Emergency Surgical Procedures Classification List

1. Some procedures need to be done as soon as possible (ASAP) but others are best done (for patient safety) during the day time hours.

Immediate (E1)	Can/should be done day or night
Critical (E2)	
Urgent/Expedited/Elective	Regular Day or 'extended' day slates- not routinely night time.

2. Flexibility/Variability – Any effective classification needs to have some flexibility and is not intended to be too rigid. We also recognize that there is variability in application based on site. Clinical judgement must always be considered.
3. Diagnosis – Based Benchmarks – System wait time guidelines or benchmarks for specific diagnoses are very helpful to help determine how a case should be classified.
4. Speciality Specific Examples- Each surgical speciality should develop guidelines for their speciality diagnosis/procedures.

Emergency Surgical Procedures Classification List

Code	Category	Description	Target Time to OR	Operating Room	OR Priority	Exceptions
1	Immediate (E1)	Lifesaving or limb/organ saving. Resuscitation with surgical treatment.	Immediate	Next available OR theatre	E1 Cases will be done in the next available OR theatre	NONE
2	Critical (E2)	Conditions that threaten life, limb or organ survival AND can wait 6 hours Relief of distressing symptoms	Within HOURS (less than 6 hours)	Day time emergency slate OR After hours, including night	E2 cases will be done in available OR theatre	
3	Urgent (E3)	Conditions that are not immediate threat to life, limb or organ survival in a stable patient who requires early intervention.	Within 24-48 hours		E3 cases will be scheduled in the next open theatre, or pre booked into vacant elective time.	
4	Expedited (E4)	Emergent or elective conditions that require early intervention	Within DAYS (less than 1 week)		If expedited cases are unable to be completed within one week, any available operating theatre time can be used.	

General Surgery Emergency Procedures

Condition	Immediate E1	Critical E2 (less than 6 hours)	Urgent E3 (24-48 hours)	Expedited E4 (within 1 week)
Surgical intervention for gastrointestinal hemorrhage	Ongoing hypovolemic shock despite adequate resuscitation	Ongoing bleeding in a hemodynamically stable patient		
Hemoperitoneum (Traumatic or otherwise)	Ongoing hypovolemic shock despite adequate resuscitation	Ongoing bleeding in a hemodynamically stable patient		
Hemorrhoids	Ongoing hypo volume shock despite adequate fluid resuscitation Perineal sepsis status post hemorrhoid banding and/or suspected necrotizing fasciitis	Ongoing bleeding in a hemodynamically stable patient Thrombosed external hemorrhoids		
Small bowel obstruction	Septic shock or presumed small bowel ischemia and/or necrosis	Suspected intussusception	Failure of resolution with conservative management	
Large bowel obstruction	Associated cecal perforation or suspected compromise Septic shock or presumed large bowel ischemia and/or necrosis			
Ruptured diaphragm	Central obstructive shock Suspected associated organ ischemia and/or necrosis	1) Without central obstructive shock 2) No associated organ ischemla and/or necrosis		
Suspected Appendicitis	Perforated appendicitis with Sepsis	Appendicitis		

Condition	Immediate E1	Critical E2 (less than 6 hours)	Urgent E3 (24-48 hours)	Expedited E4 (within 1 week)
Gallbladder disease	Emphysematous cholecystitis Acute cholecystitis with septic shock	Acute cholecystitis without septic shock	Cholecystectomy status post treatment of acute pancreatitis or ascending cholangitis during same hospital visit Status post abscess drainage without resolution during the same hospital stay	Admission for recurrent Biliary colic with resolution of symptoms
Perforated viscus (ulcer disease, acute diverticulitis etc.	Septic shock or diffuse peritonitis			
Suspected ischemlc enteritis	Once suspected or confirmed, ischemic enteritis should always be treated as an E1			
Suspected ischemic colitis	Septic shock and /or suspected colonic ischemia and/or necrosis	Without septic shock and/or suspected enteric ischemia and/or necrosis		
Incarcerated hernia	Septic shock and/or suspected enteric ischemia and/or necrosis	Without septic shock and/or suspected enteric ischemia and/or necrosis		Status post non-operative reduction
Diagnostic procedure for cancer diagnosis			Lymph node biopsy for suspected lymphoma	
Subcutaneous abscesses/soft tissue infection (perianal, ischiorectal, breast, abdominal)	Septic shock and/or associated necrotizing fasciitis	Without septic shock and/or associated necrotizing fasciitis		
Foreign Body Rectum	Septic or hypovolemic shock, foreign body with	Without septic or hypovolemic shock, foreign body with low likelihood of		

	high likelihood of ongoing or recurrent damage	ongoing or recurrent damage		

Gynaecology Emergency Procedures

Immediate E1	**Critical E2 (less than 6 hours)**	**Urgent E3 (24-48 hours)**	**Expedited E4 (within 1 week)**
Ectopic (unstable)	Ectopic (stable)		
Incomplete Abortion (unstable) Septic Abortion (unstable)	Septic Abortion (stable)		Incomplete Abortion (stable) Missed Abortion
	Adnexal Torsion		
Hemorrhagic Ovarian Cyst (unstable)			Ovarian Cyst (stable/pain)
Post-op bleed (unstable)	Post – op bleed (stable)		
	Bartholin's/Vulvar abscess	Bartholin's Duct Cyst (painful)	
	Hysterectomy for management of uncontrolled uterine bleeding		
Necrotizing Fasciitis	Wound Infection (debridement)	Abscess /Tubo- ovarian abscess	

Orthopaedic Emergency Procedures

Immediate E1	Critical E2 (less than 6 hours)	Urgent E3 (24-48 hours)	Expedited E4 (within 1 week)
Compartment syndrome or fracture causing limb threatening vascular compromise	Open fractures or displaced femoral neck fractures under age 45 including Slipped Capital Femoral Epiphysis (SCFE) HIP FRACTURES- After 24 hours to be reclassified as Critical E2 due to high risk of postoperative mortality	Most acute fractures HIP FRACTURES- Upon admission and up to 24 hours	Knee dislocations that re occur
Progressive neurologic deficit involving the spinal cord or cauda equine	Limb injury with progressive neurologic or vascular compromise	Femur shaft fracture	All other traumatic injuries
	Severe septic arthritis	Irreducible fracture/dislocation	Chronic, stable limb infections
	Complete or incomplete spinal cord and/or spinal column injury where the airway or chest will be compromised if the spine is not stabilized and/or decompressed	Progressive, recent loss of upper and lower extremity function secondary to spinal cord compression	Tumor biopsies
	Limb infections: patient systemically ill or rapidly progressive infection	Progressive, recent loss of ambulatory function secondary to motor/sensory deficit, radicular pain	Progressive, recent instability of the spine with resultant deformity and pain secondary to trauma or infection

Obstetrical Emergency Procedures

Immediate E1	Critical E2 (less than 6 hours)	Urgent E3 (24-48 hours)	Expedited E4 (within 1 week)
C- section – ectopic pregnancy, placenta previa, abruption placenta, fetal distress, prolapsed cord, shoulder dystocia, amniotic fluid embolism, post partum hemorrhage	Failure to progress in labour, pre eclampsia , placenta accrete, post partum hemorrhage, premature rupture membranes	Miscarriage	Post due date