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.
Intussusception Care Pathway

Child arrives in ED with suspected intussusception

**Does child meet the following criteria?**
- Under the age of 6 months
- Length of history is greater than 24 hours
- Vomiting associated
- Child is dehydrated and tachypneic
- History of recent viral illness
- Proctoscopy or abdominopelvic ultrasound

**Urgent General Surgery consult, start IV and complete blood work**

**Comprehensive Imaging**
- Ultrasound in the exam area prior to and post treatment (Comprehensive US vs POCIUS® [Print in Care [loopsrewt]])
- Additional may in cases of advice when perforation is seen in clinical context

**Next step in management of intussusception**

**Colonic Involvement**
- Radiology to rule out General Surgery and GI involvement
- Imaging
- Febrile or dehydrated
- ED nurse to accompany patient to Ad

**Transmesenteric Small bowel Small bowel intussusception**
- Imaging is ED
- No General Surgery noted required
- ED team to manage self-discharge

**Small bowel Small bowel intussusception**
- Radiology to rule out GI involvement and Emergency Surgery to rule out abscess
- Child returns to ED for IV and based work

**Surgical management**

**Decision to admit/discharge**

<table>
<thead>
<tr>
<th>Admission/Discharge Criteria</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Admit to General Surgery</strong></td>
<td>Monitor and repeat CT scan</td>
</tr>
<tr>
<td><strong>No pediatric radiology</strong></td>
<td>Proceed with surgical management</td>
</tr>
</tbody>
</table>

**Intussusception Management Pathway**

**Table 1: Decision to admit/discharge**

- Newborn/infant
- Recent viral illness
- History of recent viral illness
- Proctoscopy or abdominopelvic ultrasound
- Length of history

**Intussusception**

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

<table>
<thead>
<tr>
<th>GOALS</th>
<th>PRE OPERATIVE</th>
<th>IMEDIATELY POST OPERATIVELY</th>
<th>POST OP DAY # 1-2 (no bowel resection)</th>
<th>POST OP DAY # 1-4 (with bowel resection)</th>
<th>DISCHARGE: DAY 3 (no bowel resection)</th>
<th>DAY 5 (with bowel resection)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete physical exam</td>
<td>2. Adequate pain control</td>
<td>Adequate pain control</td>
<td>Adequate pain control</td>
<td>Adequate pain control</td>
<td>Adequate pain control</td>
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<td>Assess vital signs</td>
<td>3. Cif of bled</td>
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<tr>
<td>Completed pain assessment</td>
<td>4. Incision intact, no drainage, dry and intact</td>
<td>Incision intact, no drainage, dry and intact</td>
<td>Incision intact, no drainage, dry and intact</td>
<td>Incision intact, no drainage, dry and intact</td>
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<tr>
<td>Ensure child has adequate pain control</td>
<td>Complete pain assessment every 4 hours</td>
<td>Complete pain assessment every 4 hours</td>
<td>Complete pain assessment every 4 hours</td>
<td>Complete pain assessment every 4 hours</td>
<td>Complete pain assessment every 4 hours</td>
<td>Complete pain assessment every 4 hours</td>
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<tr>
<td>Complete pain assessment (refer to Pain Management Guidelines)</td>
<td>Ensure child has adequate pain control (refer to Pain Management Guidelines)</td>
<td>Ensure child has adequate pain control (refer to Pain Management Guidelines)</td>
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<td>Assess stool color and consistency</td>
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<tr>
<td>GU &amp; IV FLUIDS</td>
<td>IV fluid therapy as per treatment plans</td>
<td>IV fluid therapy as per treatment plans</td>
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<td>IV fluid therapy as per treatment plans</td>
<td>IV fluid therapy as per treatment plans</td>
<td>IV fluid therapy as per treatment plans</td>
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<tr>
<td>Normal saline bolus as indicated</td>
<td>Total saline losses as indicated</td>
<td>Total saline losses as indicated</td>
<td>Total saline losses as indicated</td>
<td>Total saline losses as indicated</td>
<td>Total saline losses as indicated</td>
<td>Total saline losses as indicated</td>
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<tr>
<td>Refer to Fluid and Electrolyte Guidelines</td>
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<td>NG tube to low intermittent suction</td>
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<tr>
<td>Straight drainage if clinically indicated</td>
<td>Decreased output volume, no nausea, no nausea, no nausea</td>
<td>Decreased output volume, no nausea, no nausea, no nausea</td>
<td>Decreased output volume, no nausea, no nausea, no nausea</td>
<td>Decreased output volume, no nausea, no nausea, no nausea</td>
<td>Decreased output volume, no nausea, no nausea, no nausea</td>
<td>Decreased output volume, no nausea, no nausea, no nausea</td>
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<tr>
<td>May replace when tolerated NG to straight drainage or clamp (no nausea, no abdominal distention, no pain)</td>
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**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**


**Guideline Group and Reviewers**

**Guideline Group Membership**

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Attachments:

Intussusception final 2021.pdf
Pathway algorithm 2021.pdf