

STANDARD OPERATING PROCEDURE

# Acute Appendicitis

Department of Health, Special Region (1)

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# 1. Purpose

To provide a standardized protocol for the diagnosis, management, and treatment of patients presenting with acute appendicitis to ensure timely intervention and reduce morbidity and mortality.

# 2. Scope

Applicable to all healthcare providers (ER specialists, surgeons, anesthesiologists, medical officers, and nursing staff) involved in the care of patients with suspected or confirmed acute appendicitis.

# 3. Responsibilities

Role	Responsibilities
<b>Emergency Physician / Medical Officer</b>	Initial assessment, stabilization, investigations, surgical referral.
<b>Surgeon</b>	Confirmation of diagnosis, surgical planning, operative management.
<b>Physician</b>	Pre-operative fitness assessment.
<b>Anesthetist</b>	Pre-operative fitness assessment, perioperative care.
<b>MO / Nursing Staff</b>	Monitoring, medication administration, pre/post-operative care.

# 4. Procedure

## A. Initial Assessment

### History & Symptoms

- Periumbilical pain shifting to right iliac fossa (RIF)
- Nausea and vomiting
- Anorexia

- Low-grade fever
- Duration less than 48 hours

### Physical Examination

- RIF tenderness, guarding, rebound tenderness
- Rovsing's sign, psoas sign, obturator sign
- Vital monitoring

### B. Investigations

Category	Investigations
Laboratory	CBC, CRP, urinalysis, pregnancy test (in females), infection screening
Imaging	Ultrasound abdomen (for children, pregnant women and atypical presentations)

### C. Preoperative Management

- Admit the patient
- Keep NPO (nil per os)
- IV fluids
- IV antibiotics (ceftriaxone + metronidazole)
- Analgesia
- Informed consent

### D. Surgical Management

Appendicectomy (open or laparoscopic) is the definitive treatment. The surgical approach should be determined by the surgeon based on patient factors, available resources, and clinical presentation.

### E. Postoperative Care

- Monitor vital signs
- Continue IV antibiotics
- Pain relief

- Early mobilization
- Gradual diet reintroduction
- Wound care

## **F. Discharge & Follow-up**

- Discharge when stable
- Oral antibiotics if needed
- Wound care instructions provided
- Outpatient follow-up in 7 to 10 days

## **5. Documentation**

The following documentation must be completed for all patients:

- Admission notes (history, examination findings)
- Consent form
- Operation notes
- Post-operative progress notes
- Discharge summary and follow-up instructions