## **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
- If family is unable to quickly return to ED

#### 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

#### Unsuccessful reduction

Admission to Pediatric Surgery for repeat attempt vs. surgical intervention

#### Successful reduction

- Observe in the Pediatric ED
- PO trial (gradual advancement of PO)
- Observe 4 hours

#### Discharge if:

- Patient observed for > 4 hours
- Normal vital signs for age
- Patient tolerated advancement of diet
- No recurrence of symptoms
- Pediatric surgery has re-evaluated patient post reduction
- ED and family comfort

\*If family unable to easily return opt for 23 hours observation in the CDU.

#### 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

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### Approved (November 2023)

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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.

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