

## Intussusception Care Pathway

Version: 3

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### Introduction

The purpose of this pathway is to assist the health care team with clinical decisions regarding the management of a patient with intussusception.

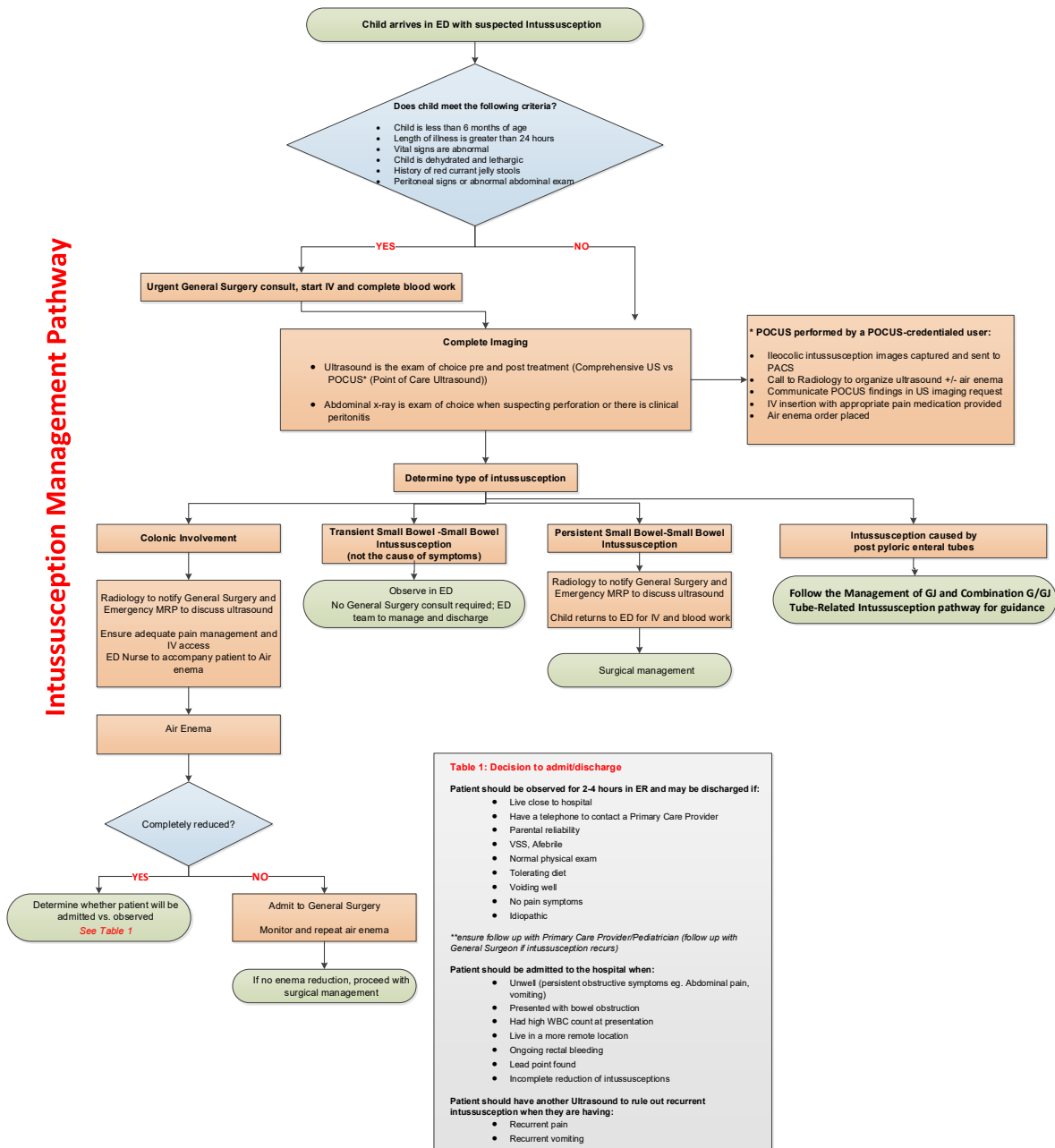
#### Target Population:

- **Inclusion:** Children age 0-18 years old with no underlying disease or comorbidity who have been suspected to have or diagnosed with intussusception.
- **Exclusion:** to be removed from this pathway if child has significant comorbidities, significant postoperative/post procedure complications (eg. bowel obstruction, bowel perforation, or prolonged TPN therapy) or a change in diagnosis.

#### Target Users:

- Emergency physicians, radiologists, surgeons, residents, fellows, nurse practitioners and nurses on the ward.

## Intussusception Management Pathway



## [Printable version – Intussusception Management Pathway](#) [Printable version – Tube Related Intussusception Care Pathway](#)

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## Patients scheduled for surgery typically receive pre and post-surgical care as described below

