abdominal X F	lav		CT scan	
Gastrografin follow through (WSCS) Unknown Please specify any additional options here Does this hospital have at least 1 CT scanner on site*?	_	=			
Please specify any additional options here Does this hospital have at least 1 CT scanner on site*? "NB onsite refers to the location of the hospital, which may be one of many in the Trust Yes	_				
Does this hospital have at least 1 CT scanner on site*? **NB onsite refers to the location of the hospital, which may be one of many in the Trust O Yes		Julian am Gaight (112 66)			
**NB onsite refers to the location of the hospital, which may be one of many in the Trust Yes	Please specify any	additional options here	ı		
**NB onsite refers to the location of the hospital, which may be one of many in the Trust Yes					
If answered "Yes" to [1b] then:					ny in the Trust
CT scanners Unknown fanswered "Yes" to [1b] then: In which department(s) is/are the CT scanner(s) located? Emergency Department	O Yes	O No	C	Unknown	
If answered "Yes" to [1b] then: In which department(s) is/are the CT scanner(s) located? Emergency Department			e at this	hospital?	
In which department(s) is/are the CT scanner(s) located? Emergency Department			CT scanner	Unknown	
Please specify any additional options here If answered "Yes" to [1b] then: Please state the hours of accessibility of the CT scanner? If multiple scanners at this hospital, please state the most widely accessible 24/7			canner(s	located?	
If answered "Yes" to [1b] then: Please state the hours of accessibility of the CT scanner? If multiple scanners at this hospital, please state the most widely accessible 24/7	☐ Emergency De	epartment	ment Uni	t 🔲 lm	naging suite
If answered "Yes" to [1b] then: Please state the hours of accessibility of the CT scanner? If multiple scanners at this hospital, please state the most widely accessible 24/7		_		_	
Please state the hours of accessibility of the CT scanner? If multiple scanners at this hospital, please state the most widely accessible 24/7 Normal working hours (8am-6pm), Monday to Friday Normal working hours (8am-6pm), 7 days/ week Extended hours, Monday-Friday Other (please state in box below) Please specify any additional options here If answered "Normal working hours (8am-6pm), Monday to Friday", "Normal working hours (8am-6pm), 7 days/ week", "Extended hours, Monday-Friday", "Extended hours, 7 days/ week" or "Other (please state in box below)" to [1e] then: If not available 24/7, what arrangements are in place when the CT scanner is not available? Are there restrictions on who can request CT scans? Yes No No Not applicable Unknown If answered "Yes" to [2a] then:	Please specify any	additional options here			
grading grad	. If answered "Ye	s" to [1b] then:			
24/7					!!- ! -
Normal working hours (8am-6pm), Monday to Friday Normal working hours (8am-6pm), 7 days/ week Extended hours, Monday-Friday Extended hours, 7 days/ week Other (please state in box below) Please specify any additional options here If answered "Normal working hours (8am-6pm), Monday to Friday", "Normal working hours (8am-6pm), 7 days/ week", "Extended hours, Monday-Friday", "Extended hours, 7 days/ week" or "Other (please state in box below)" to [1e] then: If not available 24/7, what arrangements are in place when the CT scanner is not available? Are there restrictions on who can request CT scans? Yes No Not applicable Unknown If answered "Yes" to [2a] then:	If multiple scanne	rs at this hospital, please s	state the	most widely accessi	ible
Normal working hours (8am-6pm), 7 days/ week Extended hours, Monday-Friday Extended hours, 7 days/ week Other (please state in box below) Please specify any additional options here	24/7				
Extended hours, Monday-Friday	■ Normal working	ig hours (8am-6pm), Mond	day to Frid	lay	
Other (please state in box below) Please specify any additional options here If answered "Normal working hours (8am-6pm), Monday to Friday", "Normal working hours (8am-6pm), 7 days/ week", "Extended hours, Monday-Friday", "Extended hours, 7 days/ week" or "Other (please state in box below)" to [1e] then: If not available 24/7, what arrangements are in place when the CT scanner is not available? Are there restrictions on who can request CT scans? Yes No Not applicable Unknown If answered "Yes" to [2a] then:	■ Normal working	ig hours (8am-6pm), 7 day	ys/ week		
Please specify any additional options here If answered "Normal working hours (8am-6pm), Monday to Friday", "Normal working hours (8am-6pm), 7 days/ week", "Extended hours, Monday-Friday", "Extended hours, 7 days/ week" or "Other (please state in box below)" to [1e] then: If not available 24/7, what arrangements are in place when the CT scanner is not available? Are there restrictions on who can request CT scans? Orea No Not applicable Unknown If answered "Yes" to [2a] then:	Extended hou	rs, Monday-Friday		Extended hours, 7	days/ week
If answered "Normal working hours (8am-6pm), Monday to Friday", "Normal working hours (8am-6pm), 7 days/ week", "Extended hours, Monday-Friday", "Extended hours, 7 days/ week" or "Other (please state in box below)" to [1e] then: If not available 24/7, what arrangements are in place when the CT scanner is not available? Are there restrictions on who can request CT scans? Yes No Not applicable Unknown If answered "Yes" to [2a] then:	Other (please	state in box below)			
If answered "Normal working hours (8am-6pm), Monday to Friday", "Normal working hours (8am-6pm), 7 days/ week", "Extended hours, Monday-Friday", "Extended hours, 7 days/ week" or "Other (please state in box below)" to [1e] then: If not available 24/7, what arrangements are in place when the CT scanner is not available? Are there restrictions on who can request CT scans? Yes No Not applicable Unknown If answered "Yes" to [2a] then:	Please specify any	, additional ontions here			
hours (8am-6pm), 7 days/ week", "Extended hours, Monday-Friday", "Extended hours, 7 days/ week" or "Other (please state in box below)" to [1e] then: If not available 24/7, what arrangements are in place when the CT scanner is not available? Are there restrictions on who can request CT scans? Yes No Not applicable Unknown If answered "Yes" to [2a] then:	ricase speerly arry	additional options here	·		
O Yes O No O Not applicable O Unknown If answered "Yes" to [2a] then:	hours (8am-6pm days/ week" or ' If not available :	n), 7 days/ week", "Exter 'Other (please state in l	nded ho box belo	urs, Monday-Frida w)" to [1e] then:	y", "Extended hours, 7
O Yes O No O Not applicable O Unknown If answered "Yes" to [2a] then:					
O Yes O No O Not applicable O Unknown If answered "Yes" to [2a] then:					
O Yes O No O Not applicable O Unknown If answered "Yes" to [2a] then:					
O Yes O No O Not applicable O Unknown If answered "Yes" to [2a] then:					
O Yes O No O Not applicable O Unknown If answered "Yes" to [2a] then:					
O Yes O No O Not applicable O Unknown If answered "Yes" to [2a] then:	Are there restric	ctions on who can reque	est CT so	ans?	
If answered "Yes" to [2a] then:		_			Unknown
		•		1. Iz	<u> </u>
= e, grade er ennerdn tell legdest u e i			uest a C	Γ?	

