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 (e.g. 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.
Child arrives in ED with suspected Intussusception

Does child meet the following criteria?

- Child is less than 6 months of age
- Length of illness is greater than 24 hours
- Vital signs are abnormal
- Child is dehydrated and lethargic
- History of red currant jelly stools
- Peritoneal signs or abnormal abdominal exam

**YES**

Urgent General Surgery consult, start IV and complete blood work

**NO**

Complete Imaging

- Ultrasound is the exam of choice pre and post treatment (Comprehensive US vs POCUS* (Point of Care Ultrasound))
- Abdominal x-ray is exam of choice when suspecting perforation or there is clinical peritonitis

Determine type of intussusception

- Colonic Involvement
  - Radiology to notify General Surgery and Emergency MRP to discuss ultrasound
  - Ensure adequate pain management and IV access
  - ED Nurse to accompany patient to Air enema

- Transient Small Bowel-Small Bowel Intussusception (not the cause of symptoms)
  - Observe in ED
  - No General Surgery consult required, ED team to manage and discharge

- Persistent Small Bowel-Small Bowel Intussusception
  - Radiology to notify General Surgery and Emergency MRP to discuss ultrasound
  - Child returns to ED for IV and blood work

**Intussusception caused by post pyloric enteral tubes**

Follow the Management of GJ and Combination G/G Tube-Related Intussusception pathway for guidance

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

Patient should be observed for 2-4 hours in ER and may be discharged if:

- Live close to hospital
- Have a telephone to contact a Primary Care Provider
- Parental reliability
- VSS, Afebrile
- Normal physical exam
- Tolerating diet
- Voiding well
- No pain symptoms
- Idiopathic

**NO**

Ensure adequate pain management and IV access

**YES**

Admit to General Surgery

Monitor and repeat air enema

Complete ultrasound, proceed with surgical management

Determine whether patient will be admitted vs. observed

See Table 1

Patient should have another Ultrasound to rule out recurrent intussusception when they are healing:

- Recurrent pain
- Recurrent vomiting

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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>GOALS</th>
<th>PRE-OPERATIVE</th>
<th>IMMEDIATELY POST-OPERATIVELY</th>
<th>POST-OP DAY 1-2 (to bowel reseration)</th>
<th>POST-OP DAY 3-5 (with total reseration)</th>
<th>DISCHARGE: DAY 3 (to bowel reseration)</th>
<th>DAY 5 (with bowel reseration)</th>
</tr>
</thead>
</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.

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Evaluation Plan

- Length of stay (LOS) evaluation

References


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Attachments:

Intussusception final 2021.pdf

Pathway algorithm 2021.pdf