


Clinical Guideline

Ileocolic intussusception

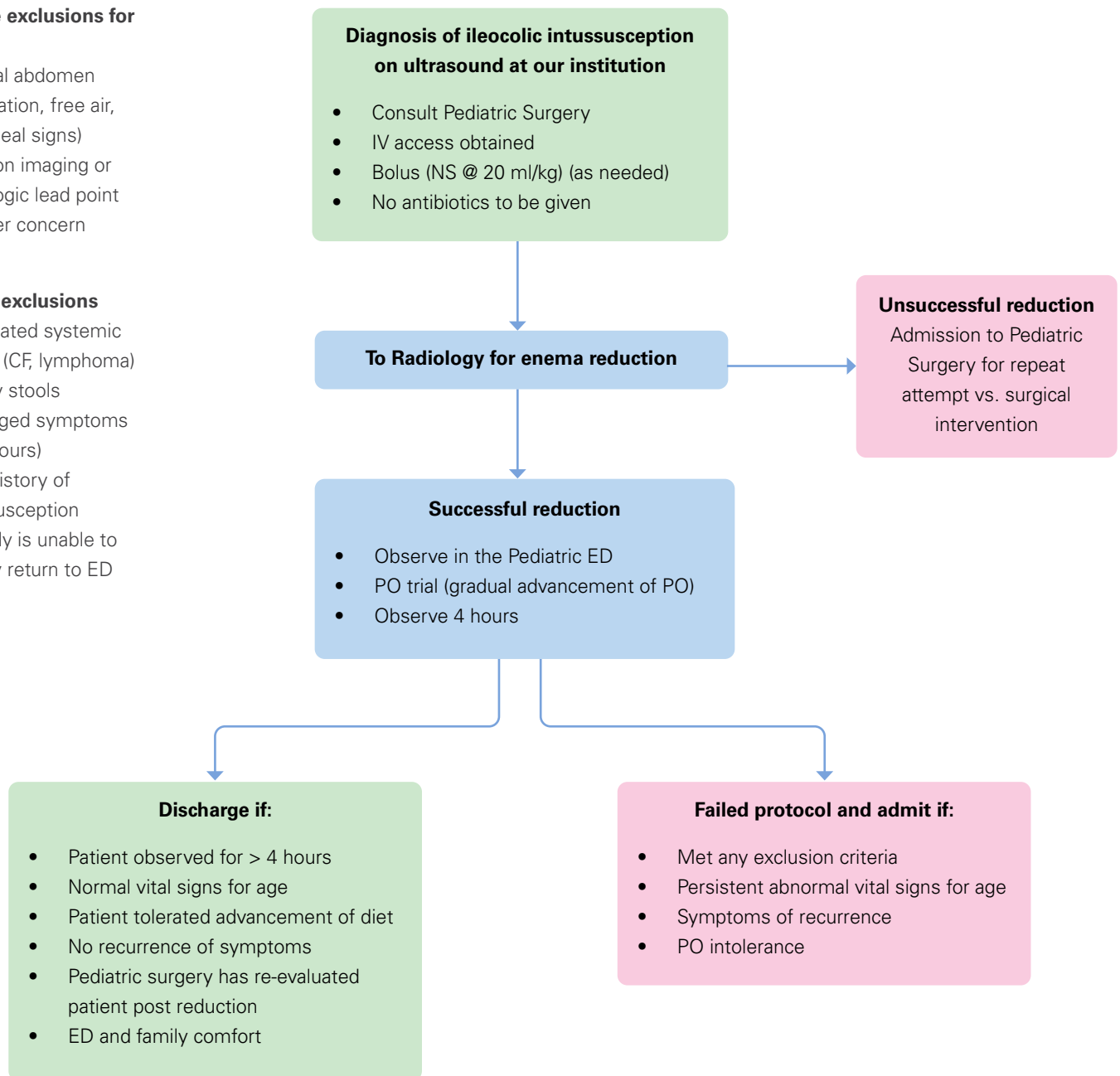
 This guideline should not replace clinical judgment.

Absolute exclusions for protocol

- Surgical abdomen (perforation, free air, peritoneal signs)
- Mass on imaging or pathologic lead point
- Provider concern

Relative exclusions

- Associated systemic illness (CF, lymphoma)
- Bloody stools
- Prolonged symptoms (>12 hours)
- Prior history of intussusception
- If family is unable to quickly return to ED



*If family unable to easily return opt for 23 hours observation in the CDU.

Ileocolic Intussusception Guideline

Executive Summary

Children's Hospital of Richmond at VCU Ileocolic Intussusception Workgroup

Pediatric Emergency Medicine Owner: Erin Dunbar, MD, MS

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Approved (November 2023)

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References

Sujka JA, Dalton B, Gonzalez K, Tarantino C, Schroeder L, Giovanni J, et al. Emergency department discharge following successful radiologic reduction of ileocolic intussusception in children: A protocol based prospective observational study. *J Pediatr Surg.* 2019; 54(8): 1609-12.

McLeod JS, Gavulic AE, Wendt W, Hilu MH, Dunbar E, et al. Intussusception protocol implementation: Single-site outcomes with clinician and family satisfaction. *J Surg Res.* 2019; 244: 122-129.

Raval MV, Minneci PC, Deans KJ, Kurtovic KJ, Dietrich A, Bates DG, et al. Improving quality and efficiency for intussusception management after successful enema reduction. *Pediatrics.* 2015; 136(5): e1345-52.

Citation

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Retrieval website: https://www.chrichmond.org/-/media/chrichmond-media/file/vcu-chor_clincial_pathway_intussusception.ashx

Example:

Children's Hospital of Richmond at VCU, Dunbar E, Sulkowski J, Boomer L. Ileocolic Intussusception Guideline. Available from: https://www.chrichmond.org/-/media/chrichmond-media/file/vcu-chor_clincial_pathway_intussusception.ashx