

Acute Surgical Referrals

The process to obtain acute opinion and admission under general surgery is outlined below and differs by site due to location of the Paediatric and Surgical Services. The route to an acute opinion is by a phone call through switchboard to the surgical team and the intention is to deliver an opinion in a timely manner. Should this not be achieved by the initial contact *or* there is a delay *or* consultant to consultant referral is deemed necessary, the acute surgical consultant can also be contacted directly at any time through switchboard.

CRH on-call surgical rota (previously known as sub-acute surgical rota)

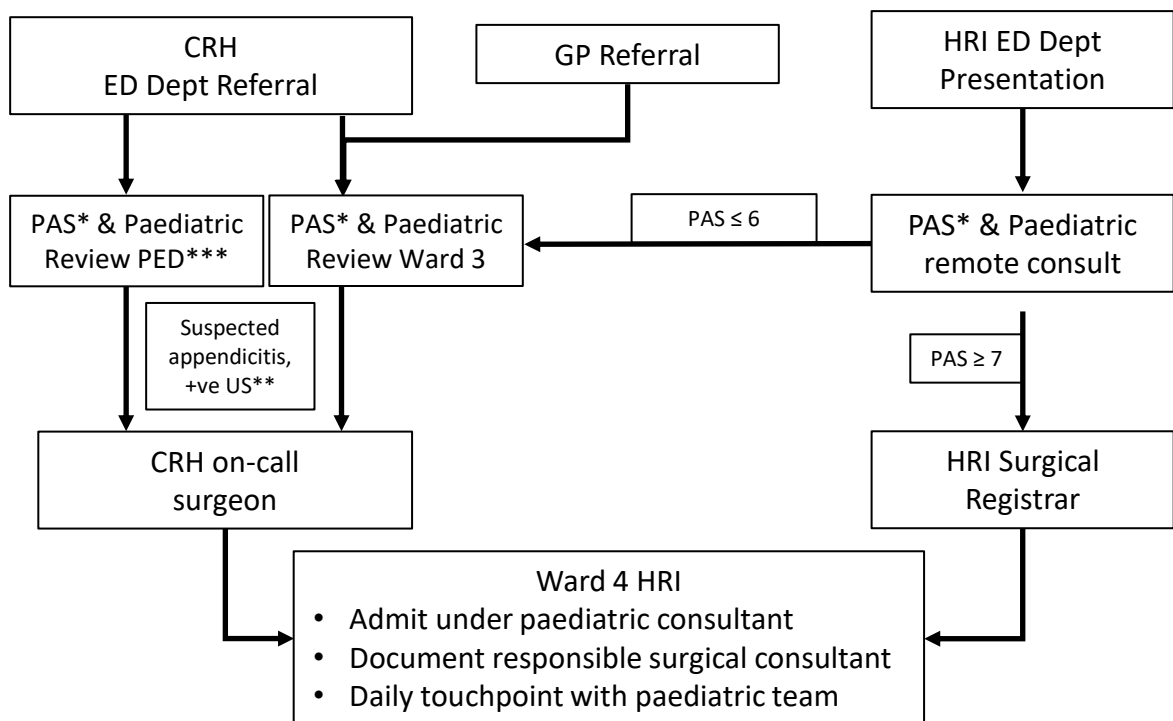
HRI on-call surgical registrar

Patients that are under 5 years old or complex or require critical care or considered to be in the realm of the specialist tertiary paediatric surgical service should be referred, liaising with our Paediatric team, directly to Leeds General Infirmary (LGI) and not to the surgical service at HRI. If LGI indicate they have no capacity, Sheffield Childrens' Hospital is the alternative. They should not be admitted under the acute surgical team at HRI while waiting for transfer.

All children should have a PAS* score as part of their assessment. Patients for HRI will have simple appendicitis or superficial abscesses. Complex surgical conditions are referred to LGI.

Within Paediatric ED at CRH at times there are paediatric clinicians (ACP / PNP / Consultant). If the child has been reviewed by one of these then to improve patient experience the child is reviewed in the PED and if appropriate, transferred directly to Ward 4.

Pathway for Paediatric Abdominal Pain



*PAS = Paediatric Appendicectomy Score

PAS ≤ 3 – unlikely appendicitis, consider other diagnoses

PAS 4 – 6 – cannot definitely exclude appendicitis. Consider imaging (US) and surgical consult

PAS ≥ 7 – likely appendicitis, surgical consult

**US = Ultrasound by paediatric sonographer

*** by Paediatric ACP, Paediatric Consultant or other member of Paediatric team

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Pediatric Appendicitis Score (PAS)

Predicts appendicitis in children.

INSTRUCTIONS

Use for patients 3-18 years of age.

