Example Care Pathways

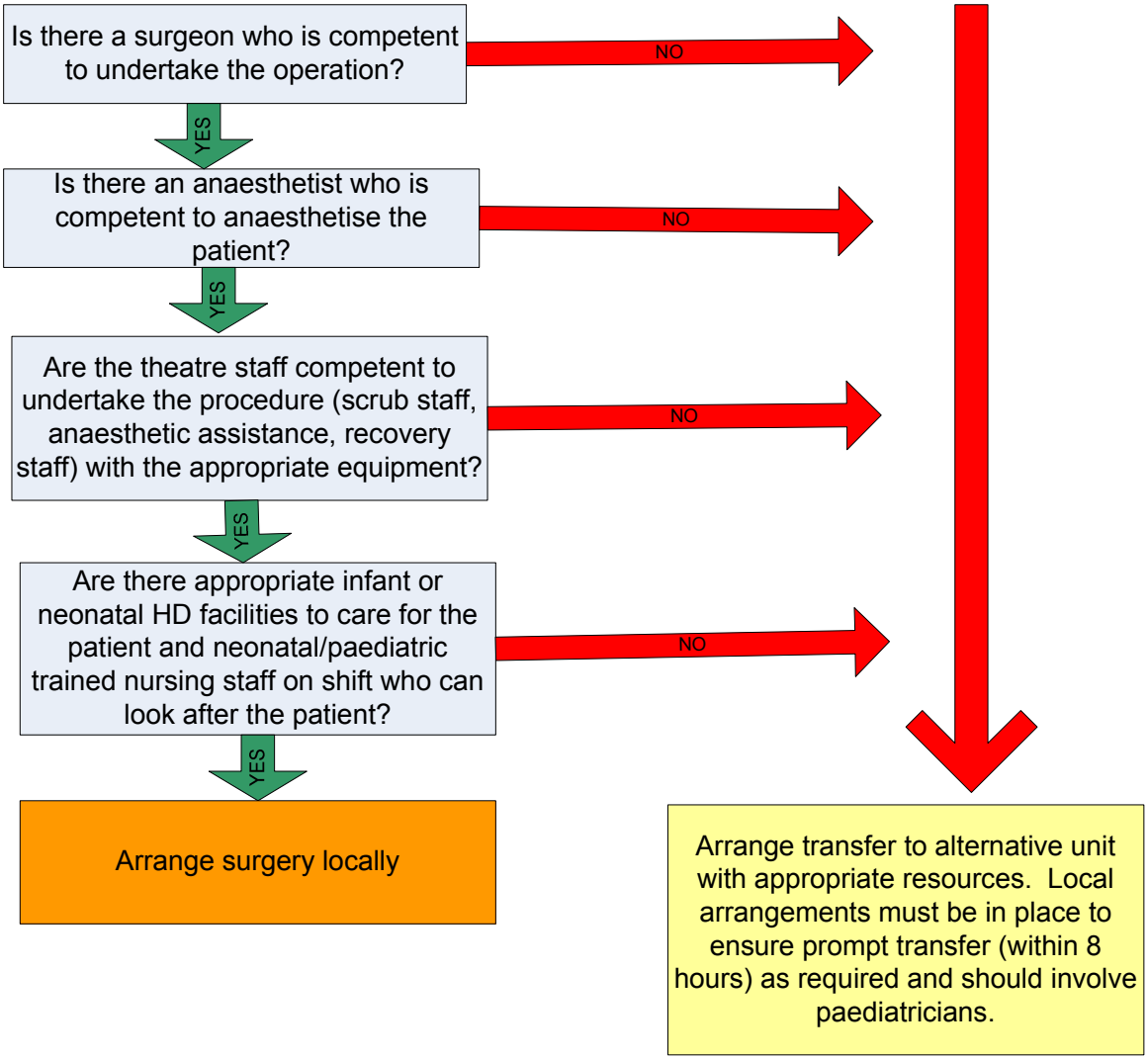
Introduction

The following care pathways have been adapted from those developed to sustain provision of general surgery for children in Scotland.

We have tried to avoid being too prescriptive. These pathways are provided to aide discussion between commissioners, providers, service planners and patients. Each locality will have a different solution and this must be understood and agreed by all stakeholders.