	☐ Consultant or equivalent☐ Senior Trainee (ST3+/CT3☐ Junior Trainee (☐ Foundational Please specify any additional	ation year doctor (F1/2)		
	If answered "Yes" to [2a] to Please state which special Please select all that apply		reque	st CT scans?	
	☐ Colorectal surgery ☐ General Surgery ☐ General Medicine		En	ner Surgery (including all sub- lergency medicine restriction on specialty	specialties)
	Please specify any additional	options here			
	In general, who reports or Please select all that apply, * _i			N HOURS*?	
	☐ Consultant (or equivalent☐ Not specified☐	ST3+/CT3+ Unknown		Outsourced	
	Please specify any additional	options here			
	In general, who reports or Please select all that apply, *,			OUT OF HOURS*?	
	Consultant (or equivalent Not specified			Outsourced	
4a.	Does the hospital have gu				rting?
4h	Yes N If answered "Yes" to [4a] t		O Un	known	
	If YES, does this cover:				
	☐ All Bowel Obstruction pati	ents?	☐ Hiệ	h risk patients only	
	Please specify any additional	options here			
	If answered "Yes" to [4a] the What is the maximum time acute bowel obstruction? *IN HOURS, as defined at you	e for the reporting	ng of i	naging IN HOURS* for pati	ents with
		hour	rs [] Unknown	
	If answered "Yes" to [4a] to What is the maximum time with acute bowel obstruct *OUT OF HOURS, as defined a	e for the reportir ion?	ng of i	naging OUT OF HOURS* fo	r patients
		hour	rs	Unknown	
5a.	Do you audit the report tin			lominal emergencies? known	

