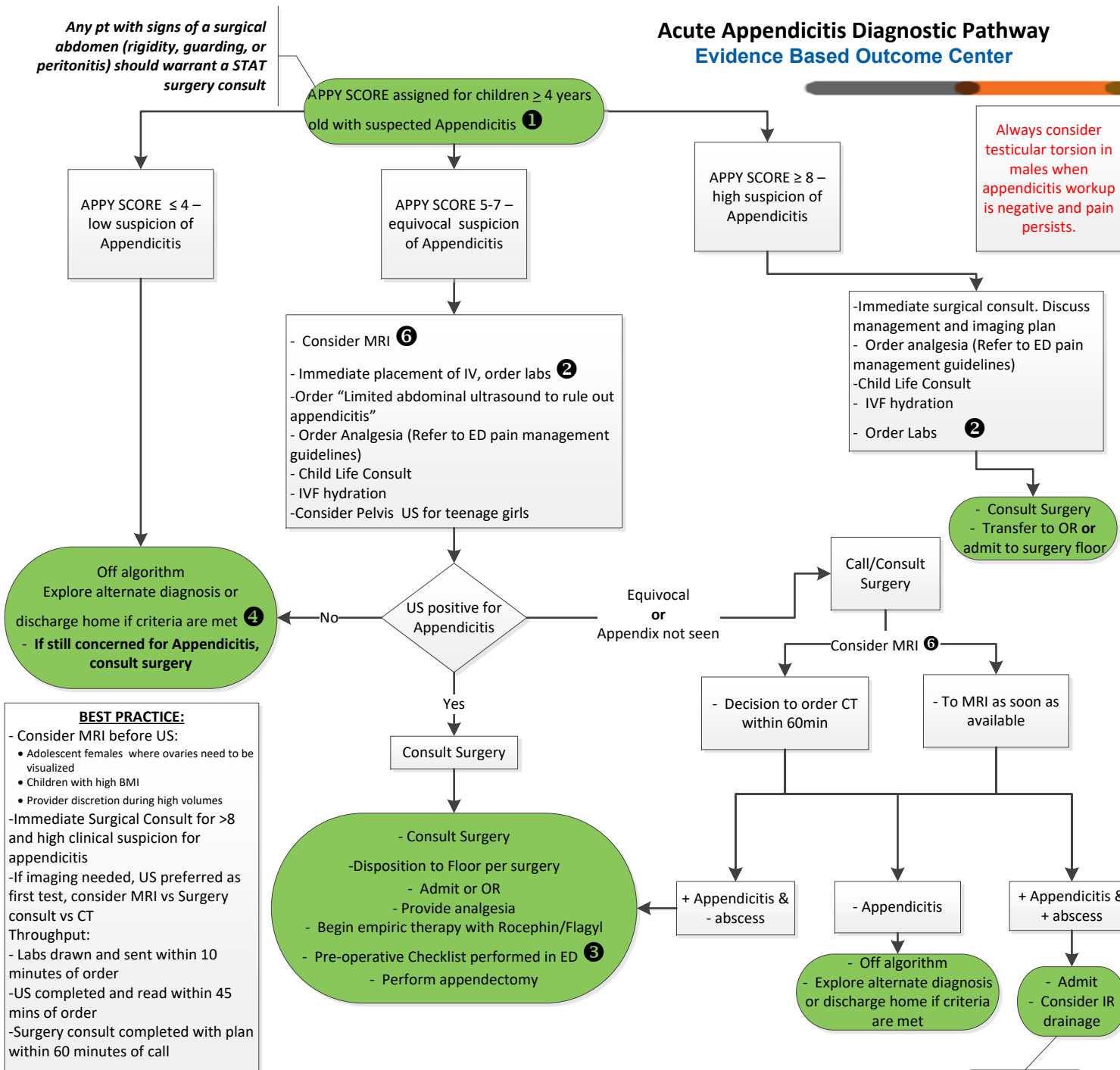


# Acute Appendicitis Diagnostic Pathway

## Evidence Based Outcome Center

Any pt with signs of a surgical abdomen (rigidity, guarding, or peritonitis) should warrant a STAT surgery consult



