SickKids	Document Scope: Hospital-wide Patient Care	
	Document Type: Clinical Practice Guideline Approved on 2017-06-30 Next Review Date: 2020-06-29	
	Intussusception Care Pathway	Version: 1

1.0 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.

2.0 Definitions

- SB - small bowel
- ER - emergency room
- U/S – ultrasound
- MD - medical doctor
- VSS - vital signs stable

3.0 Clinical Practice Guideline

This pathway was developed by an interdisciplinary clinical group from SickKids using research knowledge, clinical experience and consensus agreement. This pathway is a general guideline and does not represent a professional care standard governing providers' obligations to patients. Care is revised to meet individual patient needs. This pathway is based on **Level C evidence: Expert Opinion**.

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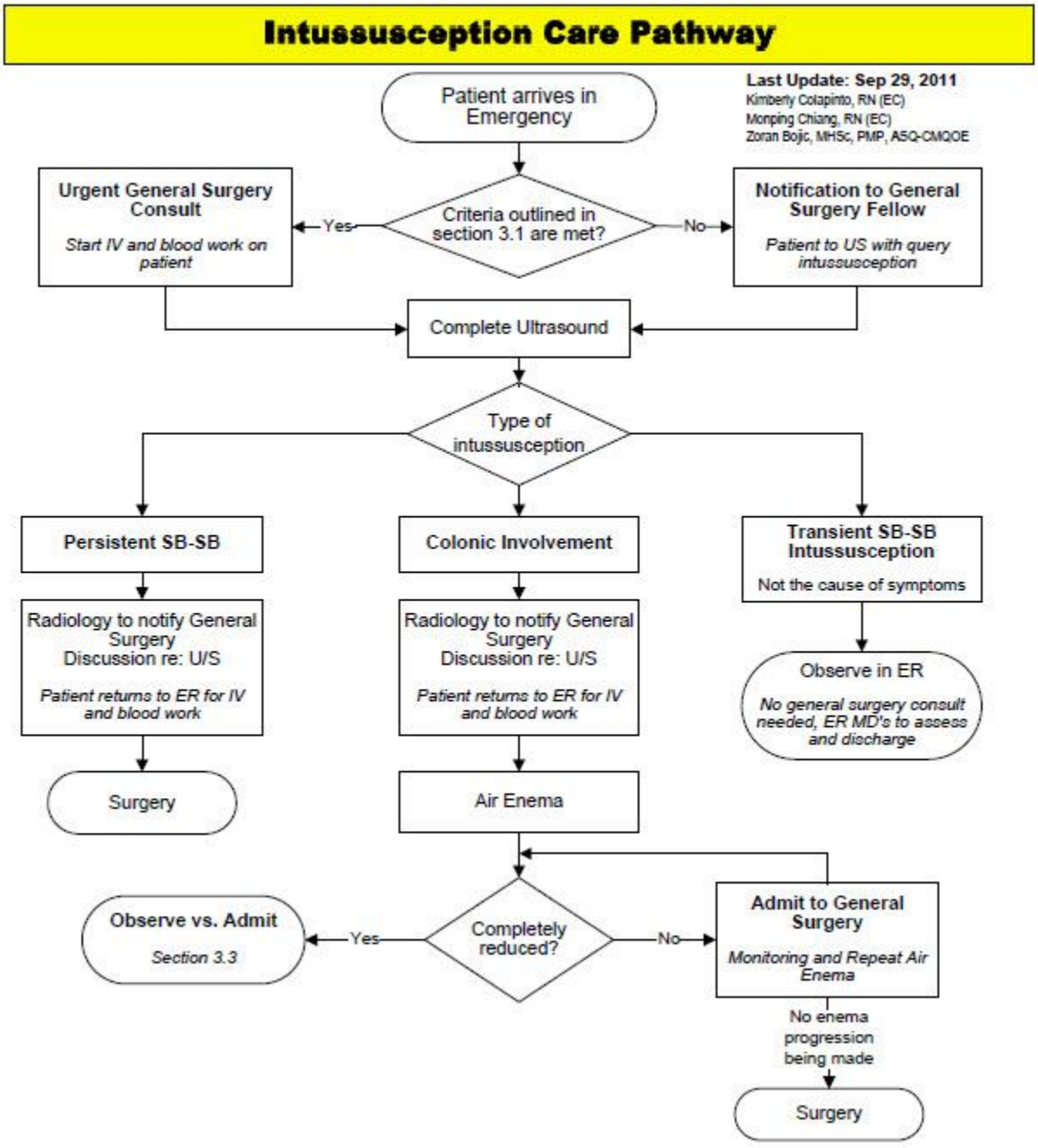


3.1 Urgent call to General Surgery and Start IV and blood work

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

3.2 Imaging choices

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

3.3 Decision to admit/discharge

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

1) Live close to hospital
2) Have a telephone to contact hospital
3) Parental reliability
4) VSS, Afebrile
5) Normal physical exam
6) Tolerating diet
7) Voiding well
8) No pain symptoms
9) Idiopathic

