

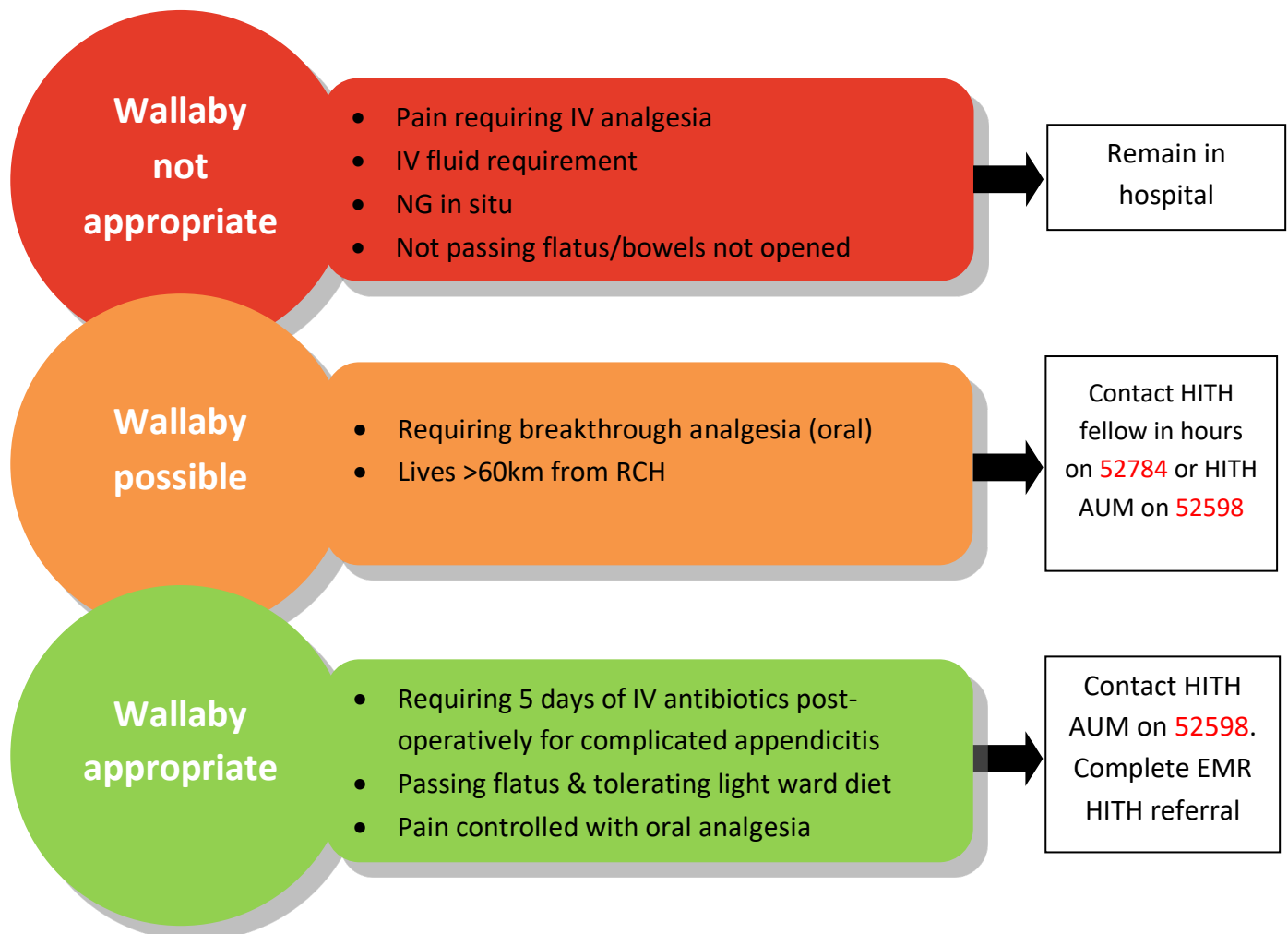


# Appendicitis



Clinically stable children requiring IV antibiotics post-appendicectomy, can complete their antibiotic course through Hospital-in-the-home (HITH). As with any other HITH admission, this requires a safe home environment and consent from caregivers.

## HITH (Wallaby) admission criteria and protocol



### Prior to family leaving hospital:

- IV cannula appropriately secured and patent
- HITH CNC/AUM will review patient & family
- HITH order set on EMR completed:
  - Preselected: Adrenaline 1:1000 (1mg/ml) 10mcg/kg IM PRN  
Sodium chloride flush 0.5-2ml IV PRN
  - Gentamicin IV/IM charted
    - <10yo 7.5mg/kg daily (max 320mg)
    - ≥10yo 5mg/kg daily (max 560mg)
    - Gentamicin trough level ordered pre 3<sup>rd</sup> dose
  - Prescription for metronidazole PO given to family
    - 7.5mg/kg TDS (max 400mg)
  - EMR referral and 'Transfer order reconciliation' completed



# HITH protocol – nursing and medical

## Home team medical responsibilities

Clearly document, book and communicate plan (including end date of antibiotics) & follow-up  
Overall medical responsibility for patient

## HITH medical team responsibilities

Bi-weekly case conference to review patient progress

## Wallaby care requirements

IV gentamicin daily as per Paediatric Injectable Guideline  
Daily wound review  
Collect pathology as per orders

## Potential issues

IV failure – home team to review to determine if still requires parenteral antibiotics or IM appropriate. If requires parenteral, home team will arrange IV re-site  
Inadequate pain control – discuss with home team, may require review or additional prescription  
Anaphylaxis – administer IM adrenaline and call ambulance (will need allergy referral)

## Readmission

Worsening abdominal pain, bowels not opened, not tolerating oral intake  
If requires transfer back to hospital, to be admitted under home team bedcard. Home team will liaise with bed manager

## Discharge plan

Discharge once completed 5 days of IV antibiotics  
Wallaby team will remove the IV line prior to discharge  
Follow up as per home team