**Data Definition of SOMIP – risk calculator for Emergency operation**

| **Item** | **Definition** |
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| 1. Age
 | Input the age for the date of operation |
| 1. OT Elapse time
 | Input the estimated OT elapse time |
| 1. Derived Magnitude
 | Choose the major / ultramajor according to the complexity of the planned operation.  |
| 1. ASA
 | It appears on the **anaesthesia assessment record**. Report the most recent assessment. For patient with **no ASA status**, determine the status of patient based on the patient’s medical history and confirmed with SOMIP supervisor.

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| 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 |

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| 1. Disseminated Cancer
 | **Presence of advanced disseminated malignancy**Malignancy that:-1. 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.”
2. AML, ALL and stage IV Lymphoma, colon or rectum cancer involving para-aortic LN or mediastinal LN are included.
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| 1. Neurological Status
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| 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, or2) 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.  |

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| 1. Functional Health Status
 | Patient's **pre-hospitalization** BEST functional status in the **30 days prior to surgery**.

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| 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.  |

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| 1. Pulse
 | Record the pulse reading in the ward closest prior to transfer to OT (not inside OT)  |

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| 1. Ascites
 | **Presence of malignant ascites or ascites due to chronic liver disease / malignant ascites within 30 days or documented in OT record**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.Documentation of either chronic liver disease or malignant ascites. Minimal / small / trace ascites or ascites < 200 ml are not qualified.  |
| 1. Dysponea
 | **Dyspnoea prior to surgery, refer to the** **anesthetic assessment record.**

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| 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. |

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| 1. 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**. |
| 1. Estimated Blood Loss
 | Input the estimated amount of blood loss in ml during the operation.  |
| 1. Hepatomegaly
 | Presence of enlargement of the liver beyond its normal size. The diagnosis can be made by physical examination or by an imaging study of the liver. |
| 1. Septic Shock
 | Sepsis is considered severe when it is associated with organ and/or circulatory dysfunction **within 48 hours prior to surgery.**  |
| 1. CHF
 | 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**. Only newly diagnosed CHF within the previous 30 days or a diagnosis of chronic CHF with new signs or symptoms in the 30 days prior to surgery fulfills this definition. |
| 1. Sepsis
 | **Presence of sepsis within 48 hours prior to surgery****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:* Temperature >38 oC or <36 oC
* 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
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| 1. Antipsychotic Drugs
 | Drugs used to treat psychosis. Patient requires the regular administration of antipsychotic drugs **within 180 days prior to admission.**  |
| 1. Myocardial Infarction
 | **Presence of myocardial infarction within past 180 days prior to surgery**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:- * + 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)

Check ‘Yes’ only if it occurred within 180 days before surgery. |
| 1. Chronic Rest Pain / Gangrene
 | **Presence of chronic rest pain / gangrene before surgery.** Fournier’s gangrene or acute limb pain due to acute arterial embolism are NOT included.  |
| 1. Creatinine
 | Input the most recent result. |
| 1. Urea
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| 1. Alkaline Phosphatase
 |
| 1. Bilirubin
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| 1. Albumin
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