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1.0 Introduction

Patients with hydrocephalus requiring cerebrospinal fluid diversion via a shunt were identified as a population that Neurosurgery cared for that required streamlining of care due to high volumes and complications such as infection which were relatively high compared to other procedures. This clinical practice guideline has been updated to reflect emerging changes in evidence (initial document developed 1997/98).

Target Population

- Inclusion: (May include cysto-peritoneal shunting and subdural peritoneal shunts)
- Infant/child with hydrocephalus requiring 1st shunt intervention.
- Child with existing shunt for hydrocephalus management.
- Newborn to 18 years of age with signs/symptoms of shunt malfunction (i.e. nausea/vomiting, headache, lethargy, irritability &/or altered level of consciousness (LOC))

Target Users

- All health care providers who may encounter a patient with a shunt or requiring a shunt.

2.0 Definitions

- **Shunt:** Referring only to a ventricular-peritoneal shunt
- **Shunt Revision:** Surgical replacement or change to an existing shunt

3.0 Clinical Practice Recommendations

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4.0 Guideline Group and Reviewers

Guideline Group Membership:

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Attachments:

[Shunt protocol.pdf](#)

[Ventricular Shunt Clinical Practice Guideline](#)

[Shunt Protocol for Backorder of Antibiotic Impregnated Shunts](#)