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

3.3.2 Patient should be admitted to the hospital when:

1) Unwell (persistent obstructive symptoms eg. Abdominal pain, vomiting)
2) Presented with bowel obstruction
3) Had high WBC count at presentation
4) Live in a more remote location
5) Ongoing rectal bleeding
6) Lead point found
7) Incomplete reduction of intussusceptions

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

1) Recurrent pain
2) Recurrent vomiting

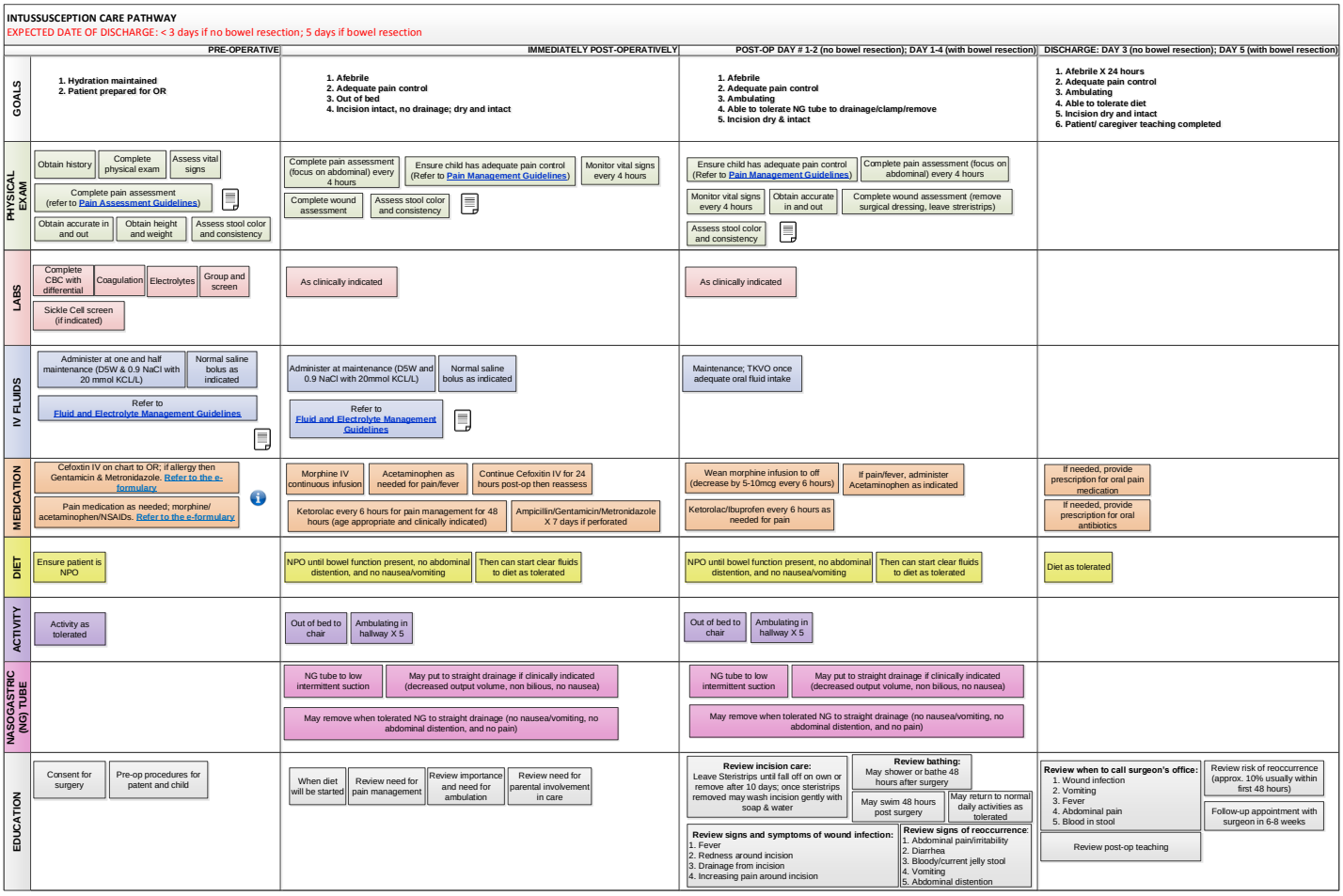
3.4 Intussusception caused by jejunal enteral tubes

3.4.1 Remove jejunal enteral tube

3.4.2. Reinsert jejunal enteral tube

3.4.3 Reimage to ensure appropriate tube placement

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



PRINTABLE VERSION

4.0 Related Documents

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

5.0 Implementation & Evaluation Plan

5.1 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.

5.2 Evaluation Plan

- Length of stay (LOS) evaluation

6.0 References

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7.0 Guideline Group and Reviewers

Intussusception Care Pathway

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Attachments:

intussusception_June 20_2017.pdf