

Children’s Hospital Of Wisconsin

Co-Management Guidelines

To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children’s Hospital of Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

Appendicitis				
Diagnosis/symptom	Referring provider’s initial evaluation and management:	When to initiate referral/ consider refer to Surgery:	What can referring provider send to Surgery?	Specialist’s workup will likely include:
<p>Signs and symptoms</p> <ul style="list-style-type: none"> Abdominal pain that is variable maybe diffuse, peri-umbilical that localizes to right lower quadrant May be associated fever, anorexia, nausea, vomiting, diarrhea; pain with urination 	<p>Diagnosis and Treatment</p> <ul style="list-style-type: none"> Clinical exam: <ul style="list-style-type: none"> Nausea/Vomiting present Anorexia Migration of pain (Peri-umbilical to RLQ) Temperature > 38° C, oral Heart Rate elevated for age Abdominal exam: <ul style="list-style-type: none"> Tenderness in RLQ Cough, percussion, hop tenderness Imaging consideration: Modality preferred is Ultrasound of the Appendix, 	<ul style="list-style-type: none"> Clinical exam consistent with appendicitis Imaging consistent with appendicitis Pediatric Appendicitis is a tool that predicts the likelihood of appendicitis based on clinical history, physical exam, and laboratory data: <ul style="list-style-type: none"> PAS ≥4 – make NPO obtain ultrasound for PAS = 4 -6 <p>Equivocal</p> <ul style="list-style-type: none"> If positive referral to Surgery or EDTC Appendix not visualized → high suspicion → referral to Surgery or EDTC If negative, disposition by primary provider 	<p>1. Using Epic</p> <ul style="list-style-type: none"> Please complete the external referral order <p>In order to help triage our patients and maximize the visit, the following information would be helpful to include with your referral order:</p> <ul style="list-style-type: none"> Urgency of the referral What is the key question you would like answered? <p>Note: Our office will call to schedule the appointment with the patient.</p> <p>2. Not using Epic external referral order:</p>	<p>After referral to Surgery:</p> <ul style="list-style-type: none"> Surgery will confirm after review of all of the history, imaging, labs, and PAS the presence of appendicitis, then offer : <ul style="list-style-type: none"> Operative management by laparoscopic possible open appendectomy Interventional drainage of abscess with interval

