

Treatment of Suspected Appendicitis

Clinical Guideline

This guideline supports initial treatment of patients with appendicitis and includes information for referral to the Children's Wisconsin General Surgery Clinic.

To support collaborative care, we have developed guidelines for our community providers to use when referring to, and managing patients with, the pediatric specialists at Children's Wisconsin. These guidelines provide information and recommendations for jointly managing patient care between community providers and our pediatric specialists.

Symptoms/Diagnosis/Causes	Referring provider's initial evaluation and management:	When to initiate or consider referral to General Surgery Clinic via the EDTC & outside emergency rooms:	How to refer and what to send to send to General Surgery Clinic?	Specialist's workup will likely include:
<p>Signs and symptoms</p> <ul style="list-style-type: none"> Abdominal pain (may be diffuse or peri-umbilical that localizes to right lower quadrant) <p>May be associated with:</p> <ul style="list-style-type: none"> Fever Anorexia Nausea/vomiting/diarrhea Dysuria Abdominal pain with movement (cough, percussion, hop tenderness) 	<p>Evaluation:</p> <ul style="list-style-type: none"> Abdominal exam: <ul style="list-style-type: none"> Tenderness in RLQ (McBurney's point) Abdominal guarding/rebound Psoas and/or obturator sign <p>If exam positive and imaging easily available, obtain imaging prior to referral to General Surgery:</p> <ul style="list-style-type: none"> Ultrasound is preferred imaging modality of the appendix. If female patient, obtain abdominal ultrasound to assess the appendix and ovaries. CT scan can be obtained if ultrasound is non-diagnostic or equivocal. Consider Surgical consultation prior to ordering a CT scan. <p>Pediatric Appendicitis Score: Pediatric Appendicitis Score is a tool that predicts the likelihood of appendicitis based on clinical history, physical exam, and laboratory data.</p>	<ul style="list-style-type: none"> Clinical exam consistent with appendicitis Imaging consistent with appendicitis Inability to obtain imaging or labs Pediatric Appendicitis Score ≥ 7 or as outlined below: <p>If PAS ≤ 3</p> <ul style="list-style-type: none"> Low likelihood of appendicitis Consider non-appendicitis causes If PAS= 4-6 <ul style="list-style-type: none"> If imaging not readily available, refer to CW EDTC for further evaluation If imaging readily available, obtain ultrasound: <ul style="list-style-type: none"> If positive, refer to EDTC/General Surgery If Appendix not visualized or equivocal, refer to EDTC/General Surgery 	<p>All patients with suspected appendicitis should be directed to the Emergency Department at Children's.</p> <p>For specific general surgery related patient questions, please contact the Physician Consultation Line: 414-266-2460 or 1-800-266-0366. We are happy to discuss any patient any time.</p> <p>*In most cases, appendicitis does not require an emergency surgery. The Pediatric General Surgery team at Children's Wisconsin will evaluate the patient and determine timing of surgery based on acuity at presentation. Selective patients may be offered non-operative management of their appendicitis.</p>	<ul style="list-style-type: none"> Physical exam, review of history and obtained diagnostic imaging and labs. If imaging and labs not performed will perform as indicated.

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Symptoms/Diagnosis/Causes	Referring provider's initial evaluation and management:	When to initiate or consider referral to General Surgery Clinic:	What should referring provider send to General Surgery Clinic?	Specialist's workup will likely include:
	<p>*Note: Laboratory data should be used as an adjunct to physical exam findings to aid in diagnosis.</p> <ul style="list-style-type: none"> • Nausea/Vomiting = 1 • Anorexia = 1 • Migration of Pain (Peri-umbilical to RLQ) = 1 • Fever (38°C, oral) = 1 • Tenderness in RLQ = 2 • Cough, Percussion, Hop tenderness = 2 • Leukocytosis (>10,000 mm3) = 1 • PMN Neutrophilia, Left Shift (>7,500/mm3) = 1 	<ul style="list-style-type: none"> ○ If negative, disposition by primary provider <p>If PAS \geq 7</p> <ul style="list-style-type: none"> ○ No imaging necessary ○ Refer to EDTC/General Surgery 		

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References

Samuel M. Pediatric appendicitis score. *J Pediatr Surg.* 2002;37(6):877-881. doi:10.1053/jpsu.2002.32893

Steven L. *Antibiotics and appendicitis in the pediatric population: an American Pediatric Surgical Association Outcomes and Clinical Trials Committee Systematic Review.* *J Pediatr Surg.* 2010;45(11):2181-5. doi: 10.1016/j.jpedsurg.2010.06.038

Please contact clinicalguidelines@childrenswi.org for questions or comments.

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Medical Disclaimer

This Clinical Guideline (CG) is designed to provide a framework for evaluation and treatment. It is not intended to establish a protocol for all patients with this condition, nor is it intended to replace a clinician's judgement. Adherence to this CG is voluntary. Decisions to adopt recommendations from this CG must be made by the clinician in light of available resources and the individual circumstances of the patient. Medicine is a dynamic science; as research and clinical experience enhance and inform the practice of medicine, changes in treatment protocols and drug therapies are required. The authors have checked with sources believed to be reliable in their effort to provide information that is complete and generally in accord with standards accepted at the time of publication. However, because of the possibility of human error and changes in medical science, neither the authors nor Children's Hospital and Health System, Inc., nor any other party involved in the preparation of this work warrant that the information contained in this work is in every respect accurate or complete, and they are not responsible for any errors in, omissions from, or results obtained from the use of this information.