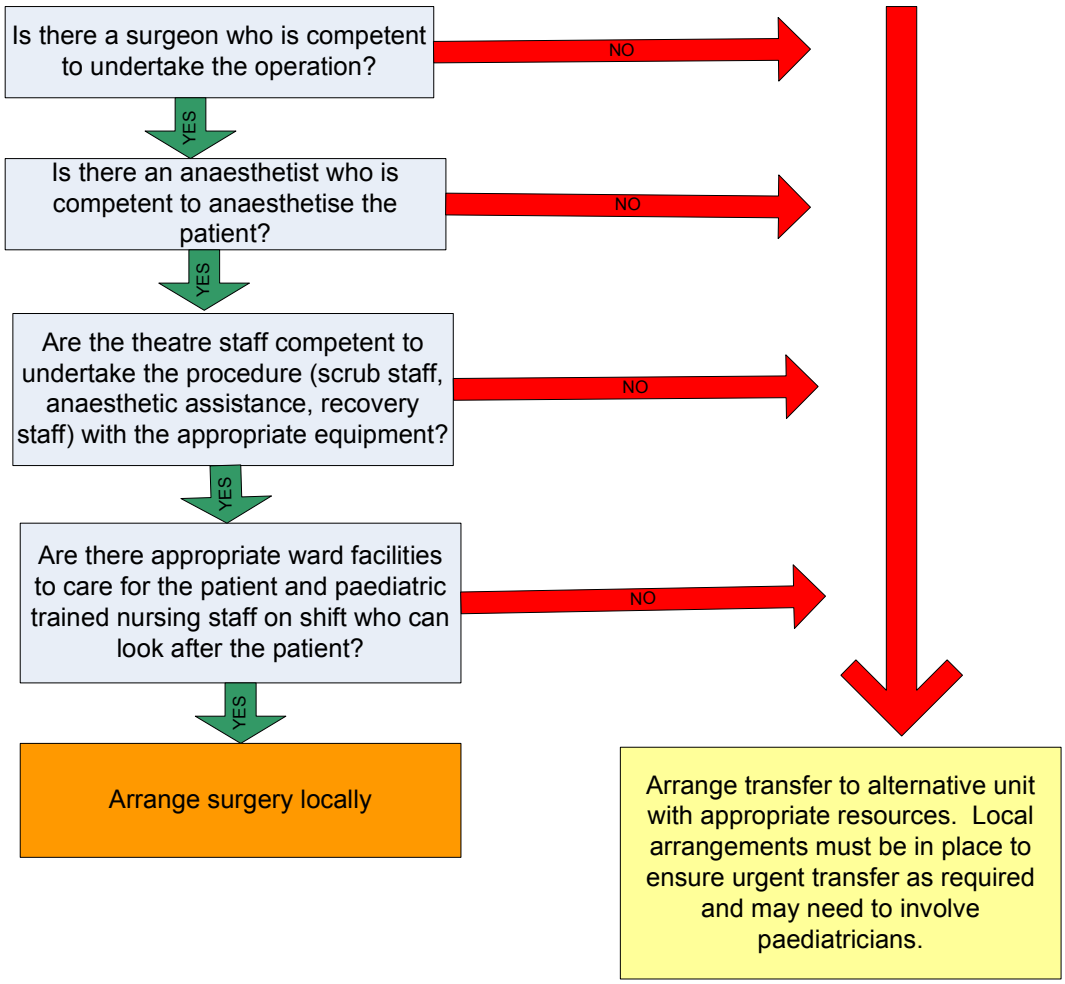
Child presents with suspected pyloric stenosis

Make a diagnosis based on history, physical examination (including test feed) and, if necessary, abdominal ultrasound scan. Check U&E's and blood gases. Establish IV access and ensure adequate and appropriate IV fluid resuscitation (you will need to involve local paediatricians in this step.) IV fluid replacement should be 0.45% saline with 5% dextrose and 10-20 mmol KCl in every 500ml bag. Fluid replacement should commence at 125% maintenance.



