

# Appendicitis

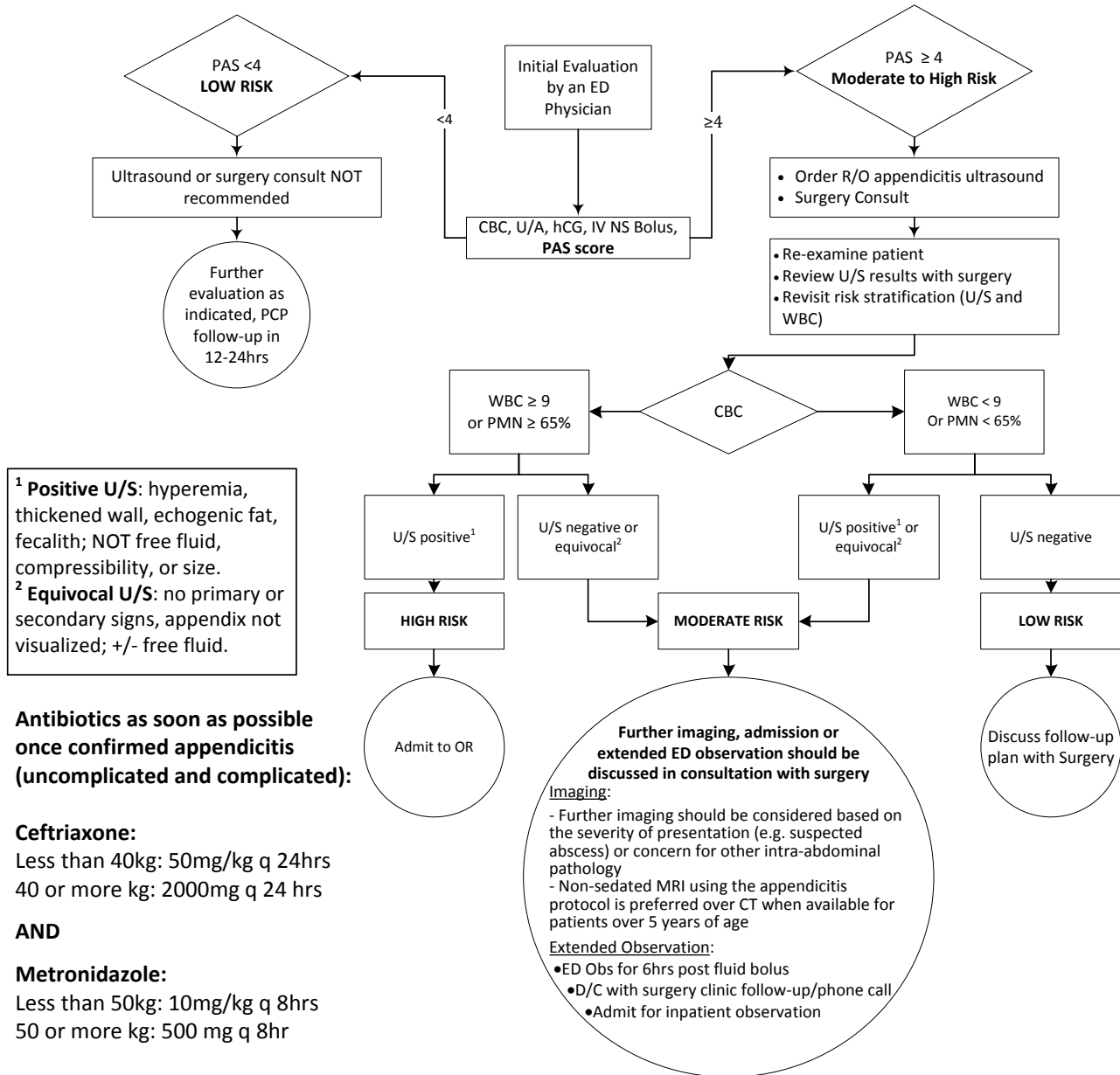
**Inclusion Criteria:**

Children ≥ 4 years of age who present with abdominal pain suspicious for appendicitis