**The Pediatric Appendicitis Score (Appy Score)**  
– use for children ≥ 4 years

- Migration of pain (1)
- Pain with cough/hopping/percussion (2)
- Anorexia (1)
- Fever >38°C (100.5°F) (1)
- Nausea/vomiting (1)
- Leukocytosis (≥ 10,000) (1)
- RLQ tenderness (2)
- Neutrophils plus band forms >7500 cells/microL (1)

\*The APPY SCORE is the cumulative point total from all clinical findings.

**Labs:**

- UA with micro and culture
- CBC with Diff
- BMP
- Consider:
- CMP
- CRP (for hold in lab for low likelihood cases)
- Always: Urine pregnancy test for all post-pubescent females

**Pre-Operative Checklist:**

- Evaluate for Sepsis /SIRS
- IVF Resuscitation
- Pain Control
- IV Antibiotics
- NPO
- Consent in Chart

**ED Discharge Criteria:**

- Tolerating liquids
- Pain able to be controlled at home
- Ambulating
- Benign abdominal exam

**Imaging:**

- MRI Availability
- Ordering Timing
- Patient Presentation

**MRI Protocol:**

- Age ≥ 5 Years
- Stable Condition
- Can hold still for 10 minutes without sedation
- No MRI Contraindications
- MRI Suite Available (Call to Verify)

**BEST PRACTICE:**

- Consider MRI before US:
  - Adolescent females where ovaries need to be visualized
  - Children with high BMI
  - Provider discretion during high volumes
- Immediate Surgical Consult for >8 and high clinical suspicion for appendicitis
- If imaging needed, US preferred as first test, consider MRI vs Surgery consult vs CT
- Throughput:
  - Labs drawn and sent within 10 minutes of order
  - US completed and read within 45 mins of order
  - Surgery consult completed with plan within 60 minutes of call