Child Presents with suspected appendicitis (age over 5 years)

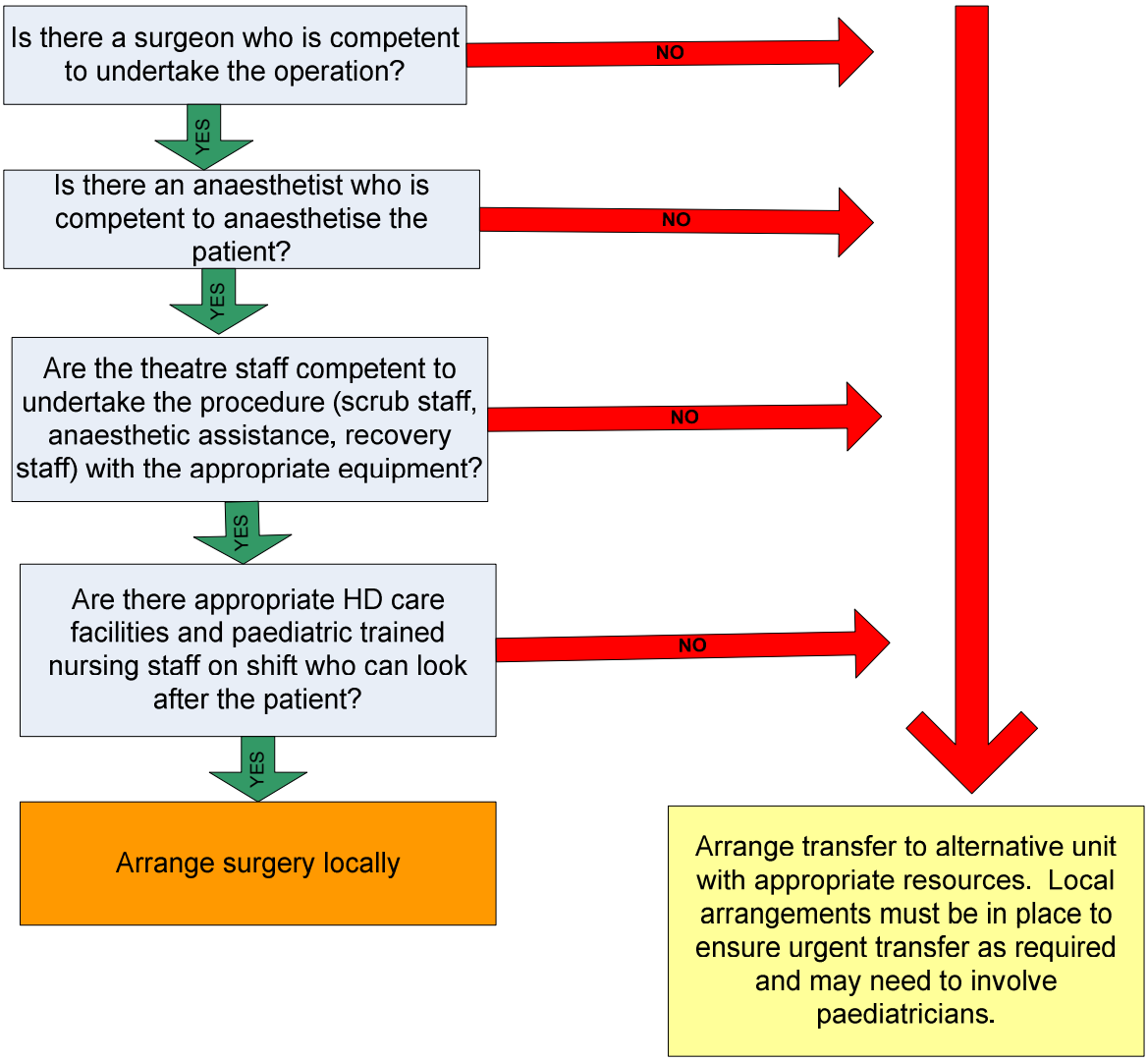
Establish IV access and ensure adequate and appropriate IV fluid resuscitation and analgesia (you may need to involve local paediatricians in this step).



Child Presents with suspected appendicitis (age under 5 years)

NOTE: this is an uncommon diagnosis in this age group. Clinical features are often unclear and the appendix is frequently perforated at the time of initial presentation. Children with this diagnosis are frequently extremely unwell.