**Exclusion Criteria:**

- Children < 4 years of age
- Previous abdominal surgery
- Inflammatory bowel disease
- History of cystic fibrosis, transplant, immunodeficiency, immunosuppression, cognitive disability metabolic disorders or malignancy
- Present with CT from an outside hospital
- Critically ill

PAS Feature	Point Value	mPAS Feature/Definition
Migration of Pain	1	Starts anywhere, migrates to RLQ and remains there as most painful portion of exam
Anorexia	1	Decreased appetite at time of presentation
Nausea/Vomiting	1	Emesis, nausea, retching, gagging in last 48 hrs
RLQ Tenderness	2	Point of maximal tenderness on exam in RLQ
Cough/Hopping Pain	2	Pain with coughing, pain with hopping, ALSO positive if the patient refuses to both cough and hop secondary to pain
Fever	1	Documented temp ≥ 38.5°C (101.3°F) in ED or measured at home in last 48 hrs
WBC Count	1	WBC ≥ 9
Neutrophils	1	Neutrophils ≥ 65%



<sup>1</sup> **Positive U/S:** hyperemia, thickened wall, echogenic fat, fecalith; NOT free fluid, compressibility, or size.  
<sup>2</sup> **Equivocal U/S:** no primary or secondary signs, appendix not visualized; +/- free fluid.

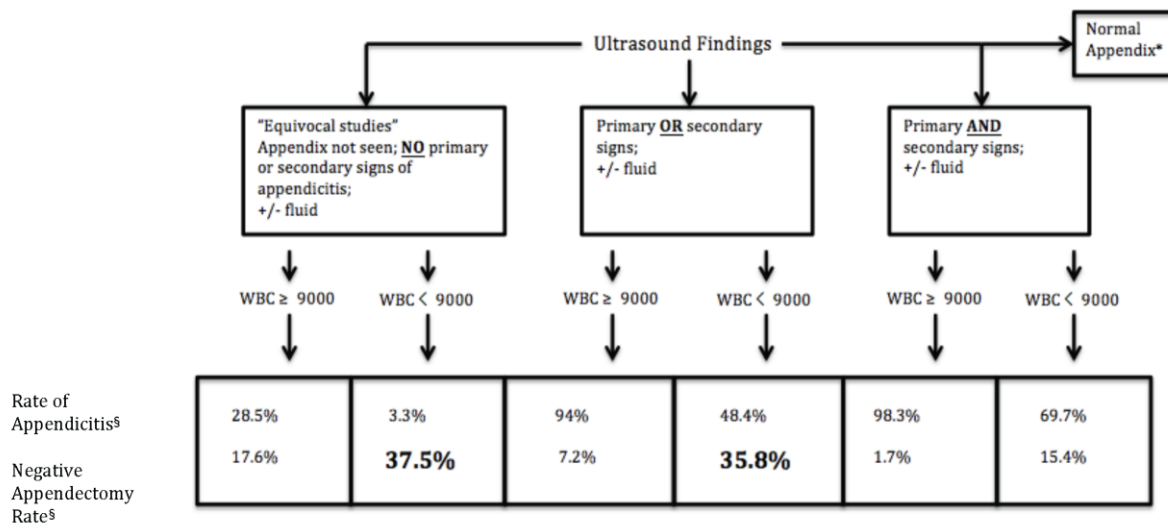
**Antibiotics as soon as possible once confirmed appendicitis (uncomplicated and complicated):**

**Ceftriaxone:**  
Less than 40kg: 50mg/kg q 24hrs  
40 or more kg: 2000mg q 24 hrs

**AND**

**Metronidazole:**  
Less than 50kg: 10mg/kg q 8hrs  
50 or more kg: 500 mg q 8hr

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<sup>§</sup>These rates were determined through a retrospective review of 845 patients at Boston Children's Hospital who underwent ultrasound examination and received a surgery consult.

\*Studies read as "normal appendix visualized" have highly variable results depending on the criteria the radiologist used to define a normal appendix. A discussion with radiology is recommended to establish whether the study should be considered "equivocal."

