History and examination suggestive of intussusception (Make patient NPO)

- Age <6mo?
- Hypotensive?
- Child toxic in appearance?
- Peritoneal signs or abnormal abdominal examination?

Off pathway

Consider urgent surgical consult, IV placement, blood work

Obtain imaging

- Abdominal ultrasound (Order: US ABDOMEN LTD)
- Abdominal XR only if concern for perforation (If perforation is present, consult surgery – off pathway)

Determine intussusception type

Persistent small bowel-small bowel during US

Off pathway

- Consider repeat US or CT
- Consult pediatric surgery

Ileocolic

- Notify pediatric radiologist and surgery
- Place IV and cardiac monitor
- Pain control
- Consider labs (not routinely necessary)
- Order: XR COLON (LGI) INTUSSUSCEPTION

Transit small bowel-small bowel (resolves during US)

- ED Observation
- PO challenge
- Discharge when appropriate

Enema reduction by radiology (Goal of <90 min from diagnosis to enema)

Notify pediatric surgery

No

Reduction successful?

Yes

(Notify pediatric surgery)

Patient meets criteria for discharge?

Yes

Discharge home

No

Admit and consider further workup (Surgery on consult)

Off pathway

- Discuss repeat enema vs surgical management with pediatric radiology and pediatric surgery
- Admission

Discharge criteria

- Observation in ED for 4hr
- No comorbidities present
- First occurrence
- No reoccurring symptoms
- Afebrile
- Hemodynamically stable
- Normal physical exam
- Able to tolerate PO
- Reliable caretakers with means to return to ED quickly (<1hr from hospital) if symptoms recur
- Ensure close PCP follow up