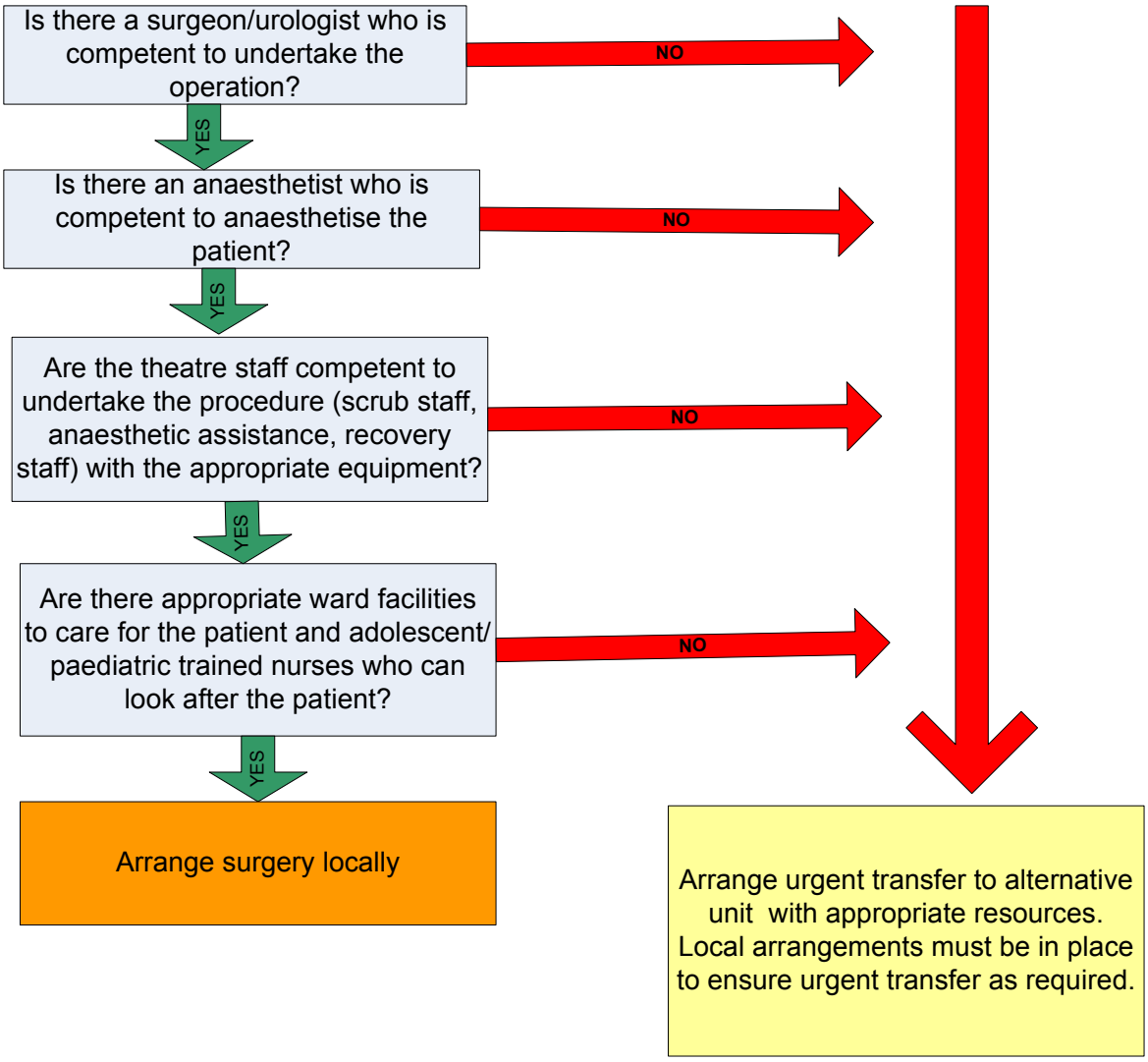
Establish IV access and ensure adequate and appropriate IV fluid resuscitation and analgesia (you will need to involve local paediatricians in this step).



Child Presents with suspected testicular torsion (all ages except neonates)

NOTE: There is an imperative here to ensure surgery within 6 hours of symptoms. Any delay will result in testicular loss. Local surgery or immediate transfer is essential.

