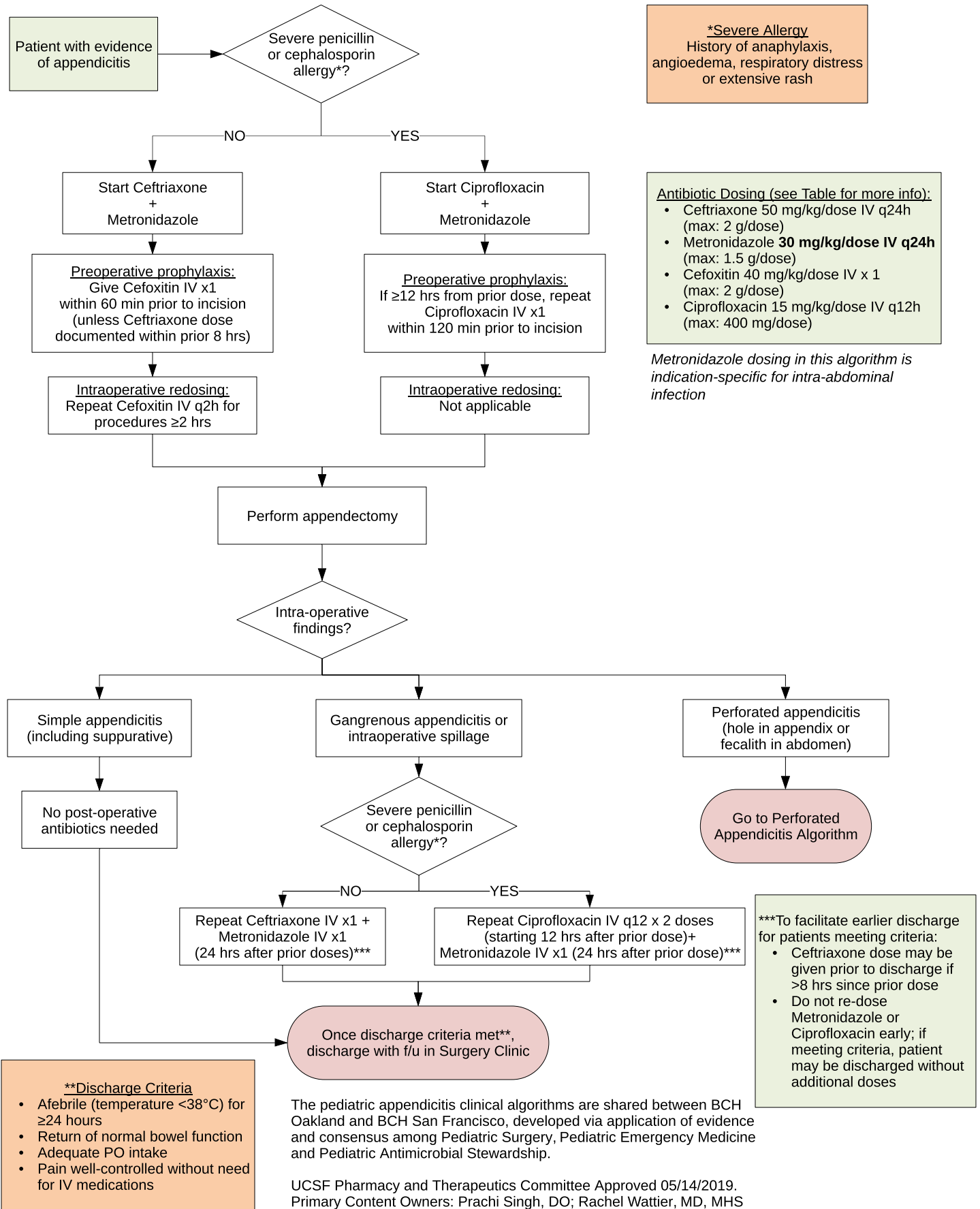


Pediatric Appendicitis Clinical Algorithm

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



***Severe Allergy**
History of anaphylaxis, angioedema, respiratory distress or extensive rash

Antibiotic Dosing (see Table for more info):

