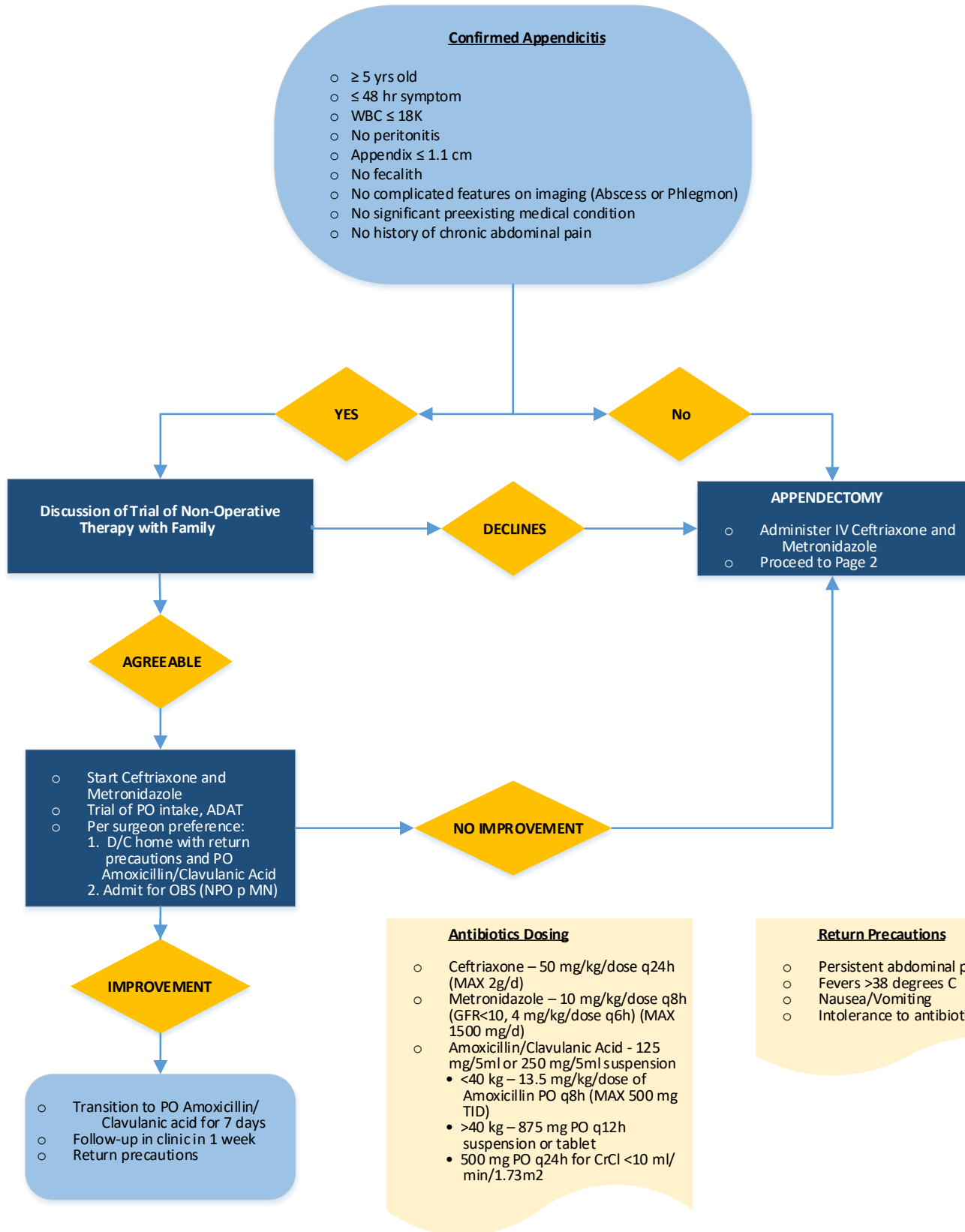


Appendicitis - Confirmed

(ED, Inpatient)



Appendectomy - OR Findings

(Inpatient)

Appendectomy – OR Findings

- Diffuse exudate
- Perforation of Appendix
- Intra-abdominal Abscess
- Free fecalith in peritoneal cavity
- Gangrenous Appendix

NO

YES

Uncomplicated Appendicitis

- Discontinue antibiotics
- Advance diet as tolerated
- Acetaminophen ATC for pain control
- Ketorolac 0.5mg/kg IV q6h (MAX 30mg/dose, MAX duration 48 hrs)

Complicated Appendicitis

- Continue Ceftriaxone and Metronidazole
- IVF hydration
- Avoid daily labs
- Acetaminophen ATC for pain control
- Ketorolac 0.5 mg/kg IV q6h (MAX 30 mg/dose, Max duration 48 hrs)
- Limit opioid administration
- Diet advancement as tolerated clinically

BEFORE 7 PM

AFTER 7 PM

Consider Same Day Discharge

Discharge Following Morning

Meets Discharge Criteria Before POD #5?

