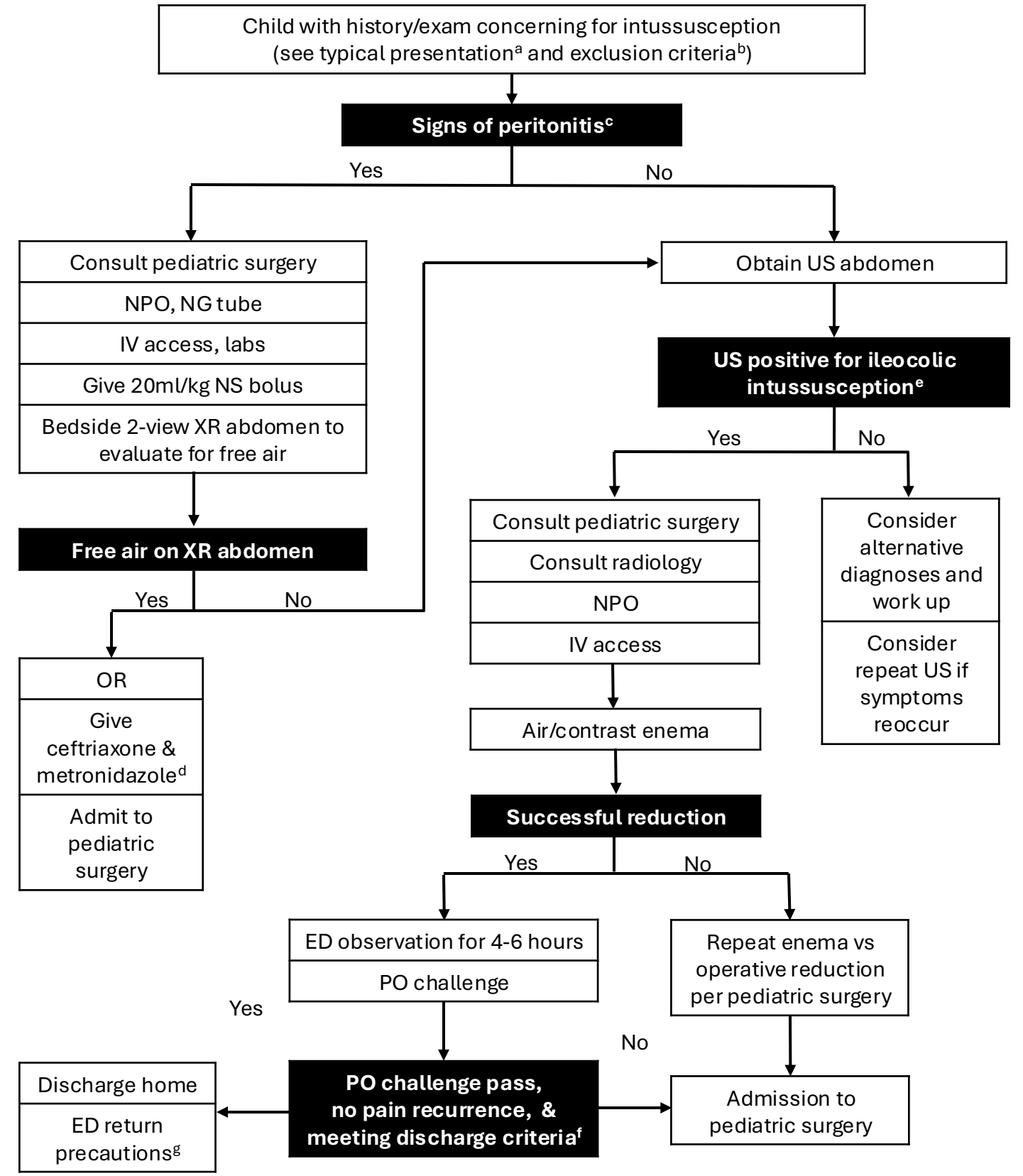
Pediatric Ileocolic Intussusception Guideline



Footnotes:

a. Features suggesting ileocolic intussusception:[1]
    a. Occurs most frequently in young children age 3 months to 3 years, though it can occur in older children, most often associated with a pathologic lead point
    b. Sudden onset of intermittent, severe, crampy, progressive abdominal pain
    c. Inconsolable crying and drawing up of the legs toward the abdomen
    d. Vomiting is common, initially nonbilious but can become bilious
    e. A "sausage shaped mass" can sometimes be palpated in the R abdomen
    f. Stool is bloody in <25% of cases. A minority of patients have "currant jelly" stools, which is caused by the combination of gross bleeding and mucosal sloughing, typically a late finding.
b. Exclusion criteria: adults > 18 years, small bowel intussusception, recent abdominal/bowel surgery
c. Signs of peritonitis: abdominal tenderness with guarding, rebound tenderness and/or rigidity.
d. Small bowel intussusception is most often a benign process that is found incidentally. It can be associated with bowel inflammation (e.g. gastroenteritis, HSP). Operative reduction is usually not required as most spontaneously reduce. Further work up and treatment is typically not indicated, except if long segment is involved, severe pain, and/or inability to maintain oral hydration.[1]
e. IV antibiotic dosing: ceftriaxone 50mg/kg (max 2g), metronidazole 30mg/kg (max 1g)
f. ED discharge criteria: Adequate hydration and PO intake, adequate pain control, caregiver agreeability/comfort with discharge, reliable transportation back to the ED if needed, acceptable travel distances from home to ED
g. ED return precautions: recurrence of abdominal pain, persistent emesis, altered mental status, blood per rectum

References:

1. Salazar J, et al. "Intussusception in children", https://www.uptodate.com/contents/intussusception-in-children?search=intussusception%20in%20children&sectionRank=1&usage_type=default&anchor=H9&source=machineLearning&selectedTitle=1%7E123&display_rank=1#H2, UpToDate, 2024.
2. Children's Hospital of Philadelphia ED Clinical Pathway for Children with Suspected Ileocolic Intussusception, https://pathways.chop.edu/clinical-pathway/suspected-ileocolic-intussusception-clinical-pathway