Evaluation of Patients with Suspected Appendicitis

I. Assess clinical probability of appendicitis, and obtain white blood cell (WBC) count and C-reactive protein level.

Ohmann Score

Clinical Finding	*Points*
Tenderness in the right lower quadrant	4.5
Rebound tenderness	2.5
No difficulty with micturition	2.0
Steady pain	2.0
Leukocytosis (≥ 10,000 WBCs per mm^3 [10 × 10^9 per L])	1.5
Age less than 50 years	1.5
Migration of pain to the right lower quadrant	1.0
Abdominal rigidity	1.0
Total:	_____

NOTE: *Previously published with interpretation in the March 15, 2008, Point-of-Care Guides.*

Adapted with permission from Ohmann C, Franke C, Yang Q, for the German Study Group of Acute Abdominal Pain. Clinical benefit of a diagnostic score for appendicitis: results of a prospective interventional study. Arch Surg. *1999;134(9):994.*

Alvarado (MANTRELS) Score

Clinical Finding	*Points*
Migration of pain to the right lower quadrant	1
Anorexia	1
Nausea/vomiting	1
Tenderness in the right lower quadrant	2
Rebound pain	1
Elevated temperature (≥ 99.1°F [37.3°C])	1
Leukocytosis (≥10,000 WBCs per mm^3 [10 × 10^9 per L])	2
Shift of WBC count to the left (> 75 percent neutrophils)	1
Total:	_____

NOTE: *Previously published with interpretation in the March 15, 2008, Point-of-Care Guides.*

Adapted with permission from Alvarado A. A practical score for the early diagnosis of acute appendicitis. Ann Emer Med. *1986;15(5):561, with additional information from Andersson RE. Meta-analysis of the clinical and laboratory diagnosis of appendicitis.* Br J Surg. *2004;91(1):28-37.*

II. Assess risk, and use algorithm to guide diagnostic evaluation.

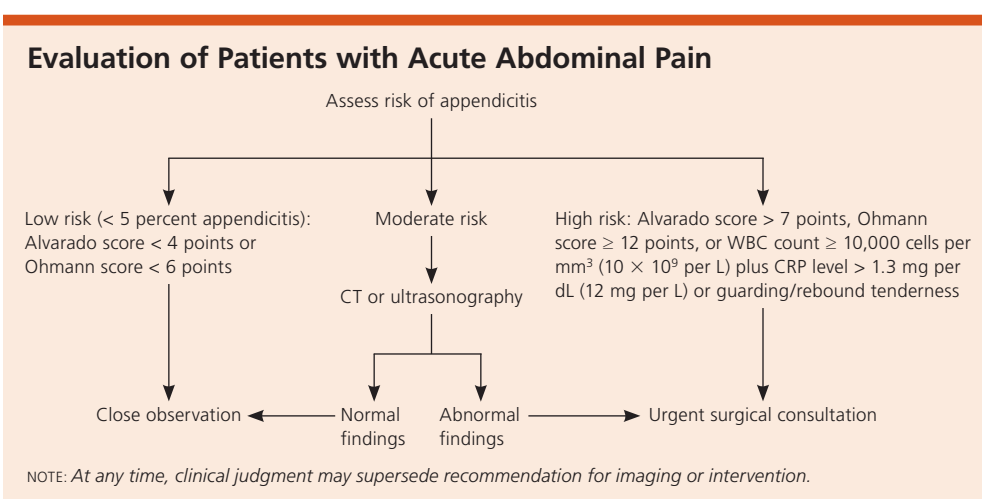

Figure 1. Suggested algorithm for the evaluation of patients with acute abdominal pain. This algorithm is based on studies that were largely limited to adults and children six years and older. (WBC = white blood cell; CRP = C-reactive protein; CT = computed tomography.)

Information from 3 through 6.