

# Discharge Instructions for Intussusception (Child)



Your child has intussusception. This is a health problem in which part of the intestine slides inside another part. (The same way that parts of a telescope slide inside each other when you close it.) Blood flow to part of the intestine can then become blocked. This can cause severe damage if not treated. Intussusception can happen anywhere in the bowel. It occurs most often where the large intestine and small intestine meet. The cause is often not known.

A fluid or air enema is often used to both diagnose and treat the problem. A flexible tube puts fluid or air into the intestine. Then, special X-rays are taken. The force of the fluid or air going into the intestine often straightens it.

## Home care

- Let your child get back to normal activity as soon as they feel up to it.
- This health problem can sometimes come back. Watch your child for signs. Look for belly (abdominal) pain that gets worse, or vomiting. Also look for crying spells without a cause and drawing the legs up toward the belly.
- Feed your child a normal diet.

## Follow-up care

Follow up with your child's healthcare provider, or as told.

## When to call your child's healthcare provider

Call your child's healthcare provider right away if your child has:

- Fever (see below)
- Belly pain that comes and goes
- Constant belly pain that doesn't get better or seems to be getting worse
- Vomiting
- Extreme sluggishness, tiredness, or fatigue
- Dark, mucus-like, bloody stools
- Pale skin color

## Fever and children

Use a digital thermometer to check your child's temperature. Don't use a mercury thermometer. There are different kinds and uses of digital thermometers. They include:

- **Rectal.** For children younger than 3 years, a rectal temperature is the most accurate.
- **Forehead (temporal).** This works for children age 3 months and older. If a child under 3 months old has signs of illness, this can be used for a first pass. The provider may want to confirm with a rectal temperature.
- **Ear (tympanic).** Ear temperatures are accurate after 6 months of age, but not before.

- **Armpit (axillary).** This is the least reliable but may be used for a first pass to check a child of any age with signs of illness. The provider may want to confirm with a rectal temperature.
- **Mouth (oral).** Don't use a thermometer in your child's mouth until they are at least 4 years old.

Use the rectal thermometer with care. Follow the product maker's directions for correct use. Insert it gently. Label it and make sure it's not used in the mouth. It may pass on germs from the stool. If you don't feel OK using a rectal thermometer, ask the healthcare provider what type to use instead. When you talk with any healthcare provider about your child's fever, tell them which type you used.

Below are guidelines to know if your young child has a fever. Your child's healthcare provider may give you different numbers for your child. Follow your provider's specific instructions.

**Fever readings for a baby under 3 months old:**

- First, ask your child's healthcare provider how you should take the temperature.
- Rectal or forehead: 100.4°F (38°C) or higher
- Armpit: 99°F (37.2°C) or higher

**Fever readings for a child age 3 months to 36 months (3 years):**

- Rectal, forehead, or ear: 102°F (38.9°C) or higher
- Armpit: 101°F (38.3°C) or higher

**Call the healthcare provider in these cases:**

- Repeated temperature of 104°F (40°C) or higher in a child of any age
- Fever of 100.4° F (38° C) or higher in baby younger than 3 months
- Fever that lasts more than 24 hours in a child under age 2
- Fever that lasts for 3 days in a child age 2 or older

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