For questions concerning this pathway,  
Click Here  
Last Updated October 2022



## Acute Appendicitis Treatment Pathway Evidence Based Outcome Center

**APES Criteria**

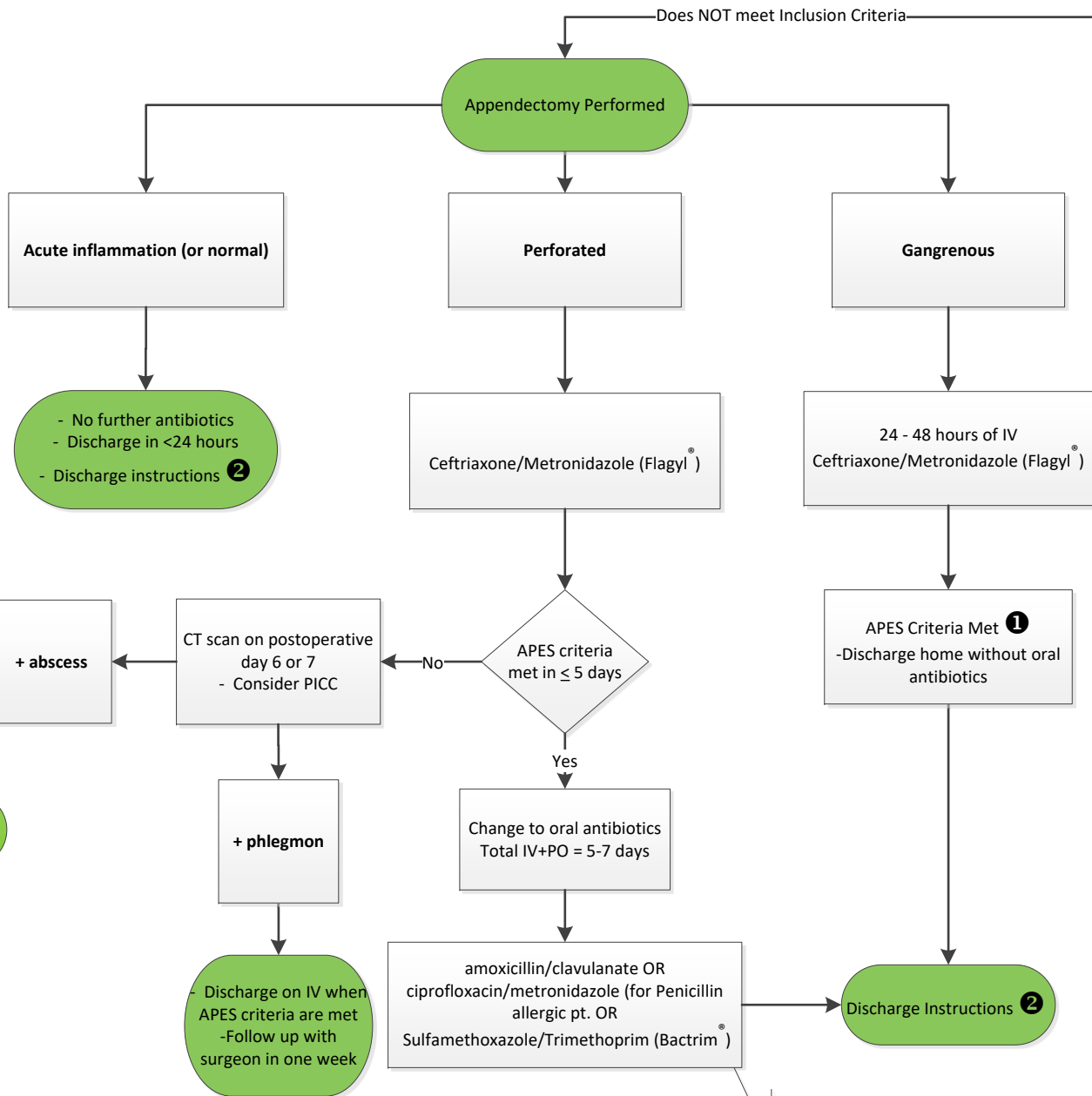
- Afebrile X 24 hours
- Pain controlled with oral meds
- Eating regular diet
- Stooling or passing flatus

1

**Addendum 6**

Discharge Instructions

2



**Non Operative  
(Only Offered By Surgery)**

**Inclusion Criteria:**

1. Surgeon recommends non-operative treatment
2. Patient meets Non-operative criteria to include:
  - A. 7 years old or older
  - B. US or CT findings of appendicitis of acute appy that is 6-11 mm
  - C. Localized peritonitis only
  - D. No fecalith seen
  - E. WBC < 18, CRP (if done) < 4.
  - F. Duration of symptoms < 48hrs.
  - G. No hemodynamic instability
  - H. No significant complicating comorbidities
3. Surgeon/NP notifies Quality Dept of Non-operative pathway patient for follow up purposes.

Meets Inclusion Criteria

1. Admit for Ceftriaxone and Flagyl IV for at least 24 hrs. (Cipro/Flagyl if allergic to pcn)
2. If not clinically better (pain, tenderness, fever, WBC if desired) in 24-48 hrs, then gets appendectomy.
3. When meets APES criteria, switch to oral Augmentin X 10 days (Cipro/Flagyl if allergic to pcn).

Cipro		
Route	Usual Dosing	Max Dose
IV	10 mg/kg/dose IV q 12h	400 mg
PO	15 mg/kg/dose PO q 12h	500 mg

Confirm susceptibility prior to prescribing sulfamethoxazole-trimethoprim  
See **Antibiotic Recommendations**