When to Use ▾

Pearls/Pitfalls ▾

Why Use ▾

[RLQ](#) tenderness to cough, percussion, or hopping

No 0

Yes +2

Anorexia

No 0

Yes +1

Fever

Temp $\geq 38.0^{\circ}\text{C}/100.4^{\circ}\text{F}$

No 0

Yes +1

Nausea or vomiting

No 0

Yes +1

Tenderness over right iliac fossa

No 0

Yes +2

Leukocytosis

[WBC](#) $>10,000$

No 0

Yes +1

Neutrophilia

[ANC](#) $>7,500$

No 0

Yes +1

Migration of pain to [RLQ](#)

No 0

Yes +1

When to use

- Children or adolescents with acute abdominal pain, especially localized to the right lower quadrant (RLQ), where appendicitis is suspected.

Pearls / Pitfalls

- The Paediatric Appendicitis Score (PAS) predicts likelihood of appendicitis in paediatric patients (3-18 years old) with abdominal pain of ≤ 4 days duration.
- Stratifies patients into low risk, high risk, or equivocal for appendicitis.
- Includes findings from history, physical, and lab data.
- Should NOT be used in patients with known GI disease, pregnancy, or previous abdominal surgeries.

Why use

- The Paediatric Appendicitis Score has been validated in multicentre studies.
- The PAS may be as good as clinician gestalt at identifying patients at low risk for appendicitis versus those with appendicitis.

Acute Urology Referrals

The process to obtain acute opinion and admission under Urology is outlined below.

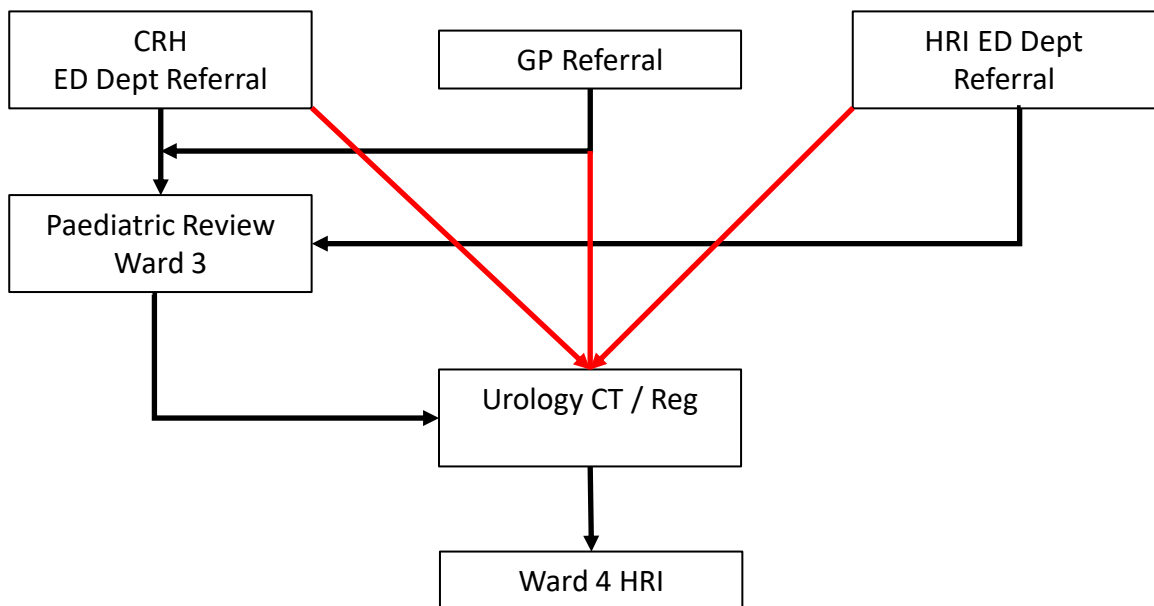
The route to an acute opinion is by a phone call through switchboard to the Urology Core Trainee or Registrar and the intention is to deliver an opinion in a timely manner. Should this not be achieved by the initial contact *or* there is a delay *or* consultant to consultant referral is deemed necessary, the acute urology consultant can also be contacted directly at any time through switchboard.

Suspected Torsion or Paraphimosis – this is an emergency and requires immediate action and direct contact

CRH - Urgent phone call to Registrar and initiate transfer to HRI site ward 4

HRI - Urgent phone call to Registrar and initiate transfer to ward 4

Patients that are under 3 years old, complex, require critical care or considered to be in the realm of the specialist tertiary paediatric urology service should be referred directly to Leeds General Infirmary. If they indicate they have no capacity, Sheffield Childrens' Hospital is the alternative. They should not be admitted under the acute urology team at HRI while waiting for transfer.



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