



## Co-management Guide

Pediatric Surgery

Acute Appendicitis

<b>Guidelines Referenced</b>	Acute Appendicitis CPM can be accessed at <a href="https://missionhealth.org/wp-content/uploads/2018/04/Appendicitis-CPM.pdf">https://missionhealth.org/wp-content/uploads/2018/04/Appendicitis-CPM.pdf</a>
<b>Background</b>	<p>Appendicitis is defined as inflammation of the appendix, caused by obstruction of the appendiceal lumen, often producing a constellation of dull and steady pain, fevers, nausea and vomiting. Appendicitis is the most common disease requiring urgent surgical treatment in the pediatric population. Appendectomy is considered to be the standard treatment. With this co-management guideline, we hope to do the following:</p> <ul style="list-style-type: none"> <li>• Improve coordination of care between referring providers and surgeons</li> <li>• Provide guidance on how to diagnose appendicitis.</li> <li>• Provide guidance on appropriate imaging modalities</li> </ul>
<b>Initial Evaluation</b>	<ul style="list-style-type: none"> <li>• Medical history should include but is not limited to duration, location and description of pain, presence of fever, and the presence of vomiting or anorexia</li> <li>• Physical examination with focus on pain with walking or coughing and abdominal tenderness peaking at the McBurney point, rebound tenderness of the abdomen, or even a positive Rovsing's sign where palpation of the left abdomen reproduces the pain located in the RLQ.</li> <li>• Labs: UA recommended; CBC and rapid strep testing optional</li> </ul>
<b>Initial Management</b>	<p>A physical examination is recommended to diagnose appendicitis. Steps should also be taken to rule out other diagnoses with similar symptoms:</p> <ul style="list-style-type: none"> <li>• Additional infectious testing may be necessary including but not limited to a CBC, UA and urine culture, strep testing, as well as PID screening and STD testing when appropriate.</li> <li>• A lung examination should be performed to rule out pneumonia in all patients.</li> <li>• A pelvic examination and/or pregnancy testing may be necessary for adolescent girls to rule out gynecological conditions.</li> </ul>
<b>When to Refer</b>	When history and signs and symptoms as outlined above are suggestive of acute appendicitis.
<b>Pre-Visit Work Up</b>	<p>If appendicitis is suspected, imaging is the next step in the evaluation.</p> <ul style="list-style-type: none"> <li>• Ultrasound at Mission Children's Specialists (Reuter Outpatient Center) during office hours is recommended.</li> <li>• Limited CT with PO and IV contrast is recommended if after hours or if ultrasound unavailable.</li> </ul>



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<b>Co-management Strategy (as appropriate)</b>	<b>Specialist scope of care</b> <ul style="list-style-type: none"><li>• Review of imaging and confirmation of diagnosis of appendicitis</li><li>• Operative management</li></ul>	<b>Primary care scope of care</b> <ul style="list-style-type: none"><li>• Initial evaluation and referral for imaging</li></ul>
<b>Return to Primary Care Endpoint</b>	<ul style="list-style-type: none"><li>• Patients with normal imaging not consistent with appendicitis may be referred back to primary care for ongoing management of symptoms.</li><li>• If appendicitis confirmed, patients will be referred back to primary care post-operatively for ongoing well-child care.</li></ul>	