- Ceftriaxone 50 mg/kg/dose IV q24h (max: 2 g/dose)
- Metronidazole 30 mg/kg/dose IV q24h (max: 1.5 g/dose)
- Cefoxitin 40 mg/kg/dose IV x 1 (max: 2 g/dose)
- Ciprofloxacin 15 mg/kg/dose IV q12h (max: 400 mg/dose)

Metronidazole dosing in this algorithm is indication-specific for intra-abdominal infection

****Discharge Criteria**

- Afebrile (temperature <38°C) for ≥24 hours
- Return of normal bowel function
- Adequate PO intake
- Pain well-controlled without need for IV medications

*****To facilitate earlier discharge for patients meeting criteria:**

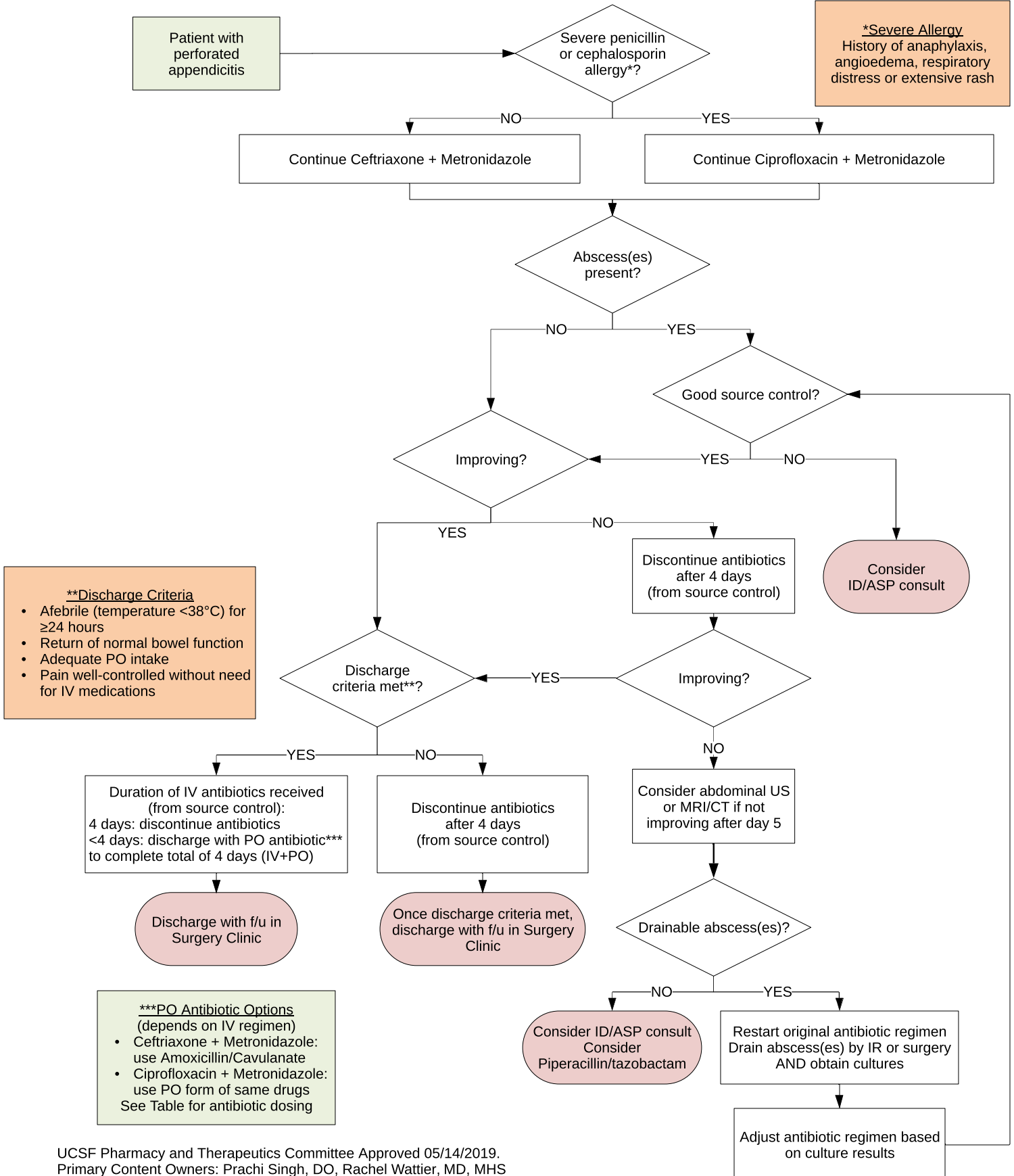
- Ceftriaxone dose may be given prior to discharge if >8 hrs since prior dose
- Do not re-dose Metronidazole or Ciprofloxacin early; if meeting criteria, patient may be discharged without additional doses

