# Monroe Carell Intussusception Care Algorithm

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**Exclusion Criteria:**
1. Tachycardia or Hypotension
2. Peritoneal signs (rigid, firm abdomen)
3. Recent ileocolic intussusception which previously required admission to surgical service, within one month
4. Recent abdominal surgery, within one month
5. History of cystic fibrosis, Henoch–Schonlein Purpura, polyps, Gtube/Jtube

Suspected Ileocolic Intussusception

**Clinically well, without peritonitis?**

No →
- NPO
- IVF
- IV antibiotics
- 2v KUB
- Consider NGT
- Labs
- Consult Pediatric Surgery

If **HIGH INDEX OF SUSPICION** Begin IV and Surgical Consult *WITHOUT WAITING FOR IMAGING TO BE COMPLETED*

Yes

2-v KUB and Abdominal US

Negative US → Alternate Diagnosis Work-up

Positive US **CONFIRMED ILEOCOLIC INTUSSUSCEPTION**
- Use **Order Set** under complaint-based panel
- NPO
- Place IV
- IVF Bolus
- Labs: CBC, CMP, lactate
- Pediatric Surgery Consult

**Air Enema**

**SUCCESSFUL REDUCTION**

**PARTIAL/INCOMPLETE REDUCTION**

- Admit to Pediatric Surgery
- Consider NGT placement
- *Surgery & Radiology discussion* to determine *repeat air enema* vs. *surgery*

May consider repeat air enema within 4-6 hrs if clinically stable, without peritonitis, favorable radiology indicators

**DISCHARGE CRITERIA**
Symptom resolution, Tolerating oral regimen, Reliable family

- Return to ED
- PO challenge
- Observe 4 hours

**ADMISSION CRITERIA**
Poor PO intake, vomiting, lethargy, fever, abdominal pain, remote home location

Proceed with management per joint Surgery-Radiology decision

- Discharge home if DC criteria met
- Return Precautions
- REACT clinic--if symptomatic, contact Surgery Clinic APPs

Admit to Pediatric Surgery