EVALUATION FOR SUSPECTED ACUTE APPENDICITIS
PEDIATRIC EMERGENCY MEDICINE

© BCH Emergency Department

1. Perform Complete H&P:
- History: include duration and course of symptoms, fever, vomiting, oral intake, diarrhea, bloody stools, urinary symptoms, GYN history, exposures, sick contacts, rash, sore throat, travel history.
- PE: Include vital signs, abdominal exam, GU exam, complete skin exam. (Exit algorithm if alternative dx made or exclusion criteria met)

2. Lab evaluation:
- CBC, UA
- Consider CMP, lipase, bHCG

3. Pediatric Appendicitis Score (PAS):
- Cough/percussion/hopping tenderness in the right lower quadrant: **2 pts**
- Anorexia **1 pt**
- Temp ≥ 38°C/100.4°F: **1 pt**
- Nausea/emesis: **1 pt**
- RLQ tenderness: **2 pts**
- Migration of pain: **1 pt**
- WBC≥10,000: **1 pt**
- ANC>7,500: **1 pt**

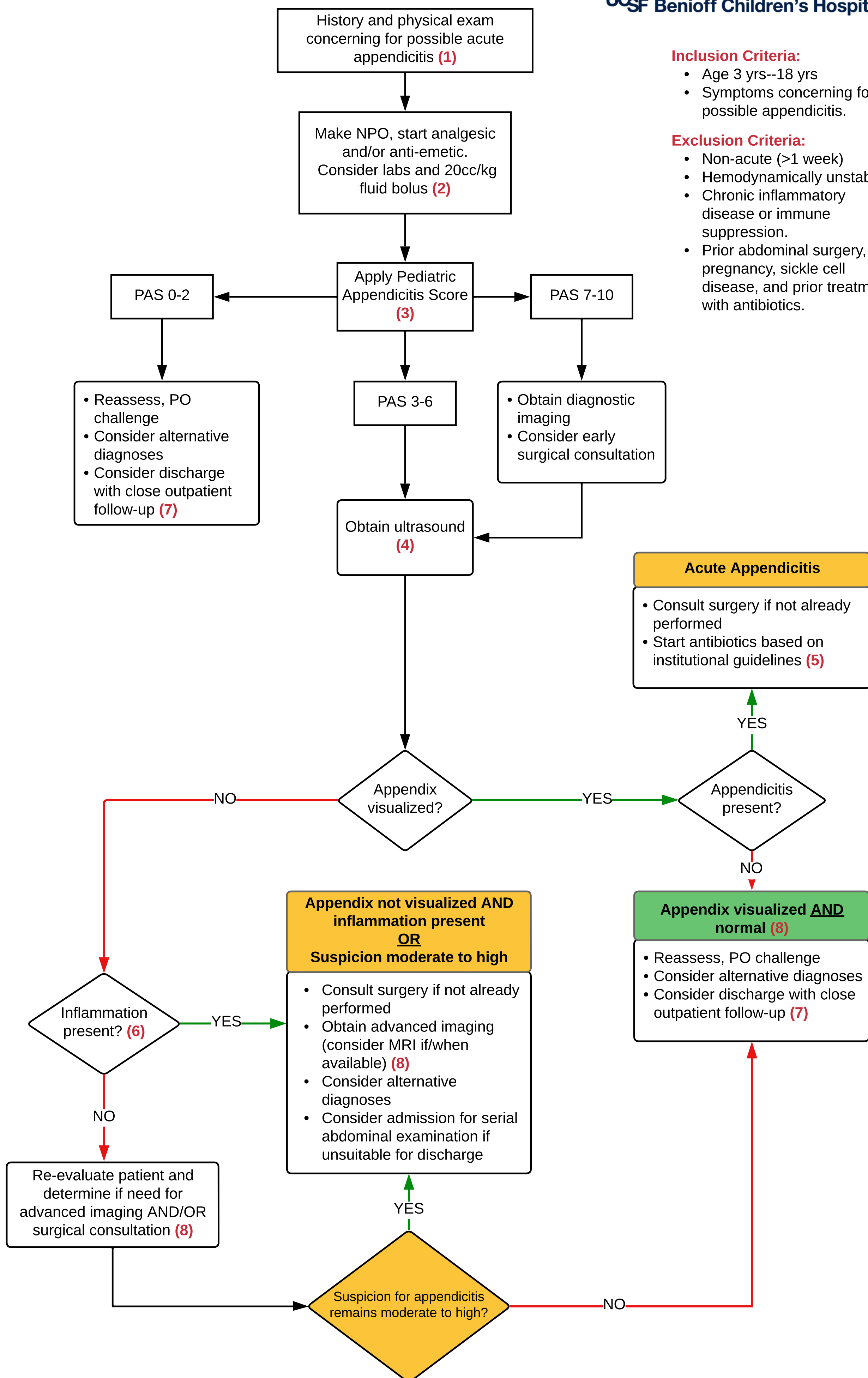
4. Ultrasound Criteria:
- Consider ultrasound evaluation of the ovaries in post-pubertal females.
- Concern for acute appendicitis and an intermediate PAS 3-6 without meeting any exclusion criteria.