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.

UCSF Pharmacy and Therapeutics Committee Approved 05/14/2019.
Primary Content Owners: Prachi Singh, DO; Rachel Wattier, MD, MHS

Pediatric Perforated Appendicitis Clinical Algorithm

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



***Severe Allergy**
History of anaphylaxis, angioedema, respiratory distress or extensive rash

****Discharge Criteria**

- Afebrile (temperature <38°C) for ≥24 hours
- Return of normal bowel function
- Adequate PO intake
- Pain well-controlled without need for IV medications

*****PO Antibiotic Options**
(depends on IV regimen)

- Ceftriaxone + Metronidazole: use Amoxicillin/Cavulanate
- Ciprofloxacin + Metronidazole: use PO form of same drugs

See Table for antibiotic dosing

Pediatric Appendicitis Clinical Algorithm Antimicrobial Dosing

Antimicrobial	Appendicitis (All Types) Pre-operative and Intra-operative Dosing			Gangrenous Appendicitis Post-operative Dosing	Perforated Appendicitis Post-operative Dosing
	Pre-op dosing (beginning at diagnosis)	Pre-incisional dosing	Intra-op re- dosing interval		
Amoxicillin/Clavulanate (max: 875 mg Amoxicillin/dose)	N/A	N/A	N/A	N/A	22.5 mg/kg/dose Amoxicillin component PO q12hrs
Cefoxitin (max: 2 g/dose)	N/A	40 mg/kg/dose IV x1 within 60 minutes prior to incision, unless Ceftriaxone given within prior 8 hrs	q2hrs	N/A	N/A
Ceftriaxone (max: 2 g/dose)	50 mg/kg/dose IV q24hrs	N/A	N/A	50 mg/kg IV x 1 dose given 24 hrs after prior dose (may administer post-op dose early to facilitate discharge, if >=8 hours since prior dose)	50 mg/kg/dose IV q24hrs
Ciprofloxacin (max IV: 400 mg/dose) (max PO: 500 mg/dose)	15 mg/kg/dose IV q12hrs	15mg/kg/dose IV x 1 within 120 minutes prior to incision, if >=12 hours from prior dose	N/A	15 mg/kg/dose IV q12hrs x 2 doses starting 12 hrs after prior dose	15 mg/kg/dose IV q12hrs OR 15mg/kg/dose PO BID
Metronidazole (max q24 IV: 1.5 g/dose) (max PO: 500 mg/dose)	30 mg/kg/dose IV q24hrs	N/A	N/A	30 mg/kg/dose IV x 1 dose given 24 hrs after prior dose	30 mg/kg/dose IV q24hrs OR 10 mg/kg/dose PO TID
Piperacillin/tazobactam (Zosyn) (max: 4 g Piperacillin/dose)	N/A	N/A	N/A	N/A	80mg/kg/dose Piperacillin component IV q6hrs

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