Updated on: 12/5/17

Updated by: Dr. David Gourlay and Kimberly Somers, APP

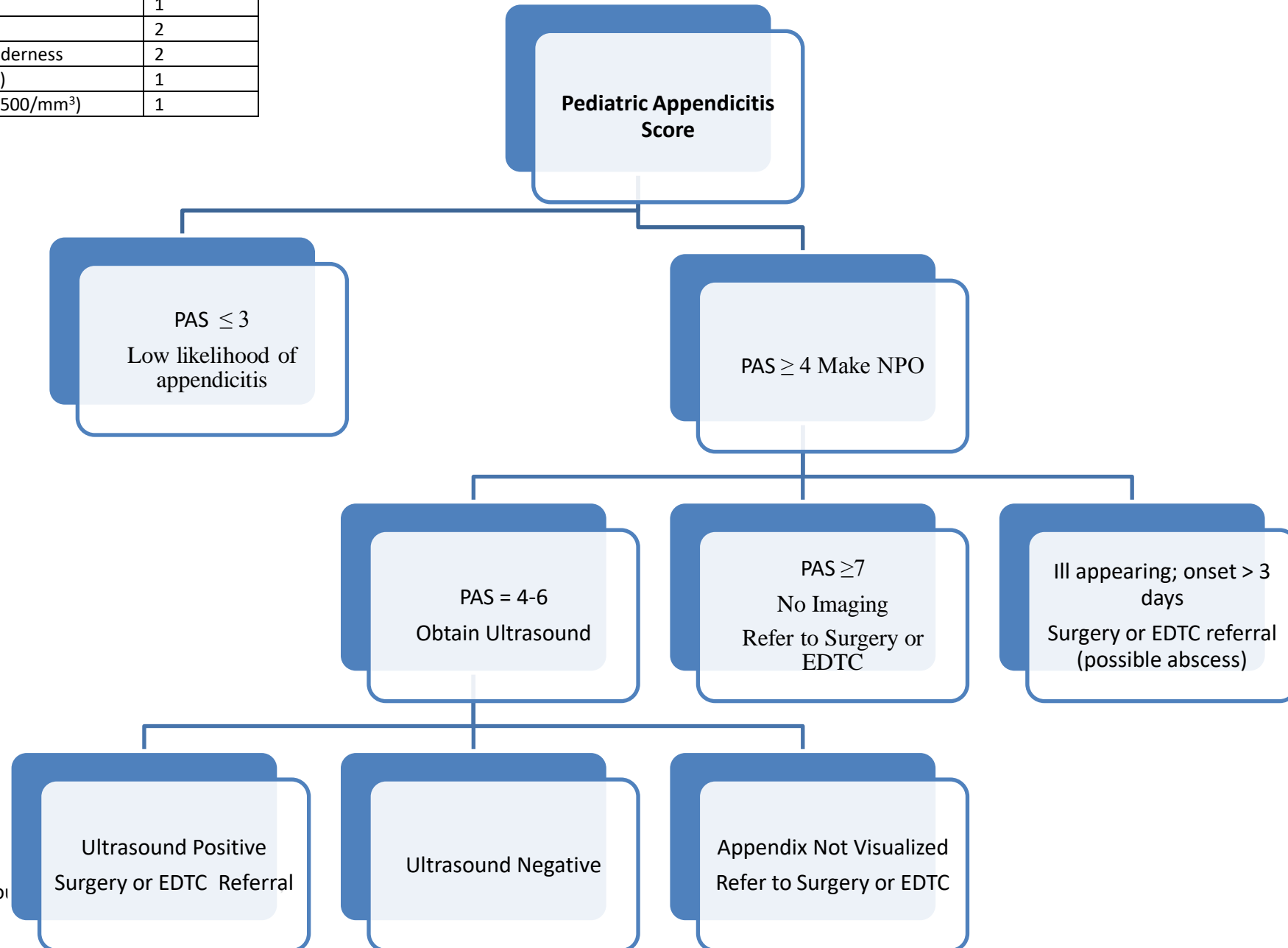
	<p>if female abdominal ultrasound to assess the appendix as well as the ovaries</p> <ul style="list-style-type: none"> • Laboratory analysis <ul style="list-style-type: none"> ○ Leukocytosis (>10,000/mm³) ○ PMN Neutrophilia, Left Shift (>7,500/mm³) • PAS <ul style="list-style-type: none"> ○ Nausea/Vomiting = 1 ○ Anorexia = 1 ○ Migration of Pain (Peri-umbilical to RLQ) = 1 ○ Fever (38°C, oral) = 1 ○ Tenderness in RLQ = 2 ○ Cough, Percussion, Hop tenderness = 2 ○ Leukocytosis (>10.000 mm³) = 1 ○ PMN Neutrophilia, Left (>7,500/mm³) 	<ul style="list-style-type: none"> ▪ If ongoing concern → referral to Surgery or EDTC ○ PAS ≥ 7 High Suspicion → No imaging → refer to Surgery or EDTC ○ PAS ≤ 3 <ul style="list-style-type: none"> ▪ Low likelihood of appendicitis ▪ Consider non-appendicitis causes <p>For referral to General Surgery Clinic please contact the Children's Hospital Referral Line: 414-266-2460 or 1-800-266-0366.</p>	<ul style="list-style-type: none"> • In order to help triage our patients and maximize the visit time, please fax the above information to (414-607-5288) • It would also be helpful to include: <ul style="list-style-type: none"> • Chief complaint, onset, frequency • Recent progress notes • Labs and imaging results • Other Diagnoses • Office notes with medications tried/failed in the past and any lab work that may have been obtained regarding this patient's problems. 	<ul style="list-style-type: none"> ○ appendectomy ○ Medical Management of appendicitis with course of antibiotics if no concern for complex appendicitis (perforated, ruptured)
<p>Causes</p> <p>Appendicitis etiology is unclear. Possible reasons may include the following: gastroenteritis which has traveled to the site of appendix or obstruction within the lumen of the appendix by a hard piece of stool (fecalith/appendocolith).</p>				

Reference: Samuel M. Pediatric appendicitis score, Journal of Pediatric Surgery 2002, 37(6): 877-81.

Updated on: 12/5/17

Updated by: Dr. David Gourlay and Kimberly Somers, APP

PAS Variable	Score if +
Nausea/Vomiting	1
Anorexia	1
Migration of Pain (Peri-umbilical to RLQ)	1
Fever (38°C, oral)	1
Tenderness in RLQ	2
Cough, Percussion, Hop tenderness	2
Leukocytosis (>10,000 mm ³)	1
PMN Neutrophilia, Left (>7,500/mm ³)	1



Updated on: 12/5/17
 Updated by: Dr. David Go