## **lleocolic intussusception**

## Absolute exclusions for protocol

- Surgical abdomen (perforation, free air, peritoneal signs)
- Mass on imaging or pathologic lead point
- Provider concern

#### Relative exclusions

- Associated systemic illness (CF, lymphoma)
- Bloody stools
- Prolonged symptoms (>12 hours)
- Prior history of intussusception

# Diagnosis of ileocolic intussusception on ultrasound at our institution

- Consult Pediatric Surgery
- IV access obtained
- Bolus (NS @ 20 ml/kg) (as needed)
- No antibiotics to be given

## Unsuccessful reduction Admission to Pediatric

Admission to Pediatric Surgery for repeat attempt vs. surgical intervention

#### Successful reduction

To Radiology for enema reduction

- Contact CDU for observation stay
- Gradual advancement of diet
- Observe 6 hours

#### Discharge if:

- Patient observed for > 6 hours
- Normal vital signs for age
- Patient tolerated advancement of diet (after NPO x3 hours)
- No recurrence of symptoms
- Pediatric surgery has re-evaluated patient post reduction
- CDU and family comfort

\*If family unable to easily return opt for 23 hour observation

#### Failed protocol and admit if:

- Met any exclusion criteria
- Persistent abnormal vital signs for age
- Symptoms of recurrence
- PO intolerance



# Ileocolic Intussusception Guideline **Executive Summary**

## Children's Hospital of Richmond at VCU Ileocolic Intussusception Workgroup

Pediatric Emergency Medicine Owner: Erin Dunbar, MD, MS

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### **Approved (December 2019)**

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#### References

Sujka JA, Dalton B, Gonzalez K, Tarantino C, Schroeder L, Giovanni J, et al. Emergency department discharge following successful radiologic reduction of ileocolic intussusception in children: A protocol based prospective observational study. *J Pediatr Surg.* 2019; 54(8): 1609-12.

McLeod JS, Gavulic AE, Wendt W, Hilu MH, Dunbar E, et al. Intussusception protocol implementation: Single-site outcomes with clinician and family satisfaction. *J Surg Res.* 2019; 244: 122-129.

Raval MV, Minneci PC, Deans KJ, Kurtovic KJ, Dietrich A, Bates DG, et al. Improving quality and efficiency for intussusception management after successful enema reduction. *Pediatrics*. 2015; 136(5): e1345-52.

#### Citation

Title: Ileocolic Intussusception Guideline

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Date: December 2019

Retrieval website: http://www.chrichmond.org/clinical-guideline-lleocolic-Intussusception

Example:

Children's Hospital of Richmond at VCU, Dunbar E, Sulkowski J, Boomer L. Ileocolic Intussusception Guideline. Available from: http://www.chrichmond.org/clinical-guideline-Ileocolic-Intussusception



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