Gastroschisis

**Care of the Exposed Bowel**

- Long umbilical cord (10 cm) requested
  - Assess color (perfusion), shape (kinks), and size (dilatation) of bowel
    - Utilize sterile gloves when manipulating bowel
    - Place patient in side-lying position (right side) to increase venous return and prevent vascular compromise. Avoid placing the infant prone.
    - Prepare bowel bag with approximately 1 oz of warm sterile normal saline to moisten the inside of the bag
    - Put baby from the nipple line down into the bag.
      - Do not cut holes in the bag.
      - Do not use saline soaked gauze.

**Upon NICU Arrival**

- PICC placement upon arrival
- Establish a safe airway but routine intubation is not recommended
- Establish IV access
- Avoid umbilical lines and upper extremity IV access is preferable due to placement of bowel bag

**IV Fluids**

- Total fluids at least 100ml/kg/day
- Consider NS bolus 10 ml/kg

**Labs**

- Blood gas
- Hematocrit
- BMP
- Newborn screen
- Blood culture, if clinically indicated

**Imaging**

- 2 view abdominal x-ray
- Consult
- Surgery consult

**Infants with Gastroschisis are at high risk for**

- Late onset sepsis (PATHWAY LINK)
- Skin and soft tissue infections (cellulitis, abscess, post-wound debridement etc.)
- Central line associated bacterial infections
- UTI and pneumonia (mainly for those who remain intubated)
- Small Intestinal Bacterial Overgrowth (SIBO)
Intestinal Atresia

Small Bowel Atresia Delivery Room Management

- Cautious/judicious use of prolonged CPAP or NIMV
- Place replogle to low intermittent suction
- PIV if infant on minimal respiratory support
- Consider umbilical lines for:
  - Intubated infants
  - Inability to obtain PIV
  - Central access is needed for other reasons
- PICC will be placed at ACH

IV Fluids
- Total fluids at least 80 ml/kg/day
- Consider NS bolus 10 ml/kg

Labs
- Blood gas
- Hematocrit
- BMP
- Newborn screen
- Blood culture, if clinically indicated

Imaging
- 2 view abdominal x-ray

Consult
- Surgery consult

Gastrochisis Pathway
Pre-Procedure Prophylaxis Pathway

Routine intubation is not recommended
Pre-Procedural Antibiotics

Infants born with Gastroschisis/small bowel atresia

Assess need for antibiotics

Perinatal risk factors*/clinical instability

* Perinatal Risk Factors:
- Chorioamnionitis/intra-amniotic infection (IAI)
- Prolonged rupture of membranes (ROM) > 18 hours/ Premature ROM
- Maternal GBS colonization
- Lack of administration of appropriate intrapartum antibiotics if indicated
- Prematurity
- Preterm labor

ABSENT

PRESENT

Blood culture/antibiotics not indicated

EOS Sepsis Pathway

Monitor for clinical signs of infections**

Peri-operative:

Antibiotics not recommended in the absence of culture positive sepsis or clinical instability in small bowel atresia or uncomplicated gastroschisis (perforation, vascular compromise) for:
- Staged closure with silo
- Suture-less closure at bedside

Surgical Prophylaxis:

- Cefazolin 25 mg/kg every 12 hours (or every 8 hours for infants > 7 days)
  - Cefazolin to be given within 60 minutes of surgical start time

Post-operative:

Recommend discontinuation of antibiotic therapy 24 hours after abdominal closure/surgery in the absence of culture-positive sepsis or clinical instability.
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