Diagnostic Pathway for Patients age 3-21 with Suspected **Acute** (<72 hours) Appendicitis

High Suspicion
PAS ≥ 7

Goals:
- Surgery consult <1 hour
- Minimize imaging via a consistent team approach

Actions

Females
- UA/culture
- Urine pregnancy (adolescent)
- Pelvic exam (if indicated)

All
- CBC if helpful
- IV pain control
- Surgery consult

* May consult surgery if PAS = 6 while awaiting CBC

Overall Goal:
To accurately diagnose appendicitis while minimizing variation in care and efficiently using diagnostic tests

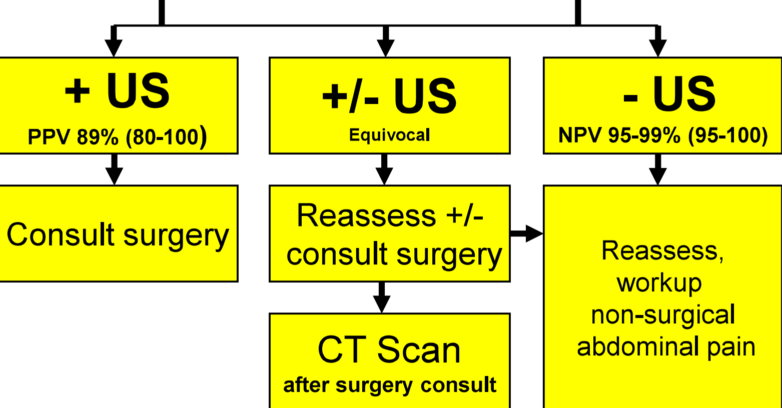
Equivocal
PAS = 3-6

Goals:
- Efficient use of diagnostic tests
- Minimize unnecessary CTs

Actions

All
- Ultrasound RLQ
- CBC

Females
- Ultrasound RLQ + ovaries
- UA/culture
- Urine pregnancy (adolescent)
- Pelvic exam (if indicated)



+ US: Appendix visualized, findings consistent with acute appendicitis: PPV 89% (80-100)
Equivocal: Appendix visualized with equivocal findings **OR** appendix not visualized, with secondary signs present
- US: Appendix visualized and normal: NPV 99% (95-100) **OR** not visualized with no secondary signs: NPV 95%

Low Suspicion
PAS ≤ 2

Goal:
- Minimize unnecessary testing

Actions

All
- *CBC only if helpful
- Consider and manage other causes of abdominal pain

PAS
(Pediatric Appendicitis Score)
- (1 point) anorexia
- (1 point) fever
- (1 point) nausea/vomiting
- (1 point) migration of pain
- (2 points) pain with cough, percussion, or hopping
- (2 points) RLQ tenderness
- (1 point) WBC > 10,000*
- (1 point) ANC >6750*

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This document is not intended to prevent clinicians from using their best clinical judgment which may result in selective variances from the recommendations to meet the specific and unique requirements of individual patients