5. UCSF IDMP Antibiotics:
- Link to BCH UCSF acute appendicitis management algorithm

6. Inflammation/Equivocal Ultrasound:
- May request attending read
- **Inflammation**: extraluminal free fluid, periappendiceal fat inflammation, hyperemia

7. Discharge Criteria:
- Considered alternative ddx
- Nontoxic
- Tolerating PO
- Reasonable follow up plan for abdominal re-evaluation.
- Consider PMD contact and coordination.

8. Imaging limitations
- If imaging findings discordant with clinical picture, strongly consider attending radiology consultation **AND** consultation with surgery.

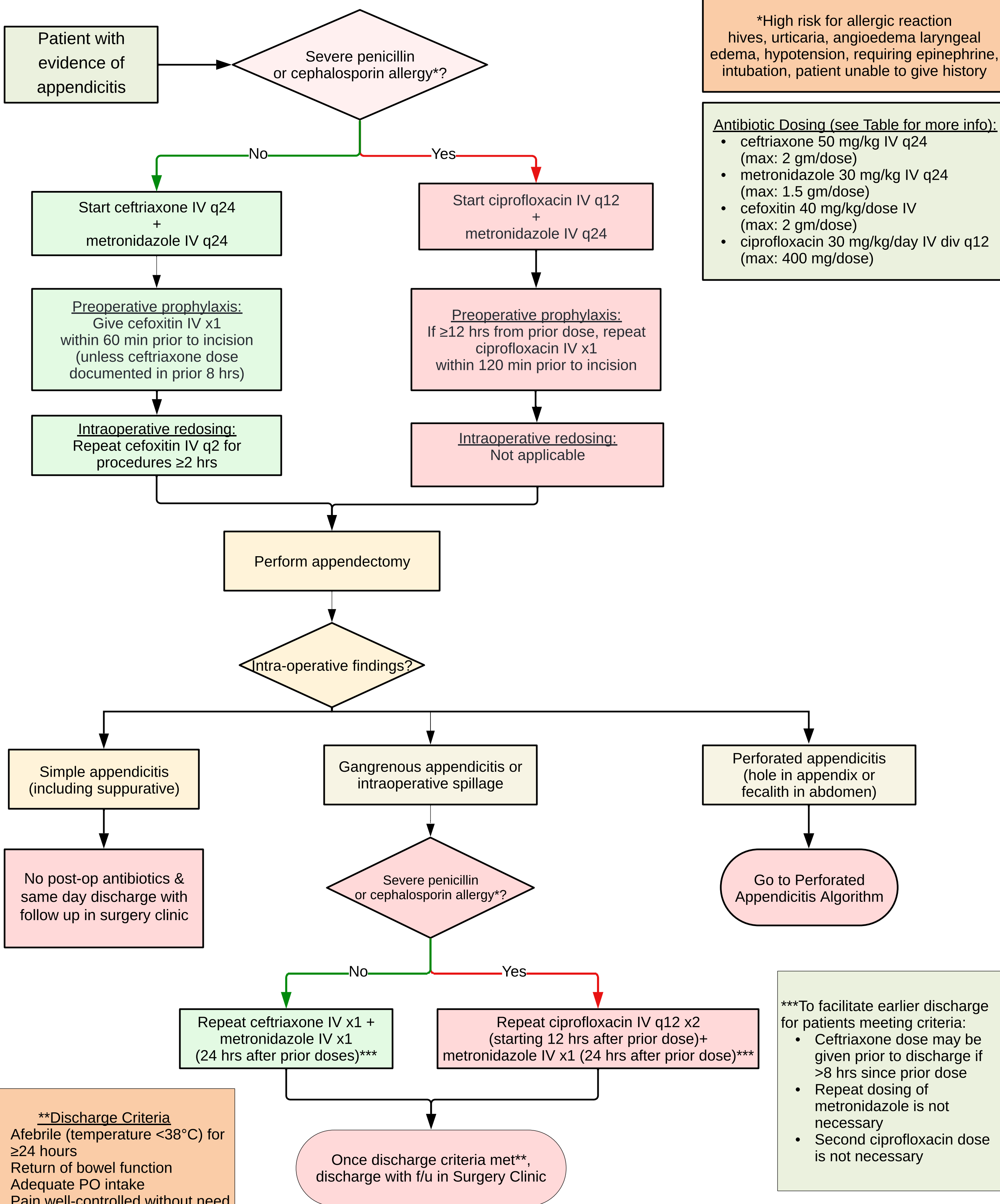


Date of Development:
Reviewed and Updated: _________
Disclaimer: This algorithm functions as a guideline for clinical care under the direction of Pediatric Emergency Medicine Board Certified Attendings.

