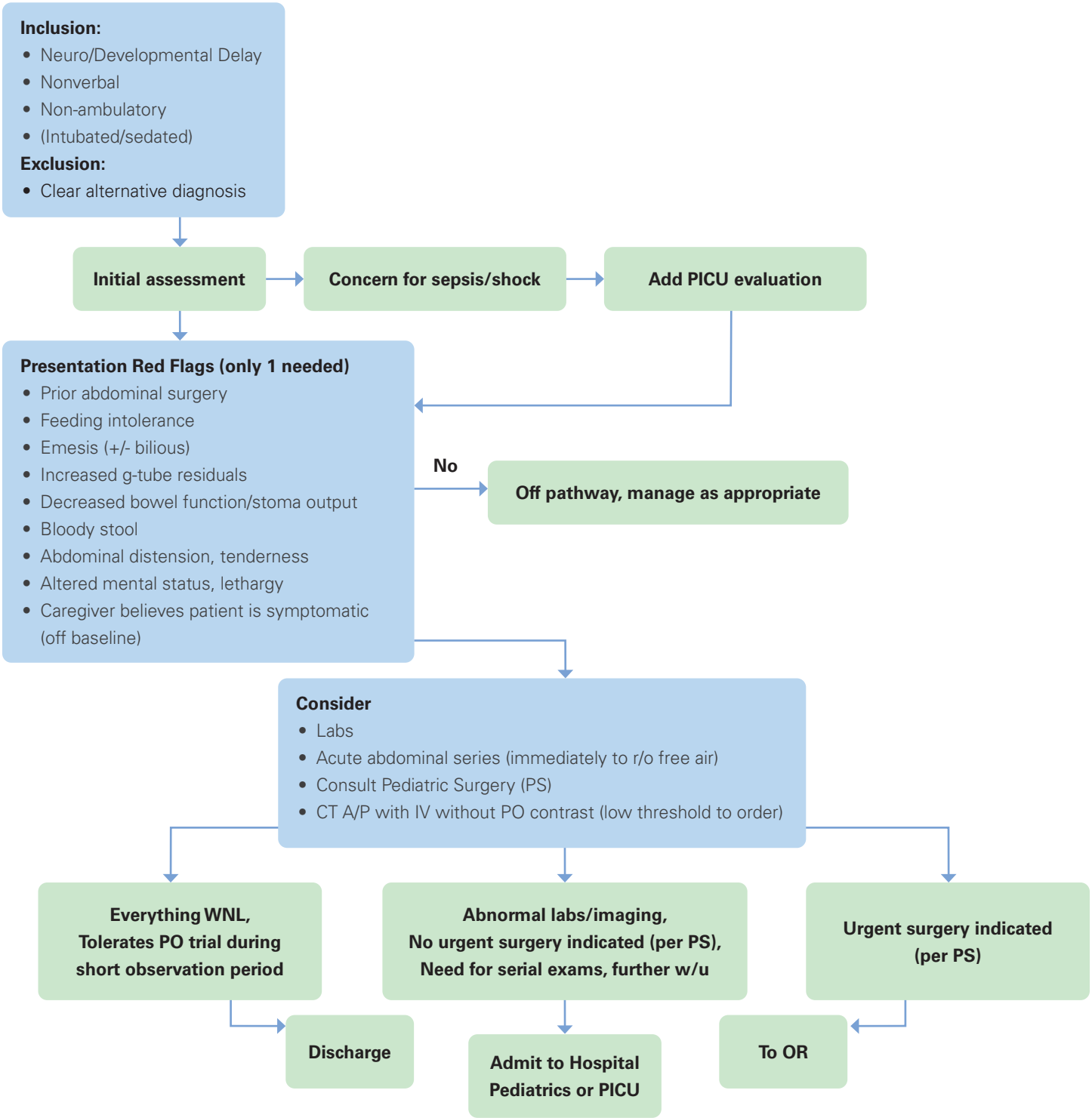
Clinical Guideline

This guideline should not replace clinical judgment.

High Risk Abdomen

Pediatric emergency medicine



Children's Hospital of Richmond at VCU

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***Relevant abnormal results**

- Elevated inflammatory markers without obvious alternative source
  - WBC, CRP, ESR
- Elevated lactate
- Significant electrolyte abnormalities (consider paralytic ileus in this case)
- Imaging findings:
  - Pneumoperitoneum
  - Obstruction
  - Significant bowel dilation
  - Concern for volvulus

****Admission criteria (non-surgical)**

- Shock/sepsis
- Dehydration
- Unable to tolerate PO
- Requires further work up (lab/imaging abnormality without explanation)
- Unsafe to discharge OR Family/caregiver not comfortable with discharge

Differential Diagnoses to consider:

- Surgical:
  - Appendicitis, malrotation +/- volvulus, colonic volvulus, bowel obstruction, intestinal ischemia, perforated viscus, intussusception, incarcerated or strangulated hernia (e.g. inguinal, ventral, internal, etc), torsion of ovary or testis, VP shunt complication (e.g. pseudocyst), gallbladder pathology (e.g. choledocholithiasis, cholecystitis, gallstone pancreatitis)
- Medical:
  - Pneumonia
  - Urinary infection (e.g. pyelonephritis, UTI)
  - STI, PID
  - Gastroenteritis (most likely with PO intolerance with diarrhea)
  - Constipation
  - Paralytic ileus
  - Pancreatitis

High Risk Abdomen Guideline
Executive Summary

Children's Hospital of Richmond at VCU High Risk Abdomen Work Group

Pediatric Surgery Owner: Jason Sulkowski, MD
Pediatric EM Owner: Judith Barto, MD

Approved (June 2024)

Pediatric EM Quality Committee: Judith Barto, MD
Chief of Pediatric EM: Frank Petruzella, MD, MS
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CHOR Clinical Guidelines Committee: Jon Silverman, MD, MPH, Ashlie Tseng, MD

References

"Clinical Pathway: High Risk Abdomen". https://www.nationwidechildrens.org/for-medical-professionals/tools-for-your-practice/clinical-pathways/high-risk-abdomen. Accessed June 27, 2024.

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