

## Clinical Pathway for Colorectal Procedures (DRG 306, 308, 309)

Estimated length of stay (ELOS) = 10 Days / 8<sup>th</sup> POD

| Ward | Bed | Class | Unit | Team |
|------|-----|-------|------|------|
|      |     |       | GSD  |      |

To be completed by doctor (Tick accordingly)

This admission is: ☐ Emergency ☐ Elective ☐ Same Day Admission (SDA)

Principal Specialist in charge: \_\_\_\_\_

Principal Diagnosis: \_\_\_\_\_

Additional Diagnosis: \_\_\_\_\_

Comorbid Conditions: ☐ YES ☐ NO (Tick accordingly)

☐ COPD/COLD

☐ IDDM (Type I)

☐ Previous Stroke/CVA

☐ CHF/CCF

☐ NIDDM (Type II)

☐ Others: (to specify)

☐ IHD

☐ Hypertension

☐

| ADL Status     | Independent | Assist | Total |
|----------------|-------------|--------|-------|
| Pre-morbid     |             |        |       |
| Upon discharge |             |        |       |

Principal Procedure: (Tick procedure performed)

|                                                                                              |                                                            |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> With Stoma <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Hartmann's Procedure              |
| <input type="checkbox"/> Hemicolectomy Right / Left                                          | <input type="checkbox"/> Abdomino-Perineal Resection (APR) |
| <input type="checkbox"/> Transverse Colectomy                                                | <input type="checkbox"/> Stoma:                            |
| <input type="checkbox"/> Subtotal / Total Colectomy                                          | <input type="checkbox"/> Ileostomy                         |
| <input type="checkbox"/> Sigmoid Colectomy                                                   | <input type="checkbox"/> Sigmoid colostomy                 |
| <input type="checkbox"/> High Anterior Resection                                             | <input type="checkbox"/> Transverse colostomy              |
| <input type="checkbox"/> Low Anterior Resection                                              | <input type="checkbox"/> Others (to specify):              |

Date of Surgery & Time: \_\_\_\_\_

Surgeon: \_\_\_\_\_

Planned discharge date: \_\_\_\_\_

Actual discharge date: \_\_\_\_\_

Complications during stay: ☐ YES ☐ NO (Tick accordingly)

### Local:

☐ Superficial Wound Dehiscence

☐ Wound Infection

☐ Anastomotic leak

☐ Burst abdomen

☐ Intra abdominal abscess

☐ Others (to specify):

### General:

☐ Chest Infection

☐ Pneumonia

☐ Atelectasis

☐ Urinary Tract Infection

☐ Thrombophlebitis

☐ Intestinal Obstruction

☐ Ileus

☐ Others (to specify):

Notes: The pathway serves as a guide for healthcare professionals to co-ordinate and communicate patient care. It is not intended to be construed as the standard of medical care. It may be modified to meet individual patient's needs.

N.B. For Guidelines on the use of the clinical pathway (PTO)