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.