



Pediatric Acute Appendicitis Pathway

Includes: Pediatric patients <18 yo with suspected acute appendicitis.

Excludes: Patients who are immunocompromised, have had previous appendectomy, have inflammatory bowel disease.

Evaluate patient (may use pediatric appendicitis scoring tools)

Pediatric Appendicitis Risk Calculator (mdcalc.com/calc/10201/pediatric-appendicitis-risk-calculator-parc)

Pediatric Appendicitis Score (mdcalc.com/calc/3926/pediatric-appendicitis-score-pas)

Ancillary testing (as indicated by history and exam)

Blood – CBC/diff; consider CRP, BMP

Urine – Urinalysis, pregnancy test (as indicated)

Imaging (as indicated by history, exam and scoring tools)

First line: Abdominal Ultrasound (focused RLQ)

Second line: Abdominal CT or Abdominal MRI

Results consistent with acute appendicitis, including gangrenous or perforated

Intravenous antibiotics*

**Only preoperative for non-perforated appendicitis since antibiotics should be discontinued postoperatively*

- **Ceftriaxone** 50mg/kg/dose IV Q24hr (max 2g/dose) **AND metronidazole** 30mg/kg/dose IV Q24hr (max 1g/dose) (Regimen safe to use in penicillin, amoxicillin, 1st generation cephalosporin allergic patients -- see [Beta lactam cross reactivity](#) for more information)
- If 2nd through 5th generation cephalosporin allergy: levofloxacin 10mg/kg/dose IV Q24hr (max 500mg/dose) **AND metronidazole** 30mg/kg/dose IV Q24hr (max 1.5g/dose)

Discharge antibiotics (only needed for gangrenous or perforated appendicitis)

- **Amoxicillin-clavulanate** 22.5mg amoxicillin/kg/dose PO BID (max 875 amoxicillin/dose)
- If penicillin, amoxicillin, 1st generation cephalosporin allergy: trimethoprim-sulfamethoxazole 5mg trimethoprim/kg/dose PO BID (max 160mg trimethoprim/dose) **AND metronidazole** 10mg/kg/dose PO TID (max 500mg/dose)

For pediatric surgery consultation or transfer, call Community Referral Line at 406 327 4726