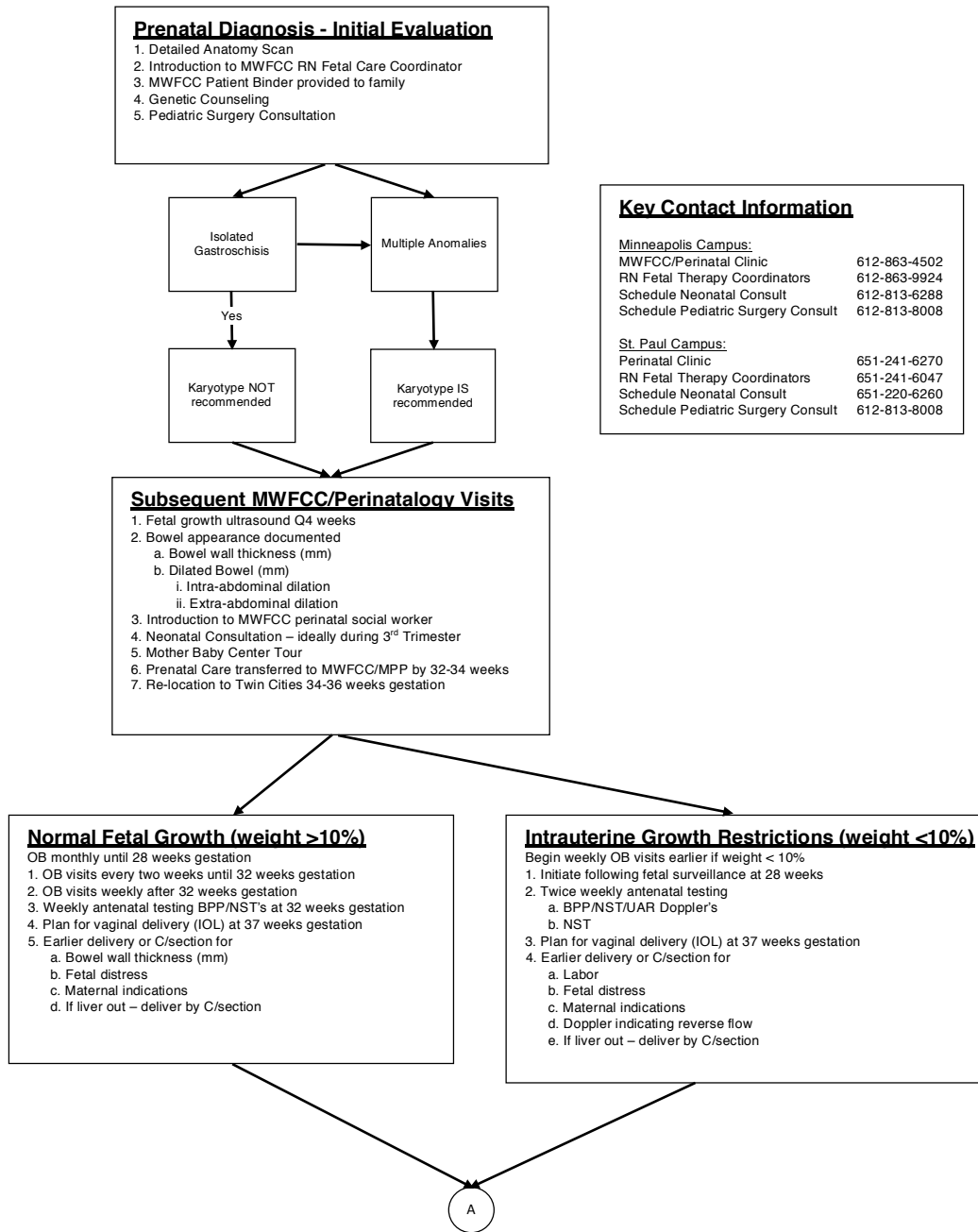


Gastroschisis Clinical Pathway



GASTROSCHISIS CLINICAL PATHWAY

A

Resuscitation

1. Provide respiratory support as indicated
2. Protect exposed viscera
 - a. Saran Wrap followed by Kerlix gauze silo
 - b. Lateral position to protect silo of wrapped bowel
 - c. Place OG (8-10 Fr), aspirate stomach
3. Place peripheral IV
4. Begin IV glucose infusion at 100 mL/kg/d
5. Fluid bolus-normal saline

NICU

1. Routine admission procedures
2. Blood work
 - a. CBC with differential
 - b. Blood culture
 - c. Glucose
 - d. Type and screen
3. OG Tube and low intermittent suction, -#10 Fr.
4. Urinary catheter
5. Ampicillin, Gentamicin, prophylactic Fluconazole until 24 hours after abdominal closure
6. PICC line attempt for all infants. Consider Broviac if unable to place PICC
7. Pediatric surgery consult for silo placement and decision about timing of closure

GASTROSCHISIS CLINICAL PATHWAY

Primary or Staged Surgical Intervention

1. If intubated; Goal PIP < 25 cm H₂O (VT 4-6 mL/kg)
2. Consider intra-abdominal pressure (IAP)
 - a. Hourly until consistently < 12 mm Hg. Then measure 4Q hours
3. If IAP > 12 mm Hg notify neonatologist or nurse practitioner & consider
 - a. For IAP > 20 mm Hg consider undoing silo reduction
 - b. Elevate HOB to 30 degrees (maximum)
 - c. Remove constricting dressings
 - d. Neuromuscular blockade
4. Call surgery to assess for; IAP > 20 mm Hg; (the definition of intra-abdominal compartment syndrome)
5. Sedation and pain management as clinically indicated
6. Notify NEO/NNP for urine output < 1 mL/kg/hr

B

GASTROSCHISIS CLINICAL PATHWAY

