

Data Definition of SOMIP – risk calculator for Emergency operation

Item	Definition										
1. Age	Input the age for the date of operation										
2. OT Elapse time	Input the estimated OT elapse time										
3. Derived Magnitude	Choose the major / ultramajor according to the complexity of the planned operation.										
4. ASA	<p>It appears on the anaesthesia assessment record. <u>Report the most recent assessment</u>. For patient with no ASA status, determine the status of patient based on the patient's medical history and confirmed with SOMIP supervisor.</p> <table border="1"> <tr> <td>ASA 1</td><td>A normal healthy patient</td></tr> <tr> <td>ASA 2</td><td>A patient with mild systemic disease</td></tr> <tr> <td>ASA 3</td><td>A patient with severe systemic disease</td></tr> <tr> <td>ASA 4</td><td>A patient with severe systemic disease that is a constant threat to life</td></tr> <tr> <td>ASA 5</td><td>A moribund patient who is not expected to survive without the operation</td></tr> </table>	ASA 1	A normal healthy patient	ASA 2	A patient with mild systemic disease	ASA 3	A patient with severe systemic disease	ASA 4	A patient with severe systemic disease that is a constant threat to life	ASA 5	A moribund patient who is not expected to survive without the operation
ASA 1	A normal healthy patient										
ASA 2	A patient with mild systemic disease										
ASA 3	A patient with severe systemic disease										
ASA 4	A patient with severe systemic disease that is a constant threat to life										
ASA 5	A moribund patient who is not expected to survive without the operation										
5. Disseminated Cancer	<p>Presence of advanced disseminated malignancy</p> <p>Malignancy that:-</p> <ol style="list-style-type: none"> Spread to one or more sites in addition to the primary site AND the cancer is widespread, fulminant, or near terminal. Other terms include "diffuse," "widely metastatic," "widespread," or "carcinomatosis." AML, ALL and stage IV Lymphoma, colon or rectum cancer involving para-aortic LN or mediastinal LN are included. 										
6. Neurological Status	<table border="1"> <tr> <td>Conscious and alert</td><td>Fully aware and attentive</td></tr> <tr> <td>Impaired sensorium</td><td> 1) acutely confused or delirious patient who is able to respond to verbal stimulation, mild tactile stimulation, or both, or 2) mental status changes, delirium, or both This excludes stable chronic mental illness or dementia. </td></tr> <tr> <td>Coma</td><td>Unconscious, or unresponsive to all stimuli. This does not include drug-induced coma.</td></tr> </table>	Conscious and alert	Fully aware and attentive	Impaired sensorium	1) acutely confused or delirious patient who is able to respond to verbal stimulation, mild tactile stimulation, or both, or 2) mental status changes, delirium, or both This excludes stable chronic mental illness or dementia.	Coma	Unconscious, or unresponsive to all stimuli. This does not include drug-induced coma.				
Conscious and alert	Fully aware and attentive										
Impaired sensorium	1) acutely confused or delirious patient who is able to respond to verbal stimulation, mild tactile stimulation, or both, or 2) mental status changes, delirium, or both This excludes stable chronic mental illness or dementia.										
Coma	Unconscious, or unresponsive to all stimuli. This does not include drug-induced coma.										
7. Functional Health Status	<p>Patient's pre-hospitalization BEST functional status in the 30 days prior to surgery.</p> <table border="1"> <tr> <td>Independent</td><td> Patient who does not require assistance for any activities of daily living. This includes: -A person who is able to function independently with prosthesis, equipment, or devices; or -A person who requires kidney dialysis or chronic oxygen therapy. -Children with normal motor and mental development. </td></tr> <tr> <td>Partially dependent</td><td>Patient who requires some assistance for activities of daily living.</td></tr> <tr> <td>Totally dependent</td><td> Patient cannot perform any activities of daily living for himself/herself. This includes a patient in an ICU who is totally dependent upon nursing care, or a dependent nursing home patient. </td></tr> </table>	Independent	Patient who does not require assistance for any activities of daily living. This includes: -A person who is able to function independently with prosthesis, equipment, or devices; or -A person who requires kidney dialysis or chronic oxygen therapy. -Children with normal motor and mental development.	Partially dependent	Patient who requires some assistance for activities of daily living.	Totally dependent	Patient cannot perform any activities of daily living for himself/herself. This includes a patient in an ICU who is totally dependent upon nursing care, or a dependent nursing home patient.				
Independent	Patient who does not require assistance for any activities of daily living. This includes: -A person who is able to function independently with prosthesis, equipment, or devices; or -A person who requires kidney dialysis or chronic oxygen therapy. -Children with normal motor and mental development.										
Partially dependent	Patient who requires some assistance for activities of daily living.										
Totally dependent	Patient cannot perform any activities of daily living for himself/herself. This includes a patient in an ICU who is totally dependent upon nursing care, or a dependent nursing home patient.										
8. Pulse	Record the pulse reading in the ward closest prior to transfer to OT (not inside OT)										

