Clinical Guideline
Ileocolic intussusception

This guideline should not replace clinical judgment.

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

To Radiology for enema reduction

Successful reduction
• Contact CDU for observation stay
• Gradual advancement of diet
• Observe 6 hours

Unsuccessful reduction
Admission to Pediatric Surgery for repeat attempt vs. surgical intervention

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

Failed protocol and admit if:
• Met any exclusion criteria
• Persistent abnormal vital signs for age
• Symptoms of recurrence
• PO intolerance

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

For questions concerning this guideline, contact: chorclinicalguidelines@vcuhealth.org

Last updated: December 2019
Next expected update: December 2022
Ileocolic Intussusception Guideline

Executive Summary

Children’s Hospital of Richmond at VCU Ileocolic Intussusception Workgroup

Pediatric Emergency Medicine Owner: Erin Dunbar, MD, MS
Pediatric Surgery Owner: Jason Sulkowski, MD
Pediatric Surgery: Laura Boomer, MD

Approved (December 2019)

Chief of Pediatric Emergency Medicine: Frank Petruzella, MD, MS
Chief of Pediatric Hospital Medicine: David Marcello III, MD
Chief of Pediatric Radiology: Jacqueline Urbine, MD

Chief of Pediatric Surgery: Charles Bagwell, MD
Co-Surgeon-in-Chief: David Lanning, MD, PhD
CHoR Clinical Guidelines Committee: Ashlie Tseng, MD, Jonathan Silverman, MD

References


Citation

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Authors:
Children’s Hospital of Richmond at VCU
Erin Dunbar, MD, MS
Jason Sulkowski, MD
Laura Boomer, MD

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Example:

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