

- Rigid abdomen
- Decreased or absent bowel sounds
- Vomiting (typically follows onset of pain)
- Constipation or diarrhea
- Anorexia
- Tachycardia
- Rapid, shallow breathing
- Pallor
- Lethargy
- Irritability
- Stooped posture

Laboratory studies usually include a CBC; urinalysis (to rule out a urinary tract infection); and, in adolescent females, serum human chorionic gonadotropin (to rule out an ectopic pregnancy). A WBC count greater than  $10,000/\text{mm}^3$  and a C-reactive protein (CRP) are common but are not necessarily specific for appendicitis. An elevated percentage of bands (often referred to as “a shift to the left”) may indicate an inflammatory process. CRP is an acute-phase reactant that rises within 12 hours of the onset of infection.

Computed tomography (CT) scan has become the imaging technique of choice, although ultrasonography may also be helpful in diagnosing appendicitis. A CT scan result is considered positive in the presence of enlarged appendiceal diameter; appendiceal wall thickening; and periappendiceal inflammatory changes, including fat streaks, phlegmon, fluid collection, and extraluminal gas (Balachandran, Singhi, and Lal, 2013). The accuracy of CT scan is 96% for diagnosing appendicitis (Pepper, Stanfill, and Pearl, 2012).

### Nursing Alert