- Afebrile >24 hrs
- Tolerating PO diet
- Benign abdominal exam by surgeon
- Ambulating without assistance
- Pain well controlled

Complicated Appendicitis Not Responding to Treatment

- See next page (Page 3)

NO

YES

Suppurative or Gangrenous Appendicitis

Perforated Appendicitis

See Page 4 for Discharge Instructions

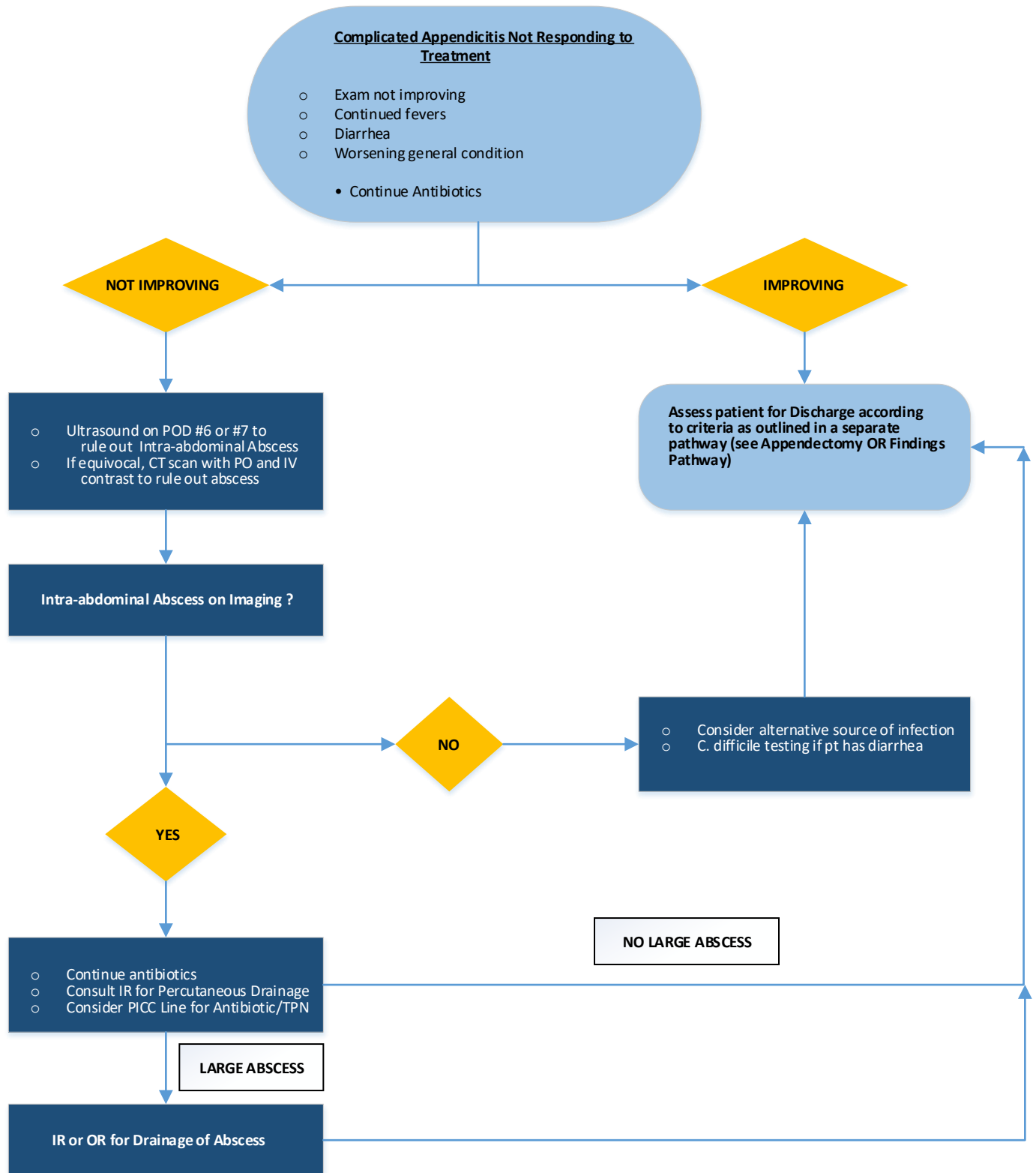
Discharge Home

- Amoxicillin/Clavulanic acid to complete a 7 day course

Discharge Home

- No Antibiotics

Complicated Appendicitis – Not Responding to Treatment (Inpatient)



Appendicitis

(Inpatient)

References/Appendices:

Discharge Instructions:

1. No PE and swimming for 2 weeks
2. F/U appointment with Primary Surgeon in 1-2 weeks
3. Call MD for:
 - Persistent abdominal pain
 - Fevers >38 degrees C
 - Nausea/vomiting
 - Intolerance of diet
 - Intolerance of Antibiotics
 - Development of wound drainage/erythema
4. Pain control with:
 - OTC Tylenol
 - OTC Motrin
 - Limit narcotics if possible
5. Remove dressing 5 days after surgery

Medical Disclaimer:

The clinical pathways are based upon current, available evidence. The clinical pathways should not be used as medical advice. They should be used as a guide in managing patients. In addition to the clinical pathway, medical management is to be individualized, and may depend on medical resources available to the medical practitioners, the physician's clinical judgment and any special circumstances pertaining to the patient and/or family. They are not intended to establish a standard of care. Although the pathways are developed after careful deliberation, they cannot be guaranteed to be completely accurate or without omissions. UCLA is not responsible for any unexpected or adverse patient events or outcomes in connection with the application of the clinical pathways to patient management. Readers are encouraged to confirm the information contained within the clinical pathways with other references, sources and expert opinion prior to instituting a health care decision for patient care.

