



Intussusception Guideline

Ileocolic Intussusception on Imaging

1. Place Pediatric Surgery consult order and notify Pediatric Radiology
2. Does the Patient have any of the following?
 - Concern for Pathologic Lead Point
 - Abnormal Vital Signs
 - Evidence of Bowel Perforation
 - Medically Complex PMHx

Midazolam (Versed)

- IV 0.1 mg/kg/dose (maximum 4 mg)
- Onset of action: < 5 minutes
- Duration: 30-60 minutes

NO

YES

Place the following orders and instruct nursing to remain with patient during reduction:

1. Insert Peripheral IV
2. FL Barium Enema Therapeutic
3. Medical Observation
4. Consider IV Midazolam & Discuss timing of administration with Radiology

If both Pediatric Radiology & Pediatric Surgery agree, proceed with enema reduction

Interdisciplinary discussion between Pediatric Surgery & Pediatric Radiology to determine next steps

Complete Reduction of Intussusception

Incomplete Reduction of Intussusception

Admit to Medical CDU if space available vs in ED observation

Discuss Next Steps with Both Pediatric Radiology & Pediatric Surgery to Determine Which of the Following 3 Options Will Occur:

1. Patient will remain in ED for second reduction attempt
2. Patient will go from ED to OR
3. Patient will require admission to hospital

Symptoms Recur?

NO

YES

Treatment:

- Begin PO Clears 2 Hours Post Reduction
- Advance to PO Solids as Tolerated
- Send FYI page to surgery you are discharging patient

Disposition:

- Per ED team following 4 hour observation period from time of reduction. Surgery does not need to reassess patient before dispo.

Order STAT US Abd Complete

US Negative for Intussusception

US Positive for Intussusception

- Page Pediatric Radiology & Surgery
- Admit to Pediatric Surgery Service



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DISCHARGE INSTRUCTIONS

Your child was diagnosed with and treated for **intussusception**.

What is intussusception?

It is a condition that can cause abdominal pain. It occurs when one part of the intestine slides into another part of the intestine. When this happens, it causes a blockage. When a blockage occurs, air, fluid, and/or food can get stuck which can cause symptoms.

What are the symptoms of intussusception?

Symptoms include but are not limited to sudden abdominal pain which can get better then come back, throwing up, bloody poops, fits of crying, and being very sleepy or hard to wake.

What causes intussusception?

The cause is usually not known. It can happen after a child has a viral illness.

Can intussusception come back?

Yes. It is most likely to recur in the first day or two after treatment. The symptoms of a second intussusception are the same as the first time.

What happens when my child goes home?

We recommend you follow up with your Pediatrician for a repeat examination in 1-2 days from discharge.

When should I return to the Emergency Department?

Return to the Emergency Department if your child has blood in their poop that is not going away, is very tired or hard to wake up, or has a swollen abdomen.

Who should I contact if I have questions?

You can always call your child's Pediatrician or contact the Pediatric Surgery team that took care of you in the Emergency Department. Their contact information is listed below.

Center for Pediatric Surgery at Brown Surgical Associates
2 Dudley Street Suite 190 02905-3236
Phone: 401-421-1939



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REFERENCES

1. Early discharge after nonoperative management of intussusception is both safe and cost-effective
2. Practice variation in the management of pediatric intussusception: a narrative review
3. The Young Child With Lower Gastrointestinal Bleeding Or Intussusception