

Appendicitis Diagnosis Guideline – Accessible Version

For children greater than or equal to 2 years with suspected appendicitis.

(Consider surgery consult at any time during the pathway before repeating USG imaging or ordering CT.)

1. Low clinical suspicion (i.e. PAS 1-3)*
 - a) Explore alternative diagnosis
 - b) Supportive observation (home/hospital) and reevaluate as needed
2. Moderate clinical suspicion
 - a. Ultrasound
 - i. If normal appendix, then explore alternative diagnosis, supportive observation (home/hospital) and reevaluate as needed
 - ii. If indeterminate, then surgery consult and supportive observation (home/hospital) and reevaluate as needed OR imaging/delayed operation/urgent operation
 - iii. If positive/complicated appendicitis, then surgery and supportive observation (home/hospital) and reevaluate as needed OR imaging/delayed operation/urgent operation.
3. High clinical suspicion
 - a. Surgery consult
 - b. Supportive observation (home/hospital) and reevaluate as needed OR imaging/delayed operation/urgent operation

Pediatric appendicitis score (PaS) [point value]

1. Nausea/vomiting [1]
2. Anorexia [1]
3. Migration of pain (periumbilical to Right Lower Quadrant (RLQ))[1]
4. Fever greater than 38.0 [1]
5. Tenderness in RLQ [2]
6. Cough, percussion, hop tenderness, pain with movement, unable to walk upright [2]
7. Leukocytosis > 10000 cells/cubic mm [1]
8. Polymorphonuclear (PMN) neutrophilia, left shift greater than 7500 cells/mm [1]

*PAS is one tool to evaluate abdominal pain. Other clinical findings can be used to classify patients as low, moderate or high risk for appendicitis.