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
**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
- Complete wound assessment
- Assess stool color and consistency

**Pre-operative**

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

**Immediately Post-operative**

1. Altered
2. Adequate pain control
3. Out of bed
4. Inclusion intact, no drainage: dry and intact

**Post of Day #1 (to bowel resection) Day #5 (with bowel resection)**

1. Altered
2. Adequate pain control
3. Ambulating
4. Able to tolerate NG to drainage can remove
5. Incision dry & intact

**Discharge: Day 3 (no bowel resection) Day 5 (with bowel resection)**

1. Altered
2. Adequate pain control
3. Ambulating
4. Able to tolerate diet
5. Incision dry and intact
6. Child caregiver teaching completed
7. Family understands discharge teaching

**Diet/IV fluids**

- Ensure that patient is NPO
- Administer DSW/0.9 NaCl 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-bolus, no nausea)
- May remove when tolerated NG to straight drainage or camp no nausea/vomiting, no abdominal distension, and no pain

**Laboratory Tests**

- Complete CBC with differential
- Coagulation, electrolytes, type and screen, and Sickle Cell screen (if indicated)

**Pharmacologicals**

- Labs as clinically indicated
- IV morphine continuous infusion
- Acetaminophen as indicated for pain/fever
- Continue cefotixin IV for 24 hours post-op then ceftazidime
- Analgesics: ketorolac every 6 hours for pain management for 48 hours (age appropriate and clinically indicated)
- Amoxicillin/clavulanic acid X 7 days if peritonitis

**Implantation 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

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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

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References


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