	If YES, how are the	ese reviewed?						
	☐ For surgical M&M	☐ Other M&M						
	Please specify any a	dditional options her	·e					
c.	If answered "Yes" How often are the							
		time	es per year	Unk	nown			
a.	Is there a protocol	for "CT for Bowel	Obstruc	tion" at th	is hospi	tal?		
	O Yes	O No) Unknown				
b.	If answered "Yes" In standard practi		se?					
	i) iv contrast	ii) oral contra	ast [Not applic	able	Ut 🗌	nknown	
	Please specify any a	dditional options her	·e					
бс.	If answered "Yes" If CT with contrast		protoco	ol, does it i	nclude:			
	☐ Detail of oral admi☐ Detail of IV admi☐ Use of an eGFR o☐ Detail of who sho	nistration cut-off to avoid admi	nistration	of IV contra	ıst			
	Detail of who sho	ould decide on the us			_			
	Detail of who sho	ould decide on the us	se of IV c		_			
7.	_	ould decide on the used dditional options her sin patients with ospital?	re	ontrast: Surg	geon	on com	municated to	
7.	How are CT report the team in this he Please mark all that Telephone to wa	dditional options her s in patients with ospital? apply	confirme	ed bowel o	geon bstructi	ired clin		
7.	How are CT report the team in this he Please mark all that Telephone to wa Telephone to res	s in patients with ospital? apply rd ponsible consultant/	confirme	ed bowel o	geon bstructi	ired clin		
7.	How are CT report the team in this he Please mark all that Telephone to wa Telephone to res Unknown	s in patients with ospital? apply rd ponsible consultant/	confirme	ed bowel of Telephone	geon bstructi	ired clin		
	How are CT report the team in this he Please mark all that Telephone to wa Telephone to res Unknown	s in patients with ospital? apply rd ponsible consultant/	confirme on-call	ed bowel of Telephone Electronic	bstructi e to requ reportir	ired clin	ician	
	How are CT report the team in this he Please mark all that Telephone to wa Telephone to res Unknown Please specify any a	s in patients with ospital? apply rd ponsible consultant/	confirme on-call	ed bowel of Telephone Electronic	bstructi e to requ reportir	ired clin	ician	
.a.	How are CT report the team in this he Please mark all that Telephone to wa Telephone to res Unknown Please specify any a	s in patients with ospital? apply rd ponsible consultant/ dditional options her Elderly Medicine (confirme on-call	ed bowel of Telephone Electronic fing alent) serv	bstructi e to requ reportir	ired clin	ician	
la.	How are CT report the team in this he Please mark all that Telephone to wa Telephone to res Unknown Please specify any a Is there a Care of the Yes How many whole the	s in patients with ospital? apply rd ponsible consultant/ dditional options her Elderly Medicine (confirme on-call	ed bowel of Telephone Telephone Electronic fing unknown Elderly M	bstructi e to requ reportir	ired clin	ician	
a. b.	How are CT report the team in this he Please mark all that Telephone to wa Telephone to res Unknown Please specify any a Is there a Care of the Yes How many whole the	s in patients with ospital? apply rd ponsible consultant/ dditional options her Elderly Medicine (confirme on-call F. Staff or equive ure of the	ed bowel of Telephone Electronic Unknown Elderly M	bstructi e to requ reportir	ite at t	his hospital?	d

2. Is there a r	utrition team on site?		
O Yes	O No	O Unknown	
3a. Is there an	acute pain team on site	?	
O Yes	O No	O Unknown	
3b. Is there a g	uideline/protocol for pa	in scoring in the Eme	rgency Department?
O Yes	O No	Unknown	
3c. Is there a g	uideline/protocol for pa	in scoring once admit	ted to hospital?
O Yes	O No	O Unknown	
	escalation process for t with initial measures on		patient's pain if it is not al?
O Yes	O No	O Unknown	
4. Is there a բ	alliative care team on s	ite at this hospital?	
O Yes	○ No	O Unknown	
5. Do patient	with bowel obstruction	have in patient acces	ss to the following services:
Social ca	_ •	siotherapy ical Care Outreach	☐ Occupational Therapy ☐ Pharmacy (24/7)
Please sneci	fy any additional options he	ere	
	,,		
Please mark	urgery	☐ Lower gasti	rointestinal/ colo-rectal surgery ary and pancreatic surgery
Please speci	fy any additional options he	ere	
hospital? Please selec	cribe the structure of the tall that apply if a combinate a day- one week on-call		on-call system at your
24 hours 24 hours Different Rolling of Surgeon	a day- week split into 2-3 single day on-call consultants covering day ay on-call of the week (with colleagu of the week (with surgeon	and night on-call es covering overnight)	nours at a time, or Mon-Thurs, Fri-Sun)
Please speci	fy any additional options he	ere	
	fy any additional options he		over the weekend?

