Aim: To standardize the management of children with appendicitis.

Concern for Appendicitis
Risk stratify using ED Guidelines

Admit/OR

IV fluids
D5 NS with 20 meq/L KCl

NPO
(Clear liquids if admitted after hours, must be NPO by 0400)

Morphine prn pain
Zofran prn nausea

Confirmed Appendicitis
based on clinical presentation and/or imaging?

Yes

Beta-Lactam Allergy?

Yes

Ceftriaxone 50 mg/kg IV and Metronidazole 30 mg/kg IV

No

Surgical consult and serial exam.
Antibiotics not recommended until diagnosis is established unless clinically unstable.

No

Surgery
(see Note 1)

Yes

Cipro 10 mg/kg/dose IV Q12h and Metronidazole 30 mg/kg IV

EXCLUSION GUIDELINES
Patients excluded from this guideline:
- uncertain diagnosis
- ICU admission
- significant comorbidities

NOTE 1
Surgery is important to prevent recurrence but is not the primary treatment for appendicitis. Previous studies have found that after initiation of antibiotics, there was no difference in outcomes (including likelihood of perforation) in patients who had surgery shortly after arrival to the hospital vs. up to 24 hours after arrival.
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- ICU admission
- significant comorbidities

Post-op appendicitis

Perforated?

Yes

Continue IV antibiotics for at least 3 days post-operatively or until meets discharge criteria (see Note 2) – whichever is greater. See Note 3 for nutrition recommendations if prolonged poor PO.

If still inpatient on POD #7 obtain ultrasound, CT only if necessary

No

Discontinue antibiotics

Discharge home when meets discharge criteria (see Note 2).

Place PICC. Continue IV antibiotics for 10 more days. Discharge home when meets discharge criteria (see Note 2). Check CRP prior to discharge.

Discharge Instructions
- Okay to bathe/shower 2 days after surgery
- Okay to swim 5 days after surgery
- No other activity restrictions (may limit gym/sports for 2 weeks if family preference)
- Regular diet
- Follow-up with surgery in 2–4 weeks as needed

NOTE 2 – DISCHARGE CRITERIA
- Afebrile (x 24 hours if perforated)
- Pain controlled on oral analgesics
- Tolerating PO intake
- Caregiver/child feel comfortable with discharge

NOTE 3
Start TPN when patient has been NPO for a total of seven days (including days prior to presentation)

Drainable?

Yes

No

Abscess?

Yes

Arrange for drainage. Continue IV antibiotics until drain is removed and patient meets discharge criteria (see Note 2).

Continue IV antibiotics until meets discharge criteria (see Note 2).

No

Recheck CRP after 10 days (may be as outpatient). If trending down then discontinue PICC and antibiotics.