	PRE-OPERATIVE	IMMEDIATELY POST-OPERATIVELY	POST-OP DAY # 1-2 (no bowel resection), DAY # 1-4 (with bowel resection)	DISCHARGE: DAY 3 (no bowel resection), DAY 5 (with bowel resection)
GOALS	<ol style="list-style-type: none"> <li>1. Hydration maintained</li> <li>2. Patient prepared for OR</li> <li>3. Child/family are advised of pre-op bath. Wipes to be used upon arrival. Refer to <a href="#">procedure document</a></li> <li>4. Adequate pain control</li> </ol>	<ol style="list-style-type: none"> <li>1. Afebrile</li> <li>2. Adequate pain control</li> <li>3. Out of bed</li> <li>4. Incision intact, no drainage; dry and intact</li> </ol>	<ol style="list-style-type: none"> <li>1. Afebrile</li> <li>2. Adequate pain control</li> <li>3. Ambulating</li> <li>4. Able to tolerate NG to drainage/clamp/remove</li> <li>5. Incision dry &amp; intact</li> </ol>	<ol style="list-style-type: none"> <li>1. Afebrile</li> <li>2. Adequate pain control</li> <li>3. Ambulating</li> <li>4. Able to tolerate diet</li> <li>5. Incision dry and intact</li> <li>6. Child/ caregiver teaching completed</li> <li>7. Family understands discharge teaching</li> </ol>
PHYSICAL EXAM	<ul style="list-style-type: none"> <li>• Obtain history</li> <li>• Complete physical exam</li> <li>• Assess vital signs</li> <li>• Complete pain assessment (refer to <a href="#">Pain Assessment Guidelines</a>)</li> <li>• Ensure child has adequate pain control (refer to <a href="#">Pain Management Guidelines</a>)</li> <li>• Obtain accurate in and out</li> <li>• Obtain weight and height</li> </ul>	<ul style="list-style-type: none"> <li>• Complete pain assessment every 4 hours</li> <li>• Ensure child has adequate pain control (refer to <a href="#">Pain Management Guidelines</a>)</li> <li>• Monitor vital signs as per BPews</li> <li>• Obtain accurate in and out</li> <li>• Complete wound assessment</li> <li>• Assess stool color and consistency</li> </ul>	<ul style="list-style-type: none"> <li>• Complete pain assessment every 4 hours</li> <li>• Ensure child has adequate pain control (refer to <a href="#">Pain Management Guidelines</a>)</li> <li>• Monitor vital signs as per BPews</li> <li>• Obtain accurate in and out</li> <li>• Complete wound assessment (remove surgical dressing, leave steri strips)</li> <li>• Assess stool color and consistency</li> </ul>	
DIET & IV FLUIDS	<ul style="list-style-type: none"> <li>• Ensure that patient is NPO</li> <li>• Administer D5W/0.9 NaCl at maintenance</li> <li>• Normal saline bolus as indicated</li> <li>• Refer to <a href="#">Fluid and Electrolyte Guidelines</a></li> </ul>	<ul style="list-style-type: none"> <li>• NPO until bowel function present, no abdominal distention, and no nausea/vomiting; then start clear fluids to diet as tolerated</li> <li>• Administer D5W/0.9 NaCl with 20mmol KCL/L at maintenance</li> <li>• Normal saline bolus as indicated</li> <li>• Refer to <a href="#">Fluid and Electrolyte Guidelines</a></li> </ul>	<ul style="list-style-type: none"> <li>• NPO until bowel function present, no abdominal distention, and no nausea/vomiting; then start clear fluids to diet as tolerated</li> <li>• IV to maintenance; TKVO once adequate oral fluid intake</li> </ul>	
NG TUBE		<ul style="list-style-type: none"> <li>• NG tube to low intermittent suction/ straight drain</li> <li>• May put to straight drainage if clinically indicated (decreased output volume, non-bilious, no nausea)</li> <li>• May remove when tolerate NG to straight drainage or clamp (no nausea/vomiting, no abdominal distention, and no pain)</li> </ul>	<ul style="list-style-type: none"> <li>• NG tube to low intermittent suction/ straight drain</li> <li>• May put to straight drainage if clinically indicated (decreased output volume, non-bilious, no nausea)</li> <li>• May remove when tolerate NG to straight drainage or clamp (no nausea/vomiting, no abdominal distention, and no pain)</li> </ul>	
LABS & MEDICATION	<ul style="list-style-type: none"> <li>• Complete CBC with differential</li> <li>• Coagulation, electrolytes, type and screen, and Sickie Cell screen (if indicated)</li> </ul>	<ul style="list-style-type: none"> <li>• Labs as clinically indicated</li> <li>• IV morphine continuous infusion</li> <li>• Acetaminophen as indicated for pain/fever</li> <li>• Continue cefoxitin IV for 24 hours post-op then reassess</li> <li>• Ketorolac every 6 hours for pain management for 48 hours (age appropriate and clinically indicated)</li> <li>• Ampicillin/gentamicin/metronidazole X 7 days if perforated</li> </ul>	<ul style="list-style-type: none"> <li>• Wean morphine infusion to off (decrease by 5-10 mcg every 24 hours)</li> <li>• If pain/fever, administer acetaminophen as indicated</li> <li>• Ketorolac/ibuprofen every 6 hours as needed for pain</li> </ul>	<ul style="list-style-type: none"> <li>• If needed, provide prescription for oral medication</li> </ul>

## PRINTABLE VERSION

### Related Documents

Care of Patients Receiving Continuous Infusion of Opioids ==> 

Care of Patients Receiving Patient Controlled and Nurse Controlled Analgesia ==> 

[SickKids e-formulary](#)

### Implementation Plan

- Education and awareness building by General Surgery Program (Surgeons, NPs, fellows, nurse educator) at: fellow orientation (once per year) nursing orientation (every 3 months), and residents' orientation (every month).
- Surgeons to communicate any updates in practice to Division of General Surgery and Radiology.
- Radiologists to communicate any updates in practice to Division of General Surgery and Radiology.

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## Evaluation Plan

- Length of stay (LOS) evaluation

## References

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## Guideline Group and Reviewers

### Guideline Group Membership

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**Attachments:**

[Intussusception final 2021.pdf](#)

[Pathway algorithm 2021.pdf](#)