

25 November 2025

## **Clinical guideline for perforated appendicitis in children**

- 1. A copy of the current paediatric clinical guideline, protocol, or pathway specifically covering the management of perforated (complicated) appendicitis in children. Please include the full document, version number, date of issue, and the name/role of the approving consultant or committee.**

Please find attached a copy of the protocol for Paediatric acute abdominal pain and appendectomy which is currently in place within the Royal Belfast Hospital for Sick Children and which is in keeping with other UK units. This version is dated Nov 2024. The service plan to table a future version of the protocol at the Trust's Standards and Guidelines Group once there is updated input provided by the Infectious Diseases Team with regards to antimicrobial resistance guidance.

- 2. Any sub-documents or local operating procedures used alongside the main guideline (for example: antibiotic regimens, criteria for operative vs non-operative management, drain use, imaging pathway, post-op follow-up).**

The service have confirmed that they do not routinely do non-operative management for perforated appendicitis unless there is a mass or an abscess which might require drainage in the first instance. The service have confirmed that are part of the national CONTRACT2 trial, which hopes to inform decision making on simple appendicitis (operative vs antibiotics only), but antibiotic choice will remain a local issue. This excludes perforated appendicitis (which over the last 6-7 year has accounted for >55% of our appendectomies).

- 3. Any patient information leaflets provided to parents/carers specifically addressing perforated appendicitis in children.**

Please find attached

- 4. Records of the current policy on which grade of surgeon is authorised to perform emergency surgery for perforated appendicitis in children (e.g., registrar with consultant supervision vs consultant-only policy).**

This is not detailed within a specific policy but the service have confirmed that the surgery can be undertaken by a Registrar who is competent or a Consultant

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**5. The date of the most recent review of the guideline and the date scheduled for the next review.**

**6.**

As above the policy will be tabled at an upcoming Standards and Guidelines Committee. The service have confirmed that the current protocol is regularly audited, the most recent of which was completed in July 2025 with positive compliance confirmed from the audits.