

**EMERGENCY CASES
PRIORITY LISTING BY DIAGNOSIS**

| | PRIORITY II (6 HOURS) | PRIORITY III (24 HOURS) |
|--|--|--|
| GENERAL SURGERY | Perforated Viscus Cholangitis Appendicitis Bowel Obstruction Abdominal Abscess Incarcerated Hernia Peritonitis Gangrenous Cholecystitis (severe) Bowel Ischemia 2 nd Look Laparotomy Abdominal Evisceration | Incision and Drainage (abscess) Gastrostomy/Enterostomy/Ileostomy/ Colostomy for urgent decompression Gastrectomy (obstruction/bleeding) Lysis of abdominal adhesions* Bowel resection (obstruction/bleeding) Cholecystectomy (open/laparoscopic) Acute Cholecystitis/Pancreatitis Appendectomy* (open/laparoscopic) Abdominal Wall Repair* (dehiscence) Tracheostomy *All of these cases may also be booked as Priority II depending on severity of patient's condition. |
| OBSTETRICS & GYNECOLOGY | Ectopic Pregnancy Ovarian Torsion Postpartum Hemorrhage Bleeding Incomplete Abortion | Diagnostic Laparoscopy |
| OPHTHALMOLOGY | Open Eye Trauma Retinal Detachment - Macula - on Ocular Infection | |

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| ORTHOPAEDIC SURGERY | <p>Fractures:</p> <ul style="list-style-type: none"> - compound - multiple/complicated - neurologic injury - vascular injury - skin necrosis <p>Unstable Spinal Injury (neurologic deficit)</p> <ul style="list-style-type: none"> - cord compression - bladder/bowel dysfunction <p>Compartment syndrome</p> <p>Hip:</p> <ul style="list-style-type: none"> - Fracture waiting >24hrs after medically clear - dislocated - intracapsular fracture (young patient) <p>Musculoskeletal infection (Systemic)</p> <p>Irreducible Joint Dislocations</p> | <p>Fractures/joint injuries (uncomplicated)</p> <p>Soft Tissue Injuries</p> <p>Arthroplasty Complications</p> <p>Musculo-skeletal infections (simple)</p> <p>Wound Management</p> <p>Spinal Cases with Acute Neurological Deficit</p> <ul style="list-style-type: none"> - Disc Herniation - Tumor - Pathological Fracture |
| OTOLARYNGOLOGY | <p>Deep fascial infections of neck</p> <p>Airway obstructions:</p> <ul style="list-style-type: none"> - tumor - stricture - foreign body <p>Head and neck haemorrhage</p> | <p>Foreign body Oesophagus</p> <p>Nasal/Facial fractures</p> <p>Superficial infections of neck</p> <p>Perilymphatic Fistula ear</p> <p>Tracheostomy</p> |
| NEUROSURGERY | <p>Unstable Spinal injury (Neurologic Deficit)</p> <p>Spinal Cord Compression</p> <p>Compound Depressed skull fracture</p> <p>Cerebral Aneurysm</p> | <p>Blocked Shunt</p> <p>Carotid Stenosis (Crescendo and recurrent T.I.A.'s)</p> <p>Brain Tumor with increased intracranial pressure</p> <p>Spinal Cases with acute Neurological Deficit</p> <ul style="list-style-type: none"> - Disc Herniation - Tumor - Pathological Fracture <p>Chronic Subdural Hematoma</p> |
| PLASTIC SURGERY | <p>Severe hand injuries</p> <p>Major facial soft tissue injuries (Amputations for reimplantation)</p> <p>Necrotizing soft tissue injuries</p> <p>Devascularized limb (may be Priority 1)</p> | |

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| THORACIC SURGERY | <p>Airway Obstruction: subacute proximal</p> <ul style="list-style-type: none"> - tumor - stricture - foreign body <p>Perforated Oesophagus <2 hours old Re exploration for bleeding</p> <p>Open Lung Biopsy-ICU patients</p> <p>Airway Haemorrhage (massive) <100mls in one episode</p> <p>Incarcerated /Strangulated Hiatus Hernia <2 hours old</p> <p>Descending Necrotizing Mediastinitis</p> <p>Caustic Injury of the Esophagus <2 hour in duration</p> <p>Significant Pericardial Effusion with Cardiac Tamponade</p> <p>Postoperative Intra-thoracic Bleeding <200 mls per hour for 3 hours</p> | <p>Foreign body Oesophagus</p> <p>Subacute diaphragm rupture</p> <p>Recurrent Pneumothorax</p> <p>Emphysema</p> <p>Tracheostomy</p> <p>ICU Intubated patients requiring tracheostomy</p> <p>Large pericardial effusion without cardiac Tamponade</p> |
| UROLOGY | <p>Torsion Testicle</p> <p>Rupture bladder/urethra/ penis/testis</p> <p>Blunt renal trauma – hemodynamic instability</p> <p>Obstructed Urosepsis</p> <p>Urinary Retention (Suprapubic Cystotomy)</p> <p>Urinary tract bleeding Priapism</p> <p>Scrotal Abscess/Cellulitis</p> | <p>CAPD catheter requiring dialysis</p> <p>Urolithiasis with refractory pain +/- high grade obstruction</p> <p>Refractory Urinary Tract Bleeding</p> |

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| VASCULAR SURGERY | <p>Acute Vascular (arterial/graft) occlusion (with significant distal ischemia)</p> <p>Acute AAA</p> <p>Peripheral gangrene resulting in systemic sepsis (amputation)</p> <p>Stroke in-evolution (might be booked as Priority I depending on clinical scenario)</p> <p>Acute av fistula occlusion</p> <p>Acute vein graft occlusion</p> | <p>Carotid Stenosis (Crescendo and Recurrent T.I.A.'s)</p> <p>Acute synthetic graft occlusion</p> <p>Acute av graft occlusion</p> <p>Limb Compromise - progressive ischemia/gangrene, sepsis, pain (i.e. not stable chronic rest pain/gangrene)</p> |