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

©The Hospital for Sick Children (“SickKids”). All Rights Reserved. This document was developed solely for use at SickKids. SickKids accepts no responsibility for use of this material by any person or organization not associated with SickKids. A printed copy of this document may not reflect the current, electronic version on the SickKids Intranet. Use of this document in any setting must be subject to the professional judgment of the user. No part of the document should be used for publication without prior written consent of SickKids.

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

<table>
<thead>
<tr>
<th>GOALS</th>
<th>PHYSICAL EXAM</th>
<th>DIET &amp; FLUIDS</th>
<th>NG TUBE</th>
<th>LABS &amp; MEDICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain history</td>
<td>Complete physical exam</td>
<td>Assess vital signs</td>
<td>Complete pain assessment (refer to Pain Management Guidelines)</td>
<td>Complete pain assessment every 4 hours</td>
</tr>
<tr>
<td>Assess vital signs</td>
<td>Complete pain assessment (refer to Pain Assessment 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>
<td></td>
</tr>
<tr>
<td>Complete pain assessment (refer to Pain Assessment Guidelines)</td>
<td>Ensure child has adequate pain control</td>
<td>Complete wound assessment</td>
<td>Complete wound assessment</td>
<td></td>
</tr>
<tr>
<td>Ensure child has adequate pain control</td>
<td>Assess stool color and consistency</td>
<td>Assess stool color and consistency</td>
<td>Assess stool color and consistency</td>
<td></td>
</tr>
<tr>
<td>Obtain accurate in and out</td>
<td>Obtain weight and height</td>
<td>NPO until bowel function present, no abdominal distension, and no nausea/ vomiting, then start clear fluids to diet as tolerated</td>
<td>NPO until bowel function present, no abdominal distension, and no nausea/ vomiting, then start clear fluids to diet as tolerated</td>
<td></td>
</tr>
<tr>
<td>NPO until bowel function present, no abdominal distension, and no nausea/ vomiting, then start clear fluids to diet as tolerated</td>
<td>Administer D5W/0.9 % NaCl at maintenance</td>
<td>NG tube to low intermittent suction: straight drain</td>
<td>NG tube to low intermittent suction: straight drain</td>
<td></td>
</tr>
<tr>
<td>Administer D5W/0.9 % NaCl with 20mEq KCL at maintenance</td>
<td>Normal saline bolus as indicated</td>
<td>May put to straight drainage if clinically indicated (decreased output volume, non-bilious, no nausea)</td>
<td>May put to straight drainage if clinically indicated (decreased output volume, non-bilious, no nausea)</td>
<td></td>
</tr>
<tr>
<td>Normal saline bolus as indicated</td>
<td>Refer to Fluid and Electrolyte Guidelines</td>
<td>May remove when tolerate NG to straight drainage or clamp (no nausea/vomiting, no abdominal distension, and no pain)</td>
<td>May remove when tolerate NG to straight drainage or clamp (no nausea/vomiting, no abdominal distension, and no pain)</td>
<td></td>
</tr>
<tr>
<td>Refer to Fluid and Electrolyte Guidelines</td>
<td></td>
<td>NG tube to low intermittent suction: straight drain</td>
<td>NG tube to low intermittent suction: straight drain</td>
<td></td>
</tr>
<tr>
<td>Complete CEC with differential</td>
<td>Coagulation, electrolytes, type and screen, and Sickle Cell screen (if indicated)</td>
<td>IV morphine continuous infusion</td>
<td>IV morphine continuous infusion</td>
<td></td>
</tr>
<tr>
<td>Lab as clinically indicated</td>
<td>IV morphine continuous infusion</td>
<td>Acetaminophen as indicated for pain/recovery</td>
<td>Acetaminophen as indicated for pain/recovery</td>
<td></td>
</tr>
<tr>
<td>Continue cefotaxin IV for 24 hours post-op then reassess</td>
<td>Acetaminophen as indicated for pain/recovery</td>
<td>Ketorolac every 6 hours for pain management for 48 hours (age appropriate and clinically indicated)</td>
<td>Ketorolac/diphen 6 hours every 6 hours as needed for pain</td>
<td></td>
</tr>
<tr>
<td>Ketorolac every 6 hours for pain management for 48 hours (age appropriate and clinically indicated)</td>
<td>Amoxicillin/ gentamicin/metronidazole X 7 days if perforated</td>
<td>Wearing morphine infusion to off (decrease by 5-10 mg every 24 hours)</td>
<td>If pain resolved, administer acetaminophen as indicated</td>
<td></td>
</tr>
</tbody>
</table>

**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.

©The Hospital for Sick Children ("SickKids"). All Rights Reserved. This document was developed solely for use at SickKids. SickKids accepts no responsibility for use of this material by any person or organization not associated with SickKids. A printed copy of this document may not reflect the current, electronic version on the SickKids Intranet. Use of this document in any setting must be subject to the professional judgment of the user. No part of the document should be used for publication without prior written consent of SickKids.
Evaluation Plan

- Length of stay (LOS) evaluation

References


Guideline Group and Reviewers

Guideline Group Membership

1. Irina Pashynskyy, MScN, NP-PHC, NP General and Thoracic Surgery
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