O Yes	O No	O Unknown
'b. If answered "\ If YES, does th Please select al		
☐ Elective adr	nissions 🔲 Er	mergency admissions Unknown
Please specify a	ny additional options	here
Ba. Does this hos	oital have a critical	care outreach team?
O Yes	O No	O Not applicable O Unknown
Bb. If answered "\ If YES, is this	es" to [8a] then: available:	
_	londay - Friday orking hours, Monday y, Monday - Friday	 8am-6pm, Monday - Sunday Friday Extended working hours, Monday - Sunday 24 hours/day, Monday - Sunday
Please specify a	ny additional options	here
a. Does the hosp	ital have a coordina	ated discharge planning team
O Yes	O No	O Unknown
If YES, does it		
Please select al		hysiotherapy Occupational therapy
Social care	_	
	_	lutrition team
☐ Social care ☐ Dietetics	_	

G. Colonic Stenting

1a.	La. Is there onsite access to colonic stenting at this hospital?								
	O Yes	O No	O Unknown						
1b.	If answered "Yes" to If YES, please indicat Please select all that ap	e the days when this	is available:						
	☐ Monday☐ Friday	☐ Tuesday ☐ Saturday	☐ Wednesday☐ Sunday	☐ Thursday					
1c.	If answered "Yes" to Please indicate the ti	[1a] then: mes that this is availa	able						
	☐ Working hours, 8am	n-6pm Extended we	orking hours 🔲 24 h	nours / day					
	Please specify any addit	tional options here							
1d.	If answered "Yes" to If stenting is not available?	[1a] then: ilable 24/7, are patien	its referred elsewhere	e for colonic stenting					
	O Yes	O No	O Unknown	O Not applicable					
1e.	If answered "No" to [If no onsite access, a	1a] then: re patients referred e	elsewhere for colonic	stenting?					
	O Yes	O No	O Unknown						
1f.	If answered "Yes" to Please indicate who used to the select all that approximately the select all that approximately the select all that approximately the select all the s	undertakes this:							
	☐ Interventional radio☐ Endoscopist surgeo		s 🔲 End	oscopist physician					
	Please specify any addit	tional options here							
2a.	Is this hospital a mer *Please see definitions	nber of a network of o	care* for colonic stent	ting?					
	O Yes O No		O Unknown						
2b.	If answered "Yes" to If YES, is the colonic *Please see definitions								
	○ Formal*	O Informal*	O Unknown						
3.	Has an audit of acces undertaken within th	s to colonic stenting is hospital?	for large bowel obstr	uction been					
	O Yes	O No	O Not applicable	O Unknown					

H. Endoscopy

	hospital?	, , , , , , , , , , , , , , , , , , , ,		pression on-site at this						
	O Yes O No O Unknown									
1b.	lb. If answered "Yes" to [1a] then: If YES, is this undertaken using rigid sigmoidoscopy/ flatus tube?									
	O Yes	O No	O Unknown							
1c.	Lc. If answered "Yes" to [1a] and "Yes" to [1b] then: Is this available 24 hours, 7 days/ week?									
	O Yes O No O Unknown									
ld.	ld. If answered "Yes" to [1a] then: Is this undertaken using flexible sigmoidoscopy?									
1e.		o [1a] and "Yes" to [1d ble 24 hours/ day, 7 d								
	O Yes	○ No	O Unknown							
2a.	Is there the possibil		cutaneous endoscop	ic colostomy (PEC) on-						
	O Yes	○ No	O Unknown							
2b.	If answered "Yes" to Is this available 24	o [2a] then: hours/ day, 7 days/ we	ek?							
	O Yes	O No	O Unknown							
2c.		o [2a] and "No" to [2b] ndicate when this is a	-							
	 8am-6pm, Monday -Friday Extended hours, Monday-Friday 24 hours/ day, Monday-Friday 									
	Please specify any add	ditional options here								
2d.	2d. If answered "Yes" to [2a] then: Who undertakes this procedure at this hospital? Please select all that apply									
	☐ Interventional radiologists ☐ Endoscopists ☐ Surgeon ☐ Unknown									
	Please specify any add	ditional options here								
2e.	If answered "No" to		ferred elsewhere for	PEC?						
2e.	If answered "No" to	[2a] then:	ferred elsewhere for	PEC? O Unknown						
	If answered "No" to If no onsite access t	[2a] then: to PEC, are patients re	O Not applicable							
	If answered "No" to If no onsite access t Yes Is this hospital part	[2a] then: co PEC, are patients re	O Not applicable							
2f.	If answered "No" to If no onsite access to Yes Is this hospital part Please see definitions	[2a] then: to PEC, are patients re No of a network of care* No 0 [2f] then:	O Not applicable for PEC?	O Unknown						

