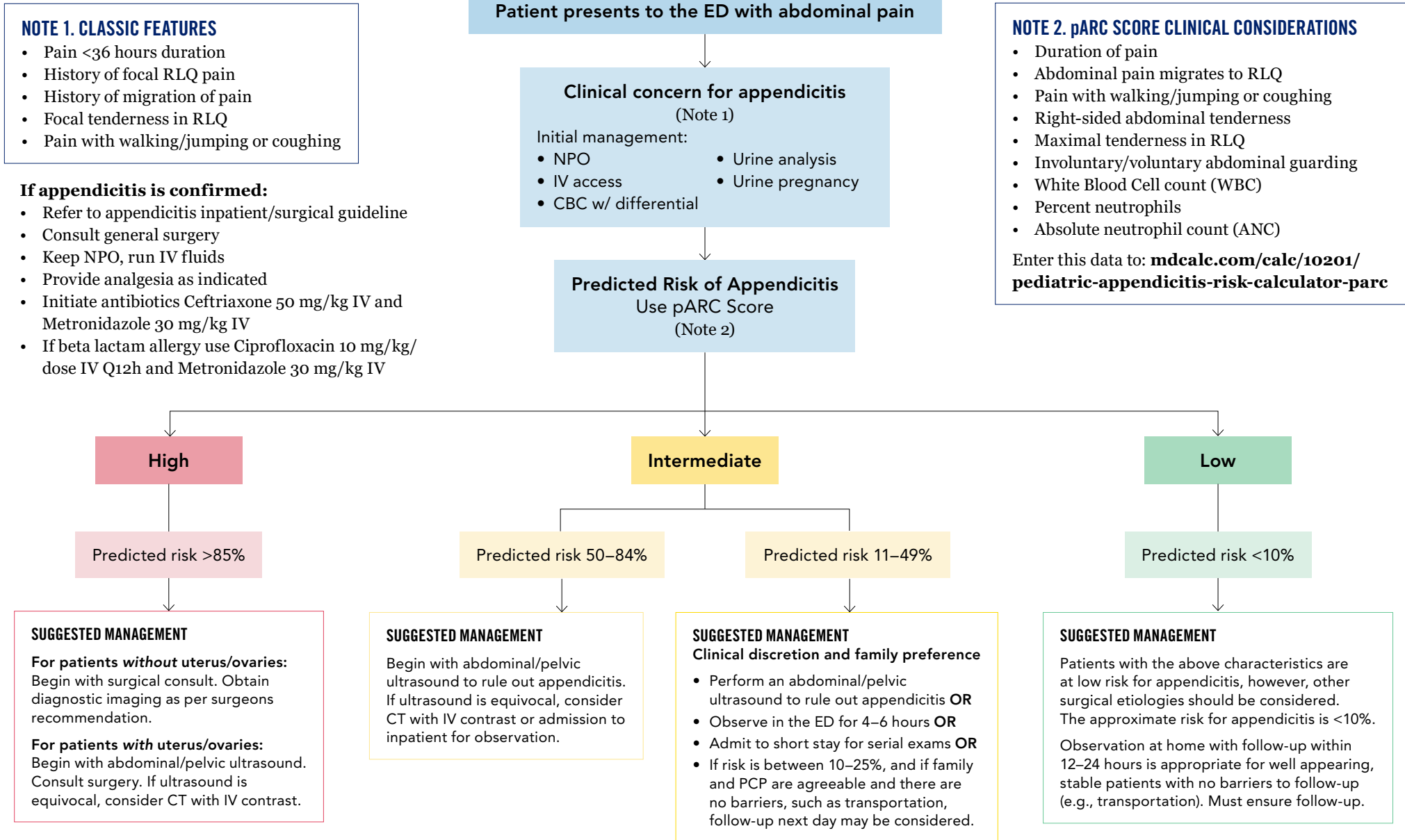


Aim: Utilize standard risk stratification to guide efficient and effective work-up of possible appendicitis.



NOTE 1. CLASSIC FEATURES

- Pain <36 hours duration
- History of focal RLQ pain
- History of migration of pain
- Focal tenderness in RLQ
- Pain with walking/jumping or coughing

If appendicitis is confirmed:

- Refer to appendicitis inpatient/surgical guideline
- Consult general surgery
- Keep NPO, run IV fluids
- Provide analgesia as indicated
- Initiate antibiotics Ceftriaxone 50 mg/kg IV and Metronidazole 30 mg/kg IV
- If beta lactam allergy use Ciprofloxacin 10 mg/kg/dose IV Q12h and Metronidazole 30 mg/kg IV

NOTE 2. pARC SCORE CLINICAL CONSIDERATIONS

- Duration of pain
- Abdominal pain migrates to RLQ
- Pain with walking/jumping or coughing
- Right-sided abdominal tenderness
- Maximal tenderness in RLQ
- Involuntary/voluntary abdominal guarding
- White Blood Cell count (WBC)
- Percent neutrophils
- Absolute neutrophil count (ANC)

Enter this data to: mdecalc.com/calc/10201/pediatric-appendicitis-risk-calculator-parc

Disclaimer: This guideline is designed for general use with most patients; each clinician should use his or her own independent judgment to meet the needs of each individual patient. This guideline is not a substitute for professional medical advice, diagnosis or treatment.