9. Ascites	<p>Presence of malignant ascites or ascites due to chronic liver disease / malignant ascites within 30 days or documented in OT record</p> <p>Fluid accumulation in peritoneal cavity noted on physical examination, abdominal ultrasound, abdominal CT / MRI within 30 days prior to the operation or documented in OT record.</p> <p>Documentation of either chronic liver disease or malignant ascites.</p> <p>Minimal / small / trace ascites or ascites < 200 ml are not qualified.</p>						
10. Dyspnoea	<p>Dyspnoea prior to surgery, refer to the anesthetic assessment record.</p> <table border="1"> <tr> <td>No dyspnoea</td><td>Able to walk at least one flight of stairs without SOB or if no documentation of exercise tolerance.</td></tr> <tr> <td>Moderate dyspnoea</td><td>Unable to walk one flight of stairs without SOB or walk on level ground.</td></tr> <tr> <td>Dyspnoea at rest</td><td>Resting respiratory rate > 30 per minute or “dyspnoea +ve”, SOB documented, or on oxygen therapy prior to OT.</td></tr> </table>	No dyspnoea	Able to walk at least one flight of stairs without SOB or if no documentation of exercise tolerance.	Moderate dyspnoea	Unable to walk one flight of stairs without SOB or walk on level ground.	Dyspnoea at rest	Resting respiratory rate > 30 per minute or “dyspnoea +ve”, SOB documented, or on oxygen therapy prior to OT.
No dyspnoea	Able to walk at least one flight of stairs without SOB or if no documentation of exercise tolerance.						
Moderate dyspnoea	Unable to walk one flight of stairs without SOB or walk on level ground.						
Dyspnoea at rest	Resting respiratory rate > 30 per minute or “dyspnoea +ve”, SOB documented, or on oxygen therapy prior to OT.						
11. Hypertensive Drugs	Antihypertensive treatment for persistent elevation of systolic blood pressure > 140 mm Hg and a diastolic blood pressure > 90 mm Hg within 30 days prior to surgery.						
12. Estimated Blood Loss	Input the estimated amount of blood loss in ml during the operation.						
13. Hepatomegaly	<p>Presence of enlargement of the liver beyond its normal size.</p> <p>The diagnosis can be made by physical examination or by an imaging study of the liver.</p>						
14. Septic Shock	Sepsis is considered severe when it is associated with organ and/or circulatory dysfunction within 48 hours prior to surgery.						
15. CHF	<p>Presence of inability of the heart to pump a sufficient quantity of blood to meet the metabolic needs of the body or can do so only at increased ventricular filling pressure within 30 days prior to surgery.</p> <p>Only <u>newly diagnosed</u> CHF within the previous 30 days or a diagnosis of chronic CHF with <u>new signs</u> or symptoms in the 30 days prior to surgery fulfills this definition.</p>						
16. Sepsis	<p>Presence of sepsis within 48 hours prior to surgery</p> <p>SIRS (Systemic Inflammatory Response Syndrome): is a widespread inflammatory response to a variety of severe clinical insults. This syndrome is clinically recognized by the presence of TWO OR MORE of the following within the same time frame:</p> <ul style="list-style-type: none"> • Temperature >38 °C or <36 °C • Heart rate >90 bpm • Respiratory rate >20 breaths/min or PaCO₂ <32 mmHg(<4.3 kPa) • WBC >12,000 cell/mm³, <4000 cells/mm³, or >10% immature (band) forms 						
17. Antipsychotic Drugs	<p>Drugs used to treat psychosis.</p> <p>Patient requires the regular administration of antipsychotic drugs within 180 days prior to admission.</p>						
18. Myocardial Infarction	<p>Presence of myocardial infarction within past 180 days prior to surgery</p> <p>This is clinically defined as a typical rise and gradual fall (troponin) or more rapid rise and fall (CK-MB) of biochemical markers of myocardial necrosis with at least ONE of the following:-</p> <ul style="list-style-type: none"> • Ischemic symptoms • Development of pathologic Q waves on the ECG • ECG changes indicative of ischemia (ST segment elevation or depression) • Coronary artery intervention (eg, angioplasty) <p>Check ‘Yes’ only if it occurred within 180 days before surgery.</p>						
19. Chronic Rest Pain / Gangrene	<p>Presence of chronic rest pain / gangrene before surgery.</p> <p>Fournier’s gangrene or acute limb pain due to acute arterial embolism are NOT included.</p>						
20. Creatinine	Input the most recent result.						
21. Urea							
22. Alkaline Phosphatase							
23. Bilirubin							
24. Albumin							