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/postprocedure 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.
Intussusception Care Pathway

Child arrives in ED with suspected intussusception

Does child meet intussusception criteria?
- Lead time less than 1 month of age
- Length of illness is greater than 24 hours
- No diagnostic evidence
- Child is dehydrated and tachycardic
- History of lead painted toys
- Associated abnormalities or abdominal tenderness

Yes → Complete Imaging
- Ultrasound +/- enema anesthesia and post-treatment (Comprehensive Ultrasound vs Enema POCUS* (Point of Care Ultrasound))
- Abdominal x-ray in cases where transulating pneumoperitoneum or ileus is seen

Next Review Date: 2024-04-04

Intussusception Care Pathway

Table 1: Decision to admit/dischinge

| Patient | Decision
<table>
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<tbody>
<tr>
<td>Yes</td>
<td>Admit to General Surgery - Monitor and repeat at 30 minutes</td>
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<tr>
<td>No</td>
<td>Discharge unless discharged strictly for non-clinical purposes</td>
</tr>
</tbody>
</table>

Printable version

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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 OP DAY 1-2 (no bowel resection)</th>
<th>DAY 3-4 (with bowel resection)</th>
<th>DISCHARGE: DAY 3 (no bowel resection)</th>
<th>DAY 5 (with bowel resection)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOALS</strong></td>
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<tr>
<td>3. Child/parent are advised of pre-op bath/wipe to be used upon arrival</td>
<td>3. Call for theatre</td>
<td>3. Call for theatre</td>
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<tr>
<td>4. Adequate pain control</td>
<td>4. IV line in place</td>
<td>4. IV line in place</td>
<td>4. IV line in place</td>
<td>4. IV line in place</td>
<td>4. IV line in place</td>
</tr>
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</table>

**PHYSICAL EXAM**

- Ensure that patient is NPO
- Administer D5W + 0.9 NaCl at maintenance
- Normal saline bolus as indicated
- Refer to Fluid and Electrolyte Guidelines

**GAST & FLUIDS**

- NG tube to low intermittent suction/straight drain
- May require NG tube to straight drainage or clamp (no nasoenteric feeding, no abdominal distention, and no pain)

**LABS & MEDICATION**

- Labs as clinically indicated
- IV morphine continuous infusion
- Acetaminophen as indicated for pain
- Continue ceftriaxone IV for 24 hours post-op then reassess
- Ketorolac, every 6 hours for pain management for 48 hours (age appropriate and clinically indicated)
- Amoxicillin/克拉维酸每24小时7天
- Morphine continuous infusion to off (decrease by 5-10 mg every 24 hours)
- If painless, administer acetaminophen as indicated
- Ketorolac/buprenorphine every 6 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

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Intussusception Care Pathway

**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**

2. Monping Chiang RN (EC), MN, NP General & Thoracic Surgery

Internal Reviewers

1. Jacob Langer, MD General & Thoracic Surgery
2. Tania Principi, MD Emergency
3. Leanne McLean, MD Emergency
4. Oscar Navarro, MD Radiology
5. Alan Daneman, MD Radiology
6. Joao Amaral, MD Radiology
7. Silvana Oppedisano, NP G-Tube Program

Attachments:

Intussusception final 2021.pdf
Pathway algorithm 2021.pdf