Appendicitis Clinical Algorithm

This algorithm was developed for immunocompetent children.
It serves as a guideline only and should not replace clinical judgment.

UCSF Benioff Children's Hospitals

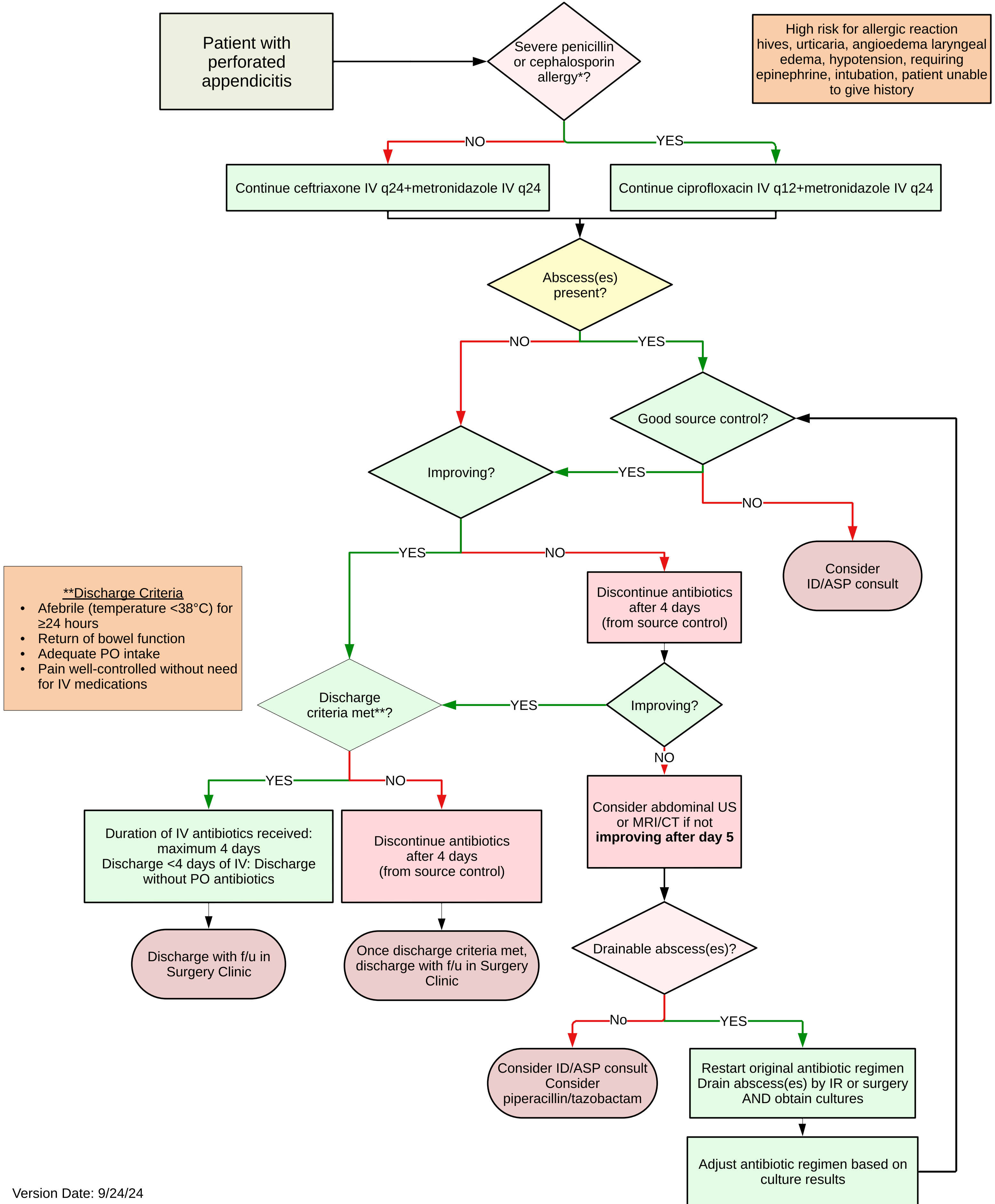


The pediatric appendicitis clinical algorithms are shared between BCH Oakland and BCH San Francisco, developed via application of evidence and consensus among Pediatric Surgery, Pediatric Emergency Medicine and Pediatric Antimicrobial Stewardship.

Version Date: 9/24/24

Perforated Appendicitis Clinical Algorithm

This algorithm was developed for immunocompetent children.
It serves as a guideline only and should not replace clinical judgment.



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