

Decision support tools cut CT use in pediatric appendicitis workup

25 August 2016



group among moderate- and high-risk groups. In all three risk groups, the proportions of patients undergoing ultrasound increased from the historical baseline. Time trends were confirmed as not being significant within any individual time period; incidental secular trends over [time](#) did not account for the decreased use of CT.

"Passive and active decision support tools minimized unnecessary CT imaging; long-term effects remain an important area of study," the authors write.

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(HealthDay)—For pediatric patients, passive and active decision support tools can reduce unnecessary computed tomography (CT) imaging among pediatric patients undergoing workup for appendicitis, according to a study published online Aug. 23 in *Pediatrics*.

Holly Depinet, M.D., M.P.H., from the Cincinnati Children's Hospital Medical Center, and colleagues used an interrupted time series trial to compare the proportion of patients who underwent diagnostic imaging between three time periods: baseline historical controls; after passive diffusion of a diagnostic workup clinical pathway; and after introduction of a clinical [decision support](#) tool embedded in the [electronic medical record](#) that provides point-of-care imaging recommendations. Participants were children undergoing workup for appendicitis.

The researchers found that lower proportions of CT were used in the passive and active intervention time periods compared with the historical care

APA citation: Decision support tools cut CT use in pediatric appendicitis workup (2016, August 25)
retrieved 11 October 2022 from <https://medicalxpress.com/news/2016-08-decision-tools-ct-pediatric-appendicitis.html>

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