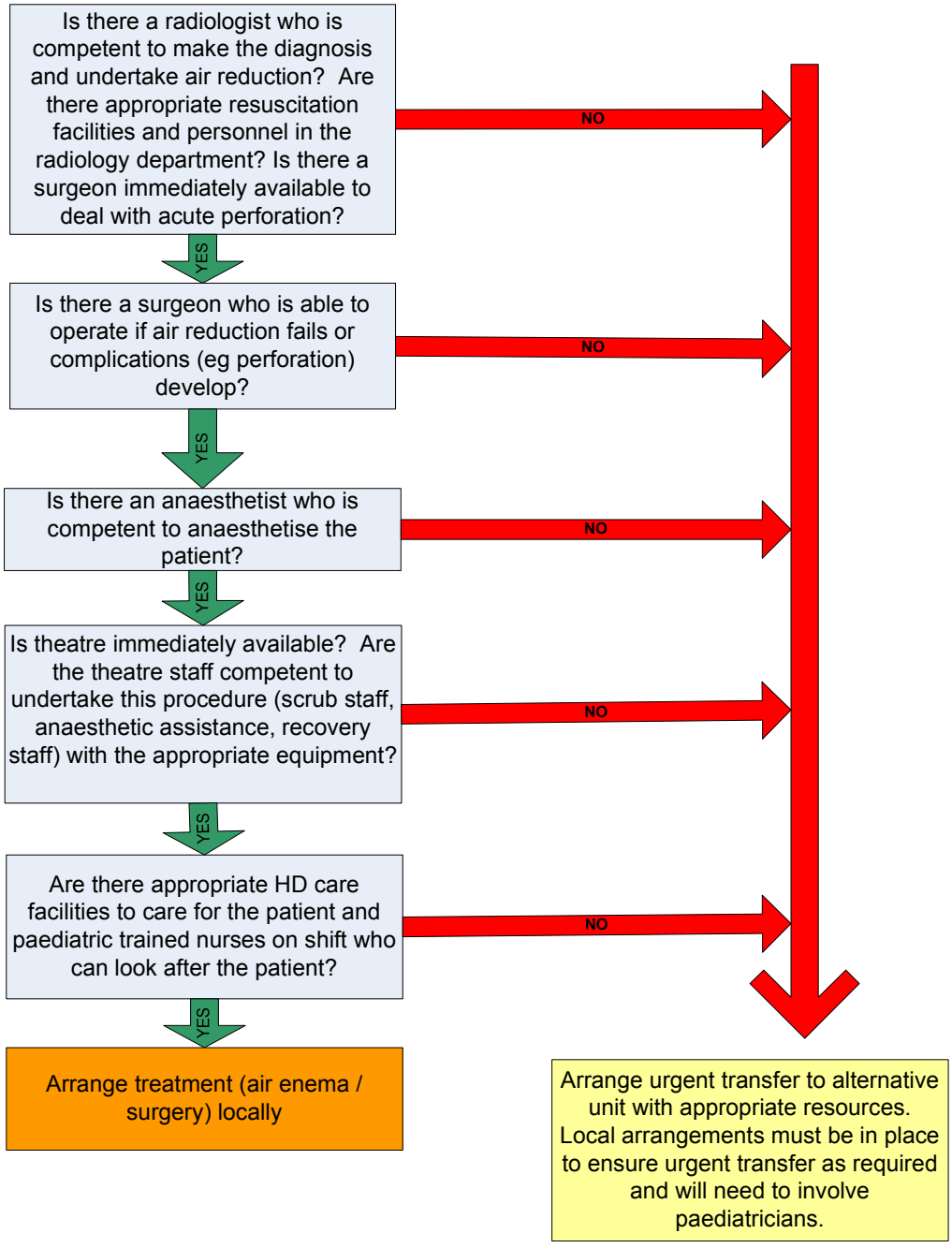
Ensure adequate analgesia (you may need to involve local paediatricians in this step).



