

	TITLE: PROTOCOL FOR SUSPECTED CASE OF APPENDICITIS	REV NO. 0	GRH TC-20 /2010
		DATE: 01.07.2010	
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### PROTOCOL FOR SUSPECTED CASE OF APPENDICITIS

Sl No.	Activity	Remarks
1	Specific points to be noted (history) Resp: MO/CNL and SN	History of Pain abdomen (starts at epigastrium/umbilicus) and shifts to RIF, Followed by Nausea and/or vomiting, followed by fever. Ask for any previous history suggestive of urolithiasis Ask regarding menstrual history, crampy pain abdomen(Yersinia infection)
2	Specific points to be noted (examination)  Resp: MO/CNL	Tenderness (with hand placed on, as opposed to fingers poking the abdomen!) Rebound tenderness (more important) Rise of pulse rate during palpation Pain abdomen accentuated on coughing/moving
3	Investigations	TC, DC, Urine Microscopy, AXR AP Erect.
4	Treatment	Conservative line of management to be initiated. This will serve the purpose of preparing the patient for surgery/reducing the rapid progress of peritonitis/and ensuring that travel is safe. <ol style="list-style-type: none"> <li>1. NPO</li> <li>2. Inj. Ciplox 200 mg IV Q12H</li> <li>3. Inj Metrogyl 500mg IV Q8H</li> <li>4. Inj Diclo 75mg IM Q8H</li> <li>5. Inj Rantac 50 mg IV Q8H</li> <li>6. IVF – RL/DNS @ 100ml/hr (increase rate if pt is dehydrated)</li> </ol>
5	Inform the consultant	Inform the surgeon and discuss further management/refer if needed.
NOTE: In the likely event of antibiotics/drugs not being available, they can be replaced by suitable alternatives.		