Intussusception

Purpose

- To streamline the process for patients who present with suspected intussusception.
- To minimize the time between arrival to ACH and definitive care of this time sensitive condition.
- Streamline flow for care of patients and reduce the amount of waste between departments.

Background

Time-sensitive diagnoses, e.g. intussusception, are evaluated as part of our continuing verification as a Level 1 Children's Surgery Center. Recently, we have identified inefficiencies in the workflow surrounding intussusception. Streamlining the process for both diagnosis and management of these patients may lead to intervention in a timelier manner.

Intussusception- Emergency Department

Arkansas Children's
HOSPITALS · RESEARCH · FOUNDATION

Inclusion Criteria
Patients 4 months-4 years
History of recent GI illness
Colicky or intermittent abdominal pain
Blood stools
Lethargy or fussiness
Family/personal history of Intussusception

Exclusion Criteria
Hemodynamically unstable
Clinical concern for perforation
Concern for sepsis/Sepsis RED
History of intra-abdominal surgery

Is intussusception suspected?
- NO → **Consider other causes/disease processes**
- YES ↓

Call Triage Alert

- Place on full cardiac monitor
- LIP order ultrasound (US) specific for rule out intussusception
- Place PIV
- Sodium chloride 0.9% fluid bolus 20 ml/kg
- Obtain point of care (POC) glucose and BMP

Ileocolonic Intussusception confirmed by US?
- NO → **Consider other causes/disease processes**
- YES ↓

Call Radiology Attending to confirm US

Ileocolonic intussusception confirmed by RAD Attending?
- YES ↓

!
ED Primary RN to notify ED Attending via vocera

Center Core Supervisor:
Call ED Charge RN and General Surgery

Patient stable?
- NO → **Return to ED for resuscitation**
- YES ↓

Transport patient to Fluoroscopy for reduction

Reduced
- Return to ED and admit patient for observation

NOT Reduced
- Administer cefoxitin 30-40 mg/kg IV x1 dose
- Take patient to OR for reduction

Metrics/Goals

1. Reduce the average time from triage to ultrasound from 1.5 hours to 1 hour by December 31, 2020.

2. Reduce the average time from ultrasound to reduction from 2.25 hours to 1.5 hours by December 31, 2020.

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