Child Presents with suspected intussusception

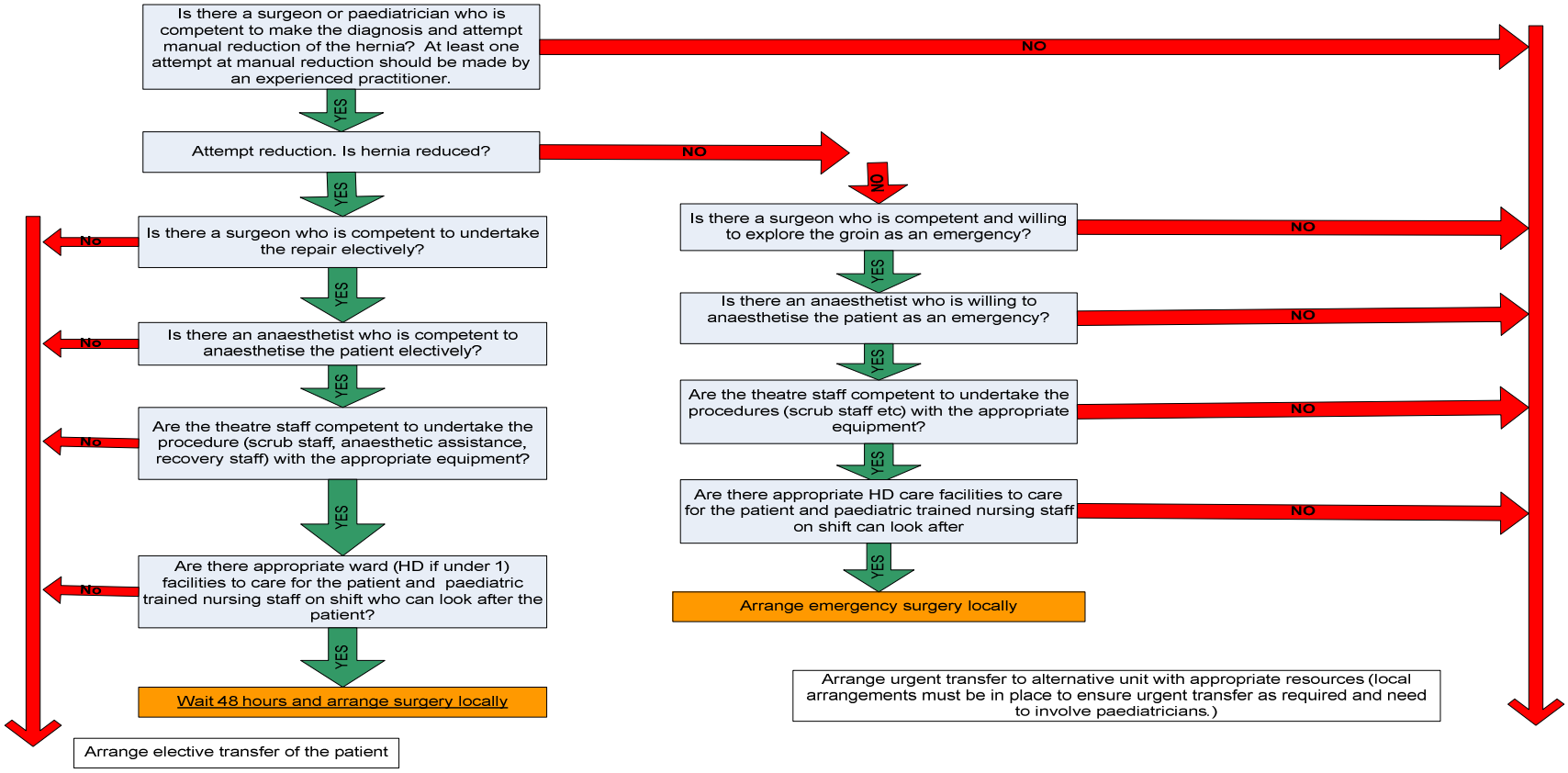
Establish IV access and ensure adequate and appropriate IV fluid resuscitation and analgesia (you will need to involve local paediatricians in this step)

Note: fluid resuscitation in this condition needs to be vigorous and may require 40-60mls/kg body weight of crystalloid fluid. Careful monitoring during the resuscitation is essential



