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 and nurses on the ward.
Patients scheduled for surgery typically receive pre and post-surgical care as described below.
## Intussusception Care Pathway

**Pre-Operative**
- Hydration maintained
- Patient prepared for OR
- Child/family are advised of pre-op bath. Wipes to be used upon arrival. Refer to procedure document
- Adequate pain control

**Immediate Post-Operative**
- Anticholinergics
- Adequate pain control
- Out of bed
- Incision intact, no drainage: dry and intact

**Post of Day #1-2 (to bowel resection): Day #3-4 (with bowel resection)**
- Anticholinergics
- Adequate pain control
- Ambulating
- Able to tolerate NG to OR orientation complete
- Incision dry & intact

**Discharge: Day 3 (to bowel resection): Day 5 (with bowel resection)**
- Anticholinergics
- Adequate pain control
- Ambulating
- Able to tolerate diet
- Incision dry and intact
- Child caregiver teaching completed
- Family understands discharge teaching

### 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 that patient is NPO
- Administer DSIV0.9 (NaCl) at maintenance
- Normal saline bolus as indicated
- Refer to Fluid and Electrolyte Guidelines

### Diet & IV/FLUIDS
- NPO until bowel function present, no abdominal distension, and no nausea/vomiting, then start clear fluids to diet as tolerated
- Administer DSIV0.9 (NaCl) with 20mmol KCl/L 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-bilious, no nausea)
- May remove when tolerable NG to straight drainage or camp, no nausea/vomiting, no abdominal distension, and no pain

### Labs & Medication
- Complete CBC with differential
- Coagulation, electrolytes, type and screen, and Sickle Cell screen (if indicated)
- Labs as clinically indicated
- IV morphine continuous infusion
- Acelaminophen as indicated for pain/fever
- Continue cefotaxim IV for 24 hours post-op then reassess
- Ketorolac every 6 hours for pain management for 48 hours (age appropriate and clinically indicated)
- Ampicillin/ceftriaxone daily X 7 days if pertussis
- Wean morphine infusion to off (decrease by 5-10 mg every 24 hours)
- If pain/fever, administer acetaminophen as indicated
- Ketorolac/buprenorphine every 6 hours as needed for pain

### Evaluation Plan
- Length of stay (LOS) evaluation

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**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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References


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Attachments:
Intussusception Care Pathway

Intussusception final 2021.pdf

Pathway algorithm 2021.pdf