I. Surgery

la.				cy theatre for urgent surgical cases y- Friday, 08:00 - 17:59?
	O Yes	O No	0	Unknown
1b.	If answered "Yes If YES, please sta			
			theatres	Unknown
1c.				s emergency surgery sessions y to Friday, 18:00- 07:59, and all day
	☐ Yes	☐ No		Unknown
1d.	If answered "Yes If YES, please sta			
			Sessions	Unknown
1e.	Is there a clinical emergency surge		system for	determining clinicial priority in
	O Yes	O No	0	Unknown
1f.	If answered "Yes If YES, please de	" to [1e] then: scribe which one	?	
1g.				a coordinator for confirming that the e been completed and the patient is 'fit
	O Yes	O No	O	Unknown
1h.	If answered "No" If NO, please des	to [1g] then: scribe how this is	done:	
1:	Is there a Langra	econy service at	this bosnita	
TI.	Yes	Scopy service at No	_	Unknown
	O 163	O NO	O	CHARLOWIT

lj. If answered "Yes" to [1i] then: If YES please describe the hours of availability:					
 8am-6pm, Monday - Friday 8am-6pm, Monday - Sunday 24 hours/day, 7 days/ week Unknown 	 Extended hours, Monday - Friday Extended hours, Monday - Sunday 24 hours/day, Monday - Friday 				
Please specify any additional options here					

J. Critical Care Facilities

Please see definit		
O Yes	O No	O Unknown
o. If answered "Ye What level of cr Please see definit	ritical care* is provide	d?
Level 3 (ICU)	Level 2 (HDU)	Unknown
Please specify any	y additional options here	2
		t of patients admitted/ not admitted to critical
O Yes	O No	O Unknown
	rovide details:	
	Tovide details.	
e. Is this hospital	part of a critical care	
		network?
e. Is this hospital	part of a critical care	
e. Is this hospital Yes a. Is there a recore	part of a critical care	○ Unknown
e. Is this hospital Yes a. Is there a record unavailability? Yes b. If answered "Yes	part of a critical care No No d held of the numbers No s" to [2a] and "Yes" t	Unknowns of patients refused a critical care bed due toUnknown

K. Audit/ Governance 1a. Are delays to surgery audited at this hospital? (No Unknown 1b. If answered "Yes" to [1a] then: If YES, please indicate what is audited? Please select all that apply □ All delays to surgery ☐ Delays in referral to surgery☐ Delays following referral Please specify any additional options here... 2a. Are all deaths within 30 days of surgery discussed at Mortality & Morbidity (M&M) meetings? Yes (No O Unknown 2b. If answered "No" to [2a] then: If NO, which deaths are discussed at M&M meetings? Please select all that apply ☐ Patients admitted as an emergency ☐ Patients admitted electively ☐ Unexpected deaths ☐ Death of child/ young person Please specify any additional options here... 2c. If answered "Yes" to [2a] then: Would all deaths following colorectal surgery be discussed in a meeting of all the surgeons providing Emergency General Surgery (eg colorectal MDT)? ☐ Yes ☐ Unknown Please specify any additional options here... 3. Did this hospital contribute to the last cycle of the National Audit of Small Bowel **Obstruction (NASBO)?** Yes O No Unknown Not applicable 4. Does this hospital contribute to the National Emergency Laparotomy Audit (NELA)? Yes (No Unknown Not applicable 5. Does this hospital contribute to Emergency Laparotomy and Laparoscopic Scottish Audit (ELLSA)?

Unknown

O Not applicable

Yes

Yes

O No

O No

6. Does this hospital contribute to the National Bowel Cancer Audit (NBOCA)?

Not applicable

Unknown

		eing carried out at this hospital?	
	identified gaps in the t this hospital?	e service currently provided to pa	tients with Bowe
O Yes	O No	Unknown	
	Yes" to [8a] then: plans to develop serv	vices in order to fill these gaps?	
O Yes	O No	Unknown	
	Yes" to [8a] and "Yes" e the plans in place to		

L. Comments

If you wish to make us aware of anything relating to the answers supplied please less than the section empty					lease let

Thank you for completing this questionnaire