Child Presents with an irreducible inguinal hernia

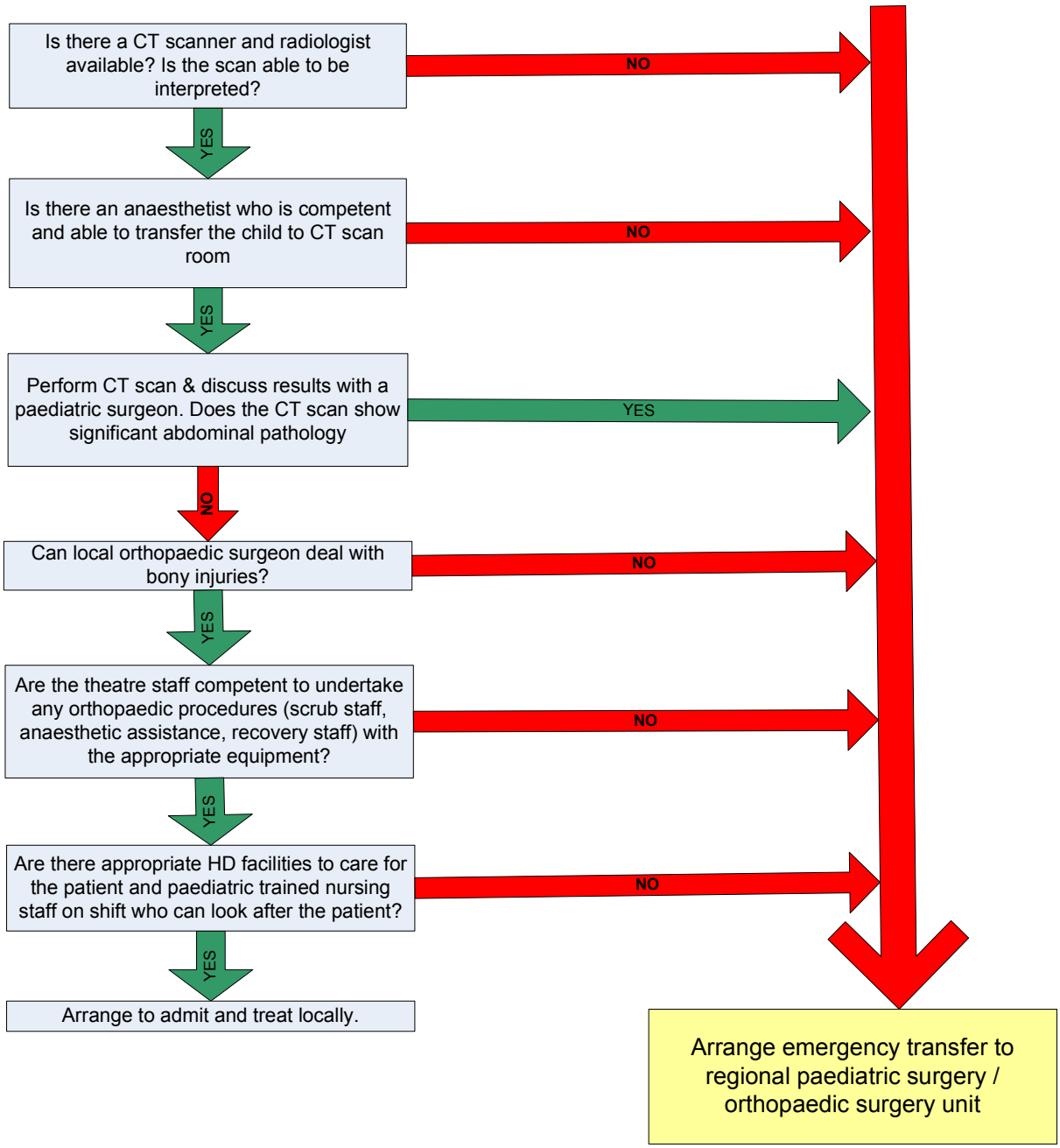
Establish IV access and ensure adequate and appropriate IV fluid resuscitation and analgesia (you will need to involve local paediatricians in this step)
A small dose of intravenous opiate (if the child is well resuscitated with appropriate personnel & monitoring) may facilitate manual reduction of the hernia.



Abdominal/ multi-system trauma
Care pathway

Child Presents with abdominal/ multisystem trauma
Note: Use APLS/ ATLS guidelines to assess and manage the child. Early consultation with the on-call Paediatric Surgical Team in the Regional Centre is essential.

(If trauma involves a head injury, look at head injury care pathway for assistance. In the event of conflict between general trauma or neurotrauma, discuss best plan of action with colleagues in the regional centre. Do not perform a diagnostic peritoneal lavage without prior discussion with the Regional Paediatric SURGICAL Team.)



Local arrangements must be in place to ensure emergency transfer

Child with an acute abdomen but no diagnosis
Care pathway

<u>Child Presents with acute abdominal but no diagnosis</u>
Note: Establish IV access and ensure adequate and appropriate IV fluid resuscitation and analgesia (you must involve local paediatrician in this step.) Pass a nasogastric tube and arrange plain abdominal x-rays.

For children under the age of 5 years, consider early consultation with the Regional Paediatric Surgery Team and arrange urgent transfer. For children over the age of 5 years, consider local care.