Hypertrophic Pyloric Stenosis Care Pathway

1.0 Introduction

1.1 Target Population:

- This pathway is for use with children aged 2-8 weeks old with no underlying disease or comorbidity who have been diagnosed with hypertrophic pyloric stenosis by the General Surgery Team who require open or laparoscopic pyloromyotomy.
- Patients are to be removed from this pathway if there are significant postoperative complications for example bowel obstruction or prolonged TPN; or a change in diagnosis.

1.2 Target users:

- Surgeons, medical trainees (residents and fellows), Nurse Practitioners, and bedside nurses.
# 2.0 Guideline

## Hypertrophic Pyloric Stenosis Care Pathway

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| - Obtain history  
- Complete physical exam  
- Obtain weight and height  
- Assess vital signs  
- Complete pain assessment (refer to Pain Assessment Guidelines) | - Complete pain assessment every 4 hours  
- Ensure child has adequate pain control (refer to Pain Management Guidelines)  
- Monitor vital signs as per EPRs  
- Obtain accurate in and out  
- Complete wound assessment  
- Obtain daily weights  | - Activity  
- Adequate pain control  
- Antacid  
- Ablative  
- Thickened diet and intake  
- Child caregiver teaching completed  
- Family understands discharge teaching |
| **PHYSICAL EXAM** | **PHYSICAL EXAM** | **PHYSICAL EXAM** |
| - Ensure NPO  
- Set NG tube to low intermittent suction  
- Administer 0.9% NaCl + 20mm HCl at maintenance  
  - Dilute as indicated  
  - Refer to Fluid and Electrolyte Guidelines | - Administer 0.9% NaCl + 20mm HCl at maintenance adequate fluid intake  
  - Infuse as indicated  
  - Refer to Fluid and Electrolyte Guidelines | - Activity  
- Adequate pain control  
- Antacid  
- Ablative  
- Thickened diet and intake  
- Child caregiver teaching completed  
- Family understands discharge teaching |
| **POST-OP CARE** | **POST-OP CARE** | **POST-OP CARE** |
| - Complete CBC and differential  
- Order electrolytes (K+, Na+, KCl, Mg, VBG, ura, creatinine) | - Complete labs as indicated  
- Ensure adequate pain control  
- If patient/patient's acetaminophen as indicated  
- If signs of wound infection, assess need for antibiotics (refer to n. terminology) | - Review when to call surgeon's office: wound infection, increase in vomiting from baseline, and fever |
| **NURSING** | **NURSING** | **NURSING** |
| - Provide caregiver education i.e. diagnosis is not a surgical emergency  
  - Provide caregiver education i.e. diagnosis is not a surgical emergency and that child may have to be in surgery, and review pre-operative plan  
  - Review and obtain informed consent for surgery | - Review incision care: leave stitches in until they fall off or remove after 10 days, and gently wash incision with soap and water  
- Review signs and symptoms of wound infection: fever, redness around incision. Drainage from incision, increasing pain around incision  
- Review bathing i.e. may bathe 48 hours after surgery |  |

## Post-op Feeding Algorithm

**Expected Date of Discharge:**

- 1. Activity
- 2. Adequate pain control
- 3. Antacid
- 4. Ablative
- 5. Thickened diet and intake
- 6. Child caregiver teaching completed
- 7. Family understands discharge teaching

## 3.0 References

4.0 Guideline Group and Reviewers

Guideline Group Membership

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Attachments:

py stenosis_final_2019.pdf

Pyloric Stenosis Post-op Feeding Algorithm.pdf