

Children's Wisconsin

Co-Management Guidelines

To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children's Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

Appendicitis				
Symptoms:	Referring provider's initial evaluation and management:	When to refer to General Surgery via the Emergency Department:	What can referring provider send to Surgery?	Workup in General Surgery clinic will likely include:
<ul style="list-style-type: none"> Abdominal pain (may be diffuse or peri-umbilical that localizes to right lower quadrant) <p>May be associated with:</p> <ul style="list-style-type: none"> Fever Anorexia Nausea/vomiting/diarrhea Dysuria Abdominal pain with movement (cough, percussion, hop tenderness) 	<p>Evaluation:</p> <ul style="list-style-type: none"> Abdominal exam: <ul style="list-style-type: none"> Tenderness in RLQ (McBurney's point) Abdominal guarding/rebound Psoas and/or obturator sign <p>If exam positive and imaging easily available, obtain imaging prior to referral to General Surgery:</p> <ul style="list-style-type: none"> Ultrasound is preferred imaging modality of the appendix. If female patient, obtain abdominal ultrasound to assess the appendix and ovaries. CT scan can be obtained if ultrasound is non-diagnostic or equivocal. Consider Surgical consultation prior to ordering a CT scan. <p>Pediatric Appendicitis Score: Pediatric Appendicitis Score is a tool that predicts the likelihood of appendicitis</p>	<ul style="list-style-type: none"> Clinical exam consistent with appendicitis Imaging consistent with appendicitis Inability to obtain imaging or labs Pediatric Appendicitis Score ≥ 7 or as outlined below: <p>If PAS ≤ 3</p> <ul style="list-style-type: none"> Low likelihood of appendicitis Consider non-appendicitis causes <p>If PAS= 4-6</p> <ul style="list-style-type: none"> If imaging not readily available, refer to CW EDTC for further evaluation If imaging readily available, obtain ultrasound: <ul style="list-style-type: none"> If positive, refer to EDTC/General Surgery If Appendix not visualized or equivocal, refer to EDTC/General Surgery 	<p>All patients with suspected appendicitis should be directed to the Emergency Department at Children's.</p> <p>For specific general surgery related patient questions, please contact the Physician Consultation Line: 414-266-2460 or 1-800-266-0366. We are happy to discuss any patient any time.</p> <p>*In most cases, appendicitis does not require an emergency surgery. The Pediatric General Surgery team at Children's Wisconsin will evaluate the patient and determine timing of surgery based on acuity at</p>	<ul style="list-style-type: none"> Physical exam, review of history and obtained diagnostic imaging and labs. If imaging and labs not performed will perform as indicated.



	<p>based on clinical history, physical exam, and laboratory data. *Note: Laboratory data should be used as an adjunct to physical exam findings to aid in diagnosis.</p> <ul style="list-style-type: none"> • Nausea/Vomiting = 1 • Anorexia = 1 • Migration of Pain (Peri-umbilical to RLQ) = 1 • Fever (38°C, oral) = 1 • Tenderness in RLQ = 2 • Cough, Percussion, Hop tenderness = 2 • Leukocytosis (>10,000 mm³) = 1 • PMN Neutrophilia, Left Shift (>7,500/mm³) = 1 	<ul style="list-style-type: none"> ○ If negative, disposition by primary provider <p>If PAS ≥ 7</p> <ul style="list-style-type: none"> ○ No imaging necessary ○ Refer to EDTC/General Surgery 	<p>presentation. Selective patients may be offered non-operative management of their appendicitis.</p>	
<p>References Samuel M. Pediatric appendicitis score, Journal of Pediatric Surgery 2002, 37(6): 877-81.</p>				

*Approved by Specialty Medical Leader, CSG Clinical Integration, CMG Clinical Guidelines Core Team

Medical Disclaimer

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