# Intussusception Care Pathway

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

<table>
<thead>
<tr>
<th>PRE-OPERATIVE</th>
<th>IMMEDIATELY POST OPERATIVELY</th>
<th>POST OF DAY 1-2 (to bowel resection)</th>
<th>POST OF DAY 3-4 (with total resection)</th>
<th>DISCHARGE: DAY 3 (to bowel resection)</th>
<th>DAY 5 (to bowel resection)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Child family are advised of pre-op bath. Wipes to be used upon arrival. Refer to procedure document</td>
<td>3. Oral feed</td>
<td>3. Oral feed</td>
<td>3. Oral feed</td>
<td>4. Able to tolerate NG to drainage and/or remove</td>
<td>4. Able to tolerate diet</td>
</tr>
</tbody>
</table>

**GOALS**

- Obtain history
- Complete physical exam
- Assess vital signs
- Complete pain assessment (refer to Pain Assessment Guidelines)
- Ensure child has adequate pain control (refer to Pain Management Guidelines)
- Obtain accurate in and out
- Obtain weight and height

**PHYSICAL EXAM**

- Ensure patient is NPO
- Administer 250 mL of 9% NaCl at maintenance
- Normal saline bolus as indicated
- Refer to Fluid and Electrolyte Guidelines

**DIET & FLUIDS**

- NPO until bowel function present, no abdominal distension, and no nausea/vomiting; then start clear fluids to diet as tolerated
- Administer 0.9% NaCl 20 mL/KG at maintenance
- Normal saline bolus as indicated
- Refer to Fluid and Electrolyte Guidelines

**NG TUBE**

- NG tube to low intermittent suction/straight drain
- May put to straight drainage if clinically indicated (decreased output volume, non-bloody, no nausea)
- May remove when tolerable NG to straight drainage or amp on nasoenteric, no abdominal distension, and no pain
- Refer to Fluid and Electrolyte Guidelines

**LABS & MEDICATION**

- Complete CBC with differential
- Coagulation, electrolytes, type and screen, and Sick Cell screen (if indicated)
- Labs as clinically indicated
- IV morphine continuous infusion
- Acetaminophen as indicated for pain/fever
- Continue ceftriaxone IV for 24 hours post-op then reassess
- Ketorolac every 6-8 hours for pain management and for 48 hours (age appropriate and clinically indicated)
- Ampicillin/gentamicin/tobramycin X 7 days if perforated
- Wiram morphine inf infusion to off (decrease by 5-10 mcg every 24 hours)
- If pain persists, administer acetaminophen as indicated
- Ketorolac/dopexamine every 6-8 hours as needed for pain

**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.
Evaluation Plan

- Length of stay (LOS) evaluation

References


Guideline Group and Reviewers

Guideline Group Membership

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