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 diagnosed with intussusception by the General Surgery Team.
- **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.
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

Notify General Surgery Fellow
Urgent General Surgery consult, start IV and complete blood work

Complete Imaging

- Ultrasound is the exam of choice pre and post treatment
- Abdominal x-ray is exam of choice when suspecting perforation or there is clinical peritonitis

Determine type of intussusception

Persistent SB-SB
- Radiology to notify General Surgery; decide on a course
- Child returns to ED for IV and blood work
- Surgical management

Colic Involvement
- Radiology to notify General Surgery; decide on a course
- Child returns to ED for IV and blood work
- Air Enema

Transient SB-SB intussusception (not the cause of symptoms)
- Obstetric in ED
- No General Surgery consult required; ED team to manage and discharge

Determine whether patient will be admitted vs. observed

Admit to General Surgery
- Monitor and repeat air enema
- If no enema progression proceed with surgical management

Decision to admit/discharge

Patient should be observed for 3-4 hours in ED and may be discharged if:

- Low close to hospital
- Have a telephone to contact hospital
- Parental reliability
- VSS, Afebrile
- Normal physical exam
- No pain symptoms
- Diabetic

*Ensure follow up with family MD/pediatrician (follow up with general surgeon if intussusception recurs)

Patient should be admitted to the hospital when:

- Unwell (persistent obstructive symptoms eg. Abdominal pain, vomiting)
- Presented with bowel obstruction
- Had high WBC count at presentation
- Lives a more remote location
- Existing rectal bleeding
- Lead point found
- Incomplete reduction of intussusceptions

Patient should have another ultrasound to rule out recurrent intussusception when they are having:

- Recurrent pain
- Recurrent vomiting

Intussusception caused by jejunal enteral tubes

- Remove jejunal enteral tube
- Reinsert jejunal enteral tube
- Reimage to ensure appropriate tube placement

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

**Intussusception Care Pathway**

**Expected Date of Discharge:**
- <3 days if no bowel resection
- 3 days if bowel resection

**Pre-Operative**
- Hydration maintained
- Patient prepared for OR
- Child/parent advised of pre-op bath
- Wipes to be used upon arrival. Refer to procedures document
- Adequate pain control

**Immediately Post-Operatively**
- Complete pain assessment every 4 hours
- Ensure child has adequate pain control (refer to Pain Management Guidelines)
- Monitor vital signs as per E/P/NC
- Obtain accurate in and out
- Complete wound assessment
- Assess stool color and consistency

**Post OP of Day 1-2**
- NPO until bowel function present, no abdominal distension, and no nauseavomiting, then start clear fluids to eat as tolerated
- IV to maintain, TRD once adequate oral fluid intake

**Post OP of Day 1-4**
- NG tube to low intermittent suction/output drain
- May put to straight drainage if clinically indicated
- May remove when tolerated NPO to straight drainage or clamp (no nauseavomiting, no abdominal distension, and no pain)

**Discharge**
- If needed, provide prescription for oral medication

**Related Documents**

Care of Patients Receiving Continuous Infusion of Opioids
Care of Patients Receiving Patient Controlled Analgesia
SickKids e-formulary

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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

1. Monping Chiang RN (EC), MN, NP General & Thoracic Surgery
2. Fatma A. Rajwani, PT, Clinical Practice Guideline Coordinator

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4. Alan Daneman MD Radiology
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External Reviewer

1. Sharifa Himidan MD North York General Hospital

Attachments:

algorithm_june_2019.pdf

intussusception_final_2019.pdf