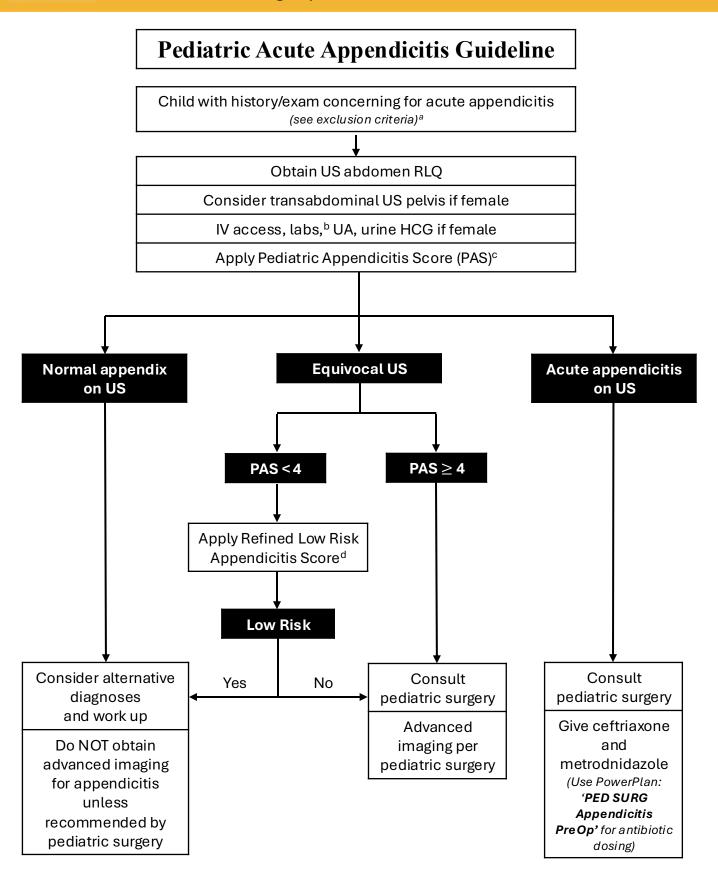


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Footnotes:

- a. Exclusion criteria: adults > 18 years, recent abdominal/bowel surgery, known diagnosis of IBD, suspected severe sepsis
- b. CBC with differential should be obtained in evaluation of possible appendicitis. CMP should be obtained if vomiting and/or concern for dehydration. CRP can be obtained for additional evidence of inflammation. Lipase should be obtained if epigastric pain/tenderness.
- c. Pediatric Appendicitis Score (PAS):1

Pediatric Appendicitis Score (PAS) Low Risk < 4; High Risk ≥ 7	
Nausea/vomiting	1
Anorexia	1
Migration of pain to RLQ	1
Fever	1
Cough/percussion/hopping tenderness	2
RLQ tenderness	2
Leucocytosis (WBC > 10,000)	1
Neutrophilia (ANC > 7,500)	1

d. Refined Low Risk Appendicitis Score:2

Refined Low Risk Appendicitis Score	
Absence of maximal tenderness in RLQ or RLQ tenderness w/o pain on walking, jumping or coughing and ANC < 6750/mm3	
NPV 95% for identifying children without appendicitis	

References:

- Kharbanda AB, et al. Development and Validation of a Novel Pediatric Appendicitis Risk Calculator (pARC), Pediatrics. 2018; 141(4):e20172699.
- 2. Kharbanda AB, et al. Validation and refinement of a prediction rule to indetify children at low risk for acute appendicitis. Arhc Pediatr Adolesc Med. 2012; 166(8):738-44
- 3. Children's Hospital of Philadelphia Emergency Department Clinical Pathway for Evaluation/Treatment of Children with Suspected Appendicitis, 2024.

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