Appendicitis Management Pathway

Introduction

This pathway is for use with children aged 2-18 years old with no underlying disease or co-morbidity who have a confirmed diagnosis of appendicitis (either non-perforated or perforated) by the General Surgery Team who require a surgical appendectomy or medical management. Patients are to be removed from this pathway if there are significant postoperative complications (eg. bowel obstruction or prolonged TPN) or a change in diagnosis.

Target Users

- General Surgery Surgeons, Residents, Fellow, Nurse Practitioners, and nurses on the inpatient units

Definitions

- **Non-perforated appendicitis** - Appendix is normal, injected, inflamed or suppurative. Presence of cloudy fluid +/- local fibrinous exudate, or gangrenous appendicitis but with no visible hole in appendix, abscess or free fecalith
- **Perforated appendicitis** - Visible hole in appendix, free fecalith, diffuse peritonitis with fibrinous exudate or abscess
- **Appendectomy** - surgical removal of the appendix
- **Fever** - a fever is defined as any temperature reading greater than 38°C
Appendicitis Algorithm

Recommendations - Printable Version

Appendicitis Management Pathway
# Appendicitis Management Pathway

## Inpatient Non-Perforated Appendicitis Care Pathway

**Pre-Operatively**

1. Hydration maintained
2. Adequate pain control
3. Patient prepared for OR
4. Child/parent is advised of pre-op bath. Wipes to be used upon arrival. Refer to procedure document.

**Post-Operatively**

1. Alkaline
2. Adequate pain control
3. Ambulating
4. Able to tolerate diet (clear fluids to regular diet)
5. Incision intact, no drainage, dry and intact
6. Child/caregiver teaching

**Goal**

- Obtain history
- Complete physical exam
- Assess vital signs
- Complete pain assessment (refer to Pain Assessment Guidelines)
- Obtain accurate in and out

**Pharmacology**

- Ensure that patient is NPO
- Administer O2 and 0.9 NaCl with 20mEq KCl at maintenance
- Use as indicated
- Refer to Fluid and Electrolyte Guidelines
- Refer to Pain Management Guidelines

**Medication**

- Antiemetics as needed for nausea and vomiting
- Ketorolac or ibuprofen as needed for pain management
- Morphine or fentanyl for PRN

**Activity**

- Activity as tolerated
- Consent for surgery
- Pre-operative procedures for child and caregiver
- Review potential involvement in care (pre and post-operatively)

**Diet**

- Advance diet as tolerated

**Pain**

- Antiemetics and analgesics (if not contraindicated) for 48 hours then as needed
- Review need for pain management

**Incision care**

- Leave suture strips until fall off on own or remove after 10 days
- Once suture strips removed, may wash incision gently with soap and water

**Signs and symptoms of wound infection**

- Fever
- Redness around incision
- Drainage from incision
- Increasing pain around incision

**Bathing**

- May shower or bath, 48 hours after surgery

**Activity**

- Ambulate in hallways
- May return to normal daily activities as patient feels able

**When to call surgeon's office**

- Wound infection
- Vomiting
- Fever
- Pain

**Follow-up**

- Confirm need for follow-up with Primary Surgeon
- Family doctor/pediatrician in 1-2 weeks
## Inpatient Perforated Appendicitis Care Pathway

### DAY OF ADMISSION
1. **Goals**
   - Hydration maintenance
   - Adequate pain control
   - Patient prepared for OR if surgical management required
   - Cerebrospinal fluid (CSF) is drained of any CSF

### DAY #1
1. **Active Management**
   - Adequate pain control
   - Ambulating
   - Treat pain as needed
2. **Pre-operative**
   - Pain medication as needed (morphine / acetaminophen)
   - Fluids (D5W 0.9% NaCl 20ml KCl)

### DAY #2 - #3
1. **Active Management**
   - Adequate pain control
   - Ambulating
   - Treat pain as needed
2. **Post-operative**
   - Pain management
   - Fluids (D5W 0.9% NaCl 20ml KCl)

### DAY #4
1. **Active Management**
   - Adequate pain control
   - Ambulating
   - Treat pain as needed

### DAY #5
1. **Active Management**
   - Adequate pain control
   - Ambulating
   - Treat pain as needed

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### Related Documents
- **E-formulary**
- **Sepsis Pathway**
- **Pain Management Guidelines**
- **Pain Assessment Guidelines**
- **Fluid & Electrolyte Guidelines**

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References


6. Children's Hospital of Philadelphia: Appendicitis without Known GI Disease Clinical Pathway- Emergency

7. Children's Hospital of Philadelphia: Appendicitis Clinical Pathway- Inpatients

8. Cincinnati Children's Hospital: Emergency Appendectomy Clinical Pathway


14. Inpatient and Surgical Care: Appendectomy for Ruptured Appendix with Abscess or Generalized Peritonitis Care Guideline


28. University Hospitals of Cleveland: Pediatric Appendicitis/Simple Laparoscopic/Open Technique Care Path


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Attachments:

appendicitis algorithm.docx
appendicitis algorithm.pdf
Non perforated appy pathway.pdf
Non perforated appy pathway.rtf
Perforated appy pathway.pdf
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