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**

**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/Septic RED
- History of intra-abdominal surgery

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Is intussusception suspected?

**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

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Ileocolonic Intussusception confirmed by US?

**Call Radiology Attending to confirm US**

**Ileocolonic intussusception confirmed by RAD Attending?**

**Center Core Supervisor:**
- Call ED Charge RN and General Surgery

**Patient stable?**

**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

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**Important Note:** ED Primary RN to notify ED Attending via vocera

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Consider other causes/disease processes
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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References


