

Intussusception Evaluation and Management- Mission Bay ED

(C) BCH Emergency Department

Inclusion Criteria

- Pediatric patient in ED
- Clinical concern for intussusception

Exclusion Criteria

- Clinically unstable
- Intra-abdominal mass
- Prior surgical history

¹Radiology availability for reduction at MB:

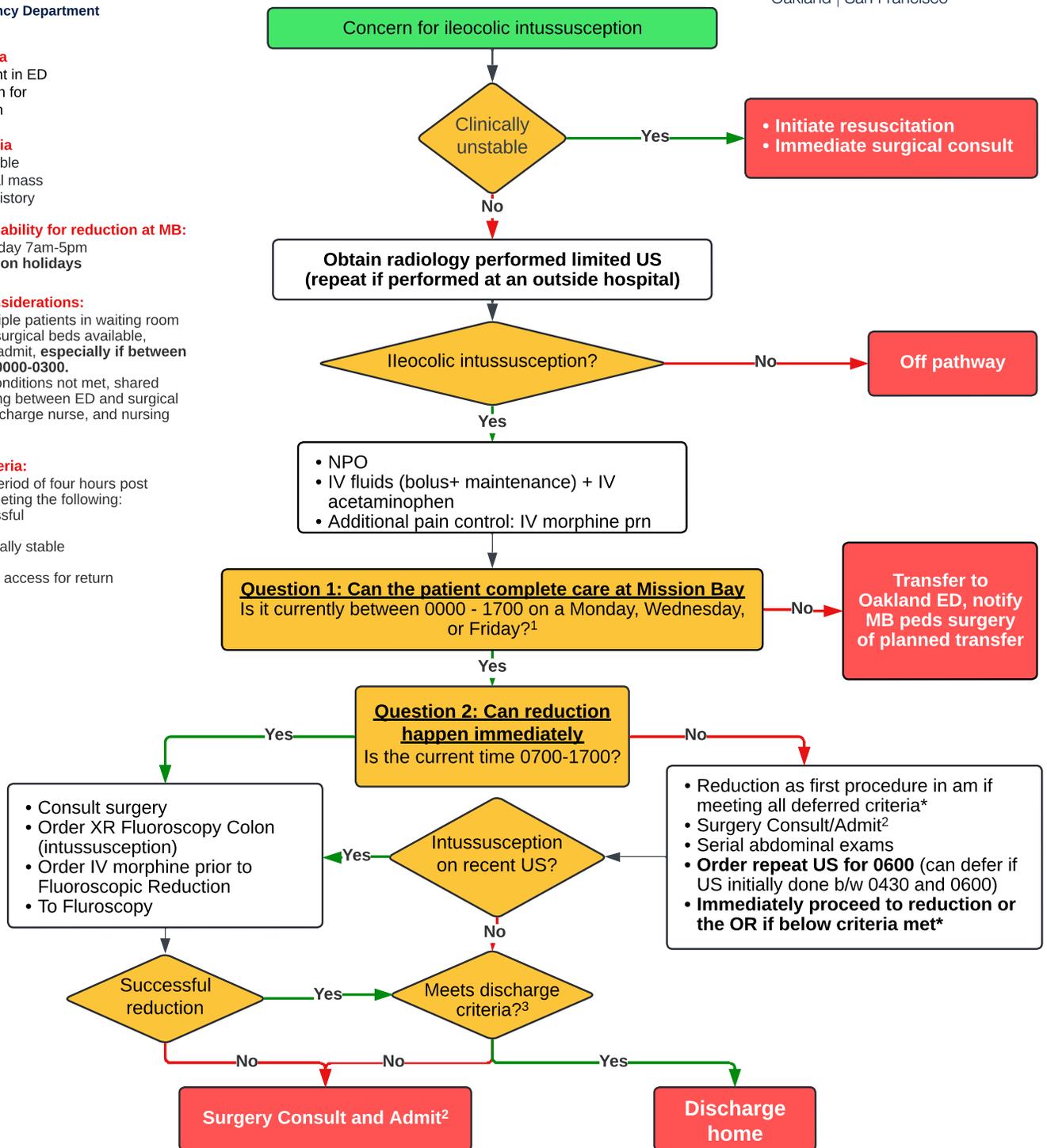
- Mon, Wed, Friday 7am-5pm
- Not available on holidays

² Admission considerations:

- If ED has multiple patients in waiting room and inpatient surgical beds available, preference to admit, **especially if between the hours of 0000-0300.**
- If the above conditions not met, shared decision making between ED and surgical attending, ED charge nurse, and nursing supervisor

³ Discharge Criteria:

- Observed for a period of four hours post reduction and meeting the following:
- Po trial successful
 - Afebrile
 - Hemodynamically stable
 - Pain-free
 - Transportation access for return



***Radiologic/surgical management indications:**

Immediate Surgery	Immediate Reduction	Deferred Reduction
<ul style="list-style-type: none"> • Peritoneal signs • Free Air • Clinical instability 	<ul style="list-style-type: none"> • US: Interloop fluid, no bowel doppler signal • First confirmed on US >12 hours ago with persistence (reduction should happen within 12 hours of identification) • Symptom duration >36 hours • Left lower quadrant location • Rapid clinical progression 	<ul style="list-style-type: none"> • No US findings suggestive of difficult reduction • Confirmed on US <12 hours (and period of deferred reduction) • Symptom duration <36 hours
<p>ED or Surgical attending can request radiology presence for reduction at any time based on clinic judgement. Reduction during noncovered hours will require transfer to Oakland.</p>		