

Document Conception	
Document type	Principles
Document name	<b>STPN Appendicitis in Children. Implementing commissioning guidance and improving outcomes for all children in the South Thames Paediatric Network- Revision of June 2024</b>
Document Audience	All tertiary and secondary centre staff involved in the pathways for children (under 18 years) presenting with abdominal pain, and undergoing appendicectomy: adult general surgeons in DGHs operating on children, paediatric surgeons, anaesthetists, paediatricians, ED clinicians and nurses, paediatric nurses.
Summary	This document sets out the key concepts in the provision of best practice in the management of paediatric acute abdominal pain and appendicectomy. It reviews both the GIRFT Abdominal Pain and Appendicectomy Pathway and the previous STPN Consensus document (2020) and provides renewed focus on what is considered best practice across the South Thames region for the care of children.
Reason for development	The GIRFT programme and review of Children's surgical care found huge variation in all aspects of the management of children with abdominal pain. This variation was seen from how they are assessed and treated in Paediatric Emergency Departments through to aspects of post-operative care following appendicectomy. An adverse impact of this was on outcomes and quality.
	Recent publication of the following document: GIRFT Paediatric acute abdominal pain and appendicectomy: Best practice pathway guidance June 2022, providing recommendations on the challenges described above.
	The STPN published a discussion paper on the approach to management of Children and Young People with appendicitis in 2020, concluding an evidence-based approach for the network. The messages need refreshing and re-emphasising. This revision provides a concise summary of the key recommendations.
Document Benefits	
Key Improvements / Benefits	Children presenting with abdominal pain are assessed by the appropriate team(s) and responsibility for the child's care is clear
	Children over the age of 5 years are treated close to home
	Children and young people under 5 are treated in a paediatric surgical specialist centre, where diagnosis and treatment are more challenging
	Improved clinical outcomes for children and young people presenting with abdominal pain and/or appendicitis
	Children are efficiently and effectively managed from assessment and diagnosis, through pre- and peri-operative care to post-operative care. Ensuring their hospital stay is no longer than necessary
	Improved patient experience when abdominal pain is managed quickly and appropriately
Pathway Evaluation	
Evaluation	STPN Appendicectomy Audit data and Model Hospital data
	Clinical outcomes: Negative appendicectomy rates, length of stay for simple and complex appendicitis, readmission rates, time to theatre
	Number of appendicectomies performed by provider (activity)
	Patient experience of an admission with abdominal pain and/ or appendicectomy
Implementation / Recommendations: Next Steps	
Overview: In order for the Abdominal pain and appendicectomy- Revision document principles to be reemphasised successfully across the network, we need to ensure they are circulated widely across the whole network, to ensure all clinical staff assessing children and young people and those performing procedures are familiar with the agreed standards to be following. The Network would provide support through education and training to centres who aren't meeting expected standards. Reviewing the current data and repeating the process each year will allow us to ensure the principles are having the intended outcomes.	
Step 1	Each Trust should align local guidelines and policies with the principles set in this document.
Step 2	STPN collects data regularly from our own audit and from Model Hospital, and discusses with the STPN General Surgery and Urology Working Group.
Step 3	STPN identifies training and workforce needs.
Document Contributors	

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Consultation provided by	STPN General Surgery and Urology specialty group.	Written: June 2024. Date of document approval: