Inclusion Criteria:
• Colicky or intermittent abdominal pain
• Bloody Stools
• Lethargy or fussiness

Exclusion Criteria
• Hemodynamically unstable
• Clinical concern for perforation
• Evidence of sepsis
• History of intra-abdominal surgery

Make NPO
Order ultrasound (US abdomen limited intussusception) for evaluation
**Routine x-rays and labs not recommended for patients with suspected intussusception

Ileocolic intussusception confirmed?

YES
• Go to Intussusception clinical pathway: Confirmed phase

NO
• Consider alternative diagnosis

Inclusion Criteria:
• Positive ultrasound for intussusception

Exclusion Criteria
• Hemodynamically unstable
• Concern for intestinal perforation

Consult General Surgery Resident to see patient in ED before reduction
• Order peripheral IV and TKO fluids

General surgery agrees with attempt to reduce by radiology

Order 2-view (supine and left lateral decubitus) abdominal x-ray to evaluate bowel gas for reduction attempt
• Order contrast enema
• Consider ondansetron for nausea and vomiting
**Routine antibiotics not recommended

ED RN accompanies patient to radiology with cardio-respiratory monitor

Enema successful?

YES
• Inform General Surgery
• Return to ED for PO challenge
• Minimum observation for 2-4 hours

General surgery agrees with attempt to reduce by radiology

Order 2-view (supine and left lateral decubitus) abdominal x-ray to evaluate bowel gas for reduction attempt
• Order contrast enema
• Consider ondansetron for nausea and vomiting
**Routine antibiotics not recommended

General surgery agrees with attempt to reduce by radiology

NO
• Inform General Surgery
• Admit to General Surgery

Does patient meet Discharge criteria?

Discharge Criteria
• Well appearing and normal abdominal exam on ED reassessment
• Tolerate 75 ml for < 10 kg or 150 ml for >10kg
• Reliable caregivers and access to medical care

YES
• PCP follow-up in 1-3 days or sooner if unable to take fluids or return of abdominal pain
• Give acetaminophen or ibuprofen for pain or fever as needed

NO

Discharge Instructions