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

Expected Date of Discharge:

PRE-OPERATIVE

RECOVERY

DISCHARGE

GOALS

1. Hydration maintained
2. Electrolyte correction
3. Patent prepare OR
4. Child and family to complete pre-op bath (shakes provided upon arrival).

Refer to procedure document

1. Maltol with vital signs stable
2. Adequate pain control
3. Begin feeding as tolerated
4. Incision intact and no drainage

1. Activity
2. Adequate pain control
3. Anticipating
4. Able to tolerate diet
5. Incision dry and intact
6. Child caregiver teaching completed
7. Family understands discharge teaching

PHYSICAL EXAM

• 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 IRN
• Obtain accurate in and out
• Complete wound assessment
• Obtain daily weights
• Remove surgical dressing and leave sponges

ADMINISTRATION

• Ensure NPO
• Set NG tube to low intermittent suction
• Administer D5W 0.9% NaCl 20 mmol KCL 9 at maintenance
• Doses as indicated

• Administer D5W 0.9% NaCl and 20 mmol KCL at maintenance until adequate fluid intake
• Monitor as indicated

• Refer to Fluid and Electrolyte Guidelines

• Initiate fluids 2 hours post-op when child is alert (full strength formula or breast milk or 100% milk

• Child tolerating feeds, continue towards goal of 1500 mL/10 kg/24 hours; and continue until discharge

• Child and tolerating feeds (if goal 100% of ideal fluid volume, wait 1 day and repeat)

• Refer to feeding algorithm

EDUCATION

• Provide prescription for oral antibiotics if indicated

Printable versions of:

Hypertrophic Pyloric Stenosis Pathway
Post-op Feeding Algorithm

3.0 References


9. Children's Hospital Central California Pyloric Stenosis Surgical Pathway
10. University of Maryland Medical Systems Physician Order Sheet – Pyloric Stenosis

4.0 Guideline Group and Reviewers

Guideline Group Membership

1. Monping Chiang, NP General Surgery
2. Dina Prajapati, NP General Surgery
3. Anna Polanski, NP General Surgery
4. Julia Smallman, NP General Surgery
5. Irina Pashynskyy, NP General Surgery

Internal Reviewers

1. Jacob Langer MD

Attachments:

*py_stenosis_final_2019.pdf*

*Pyloric Stenosis Post-op Feeding Algorithm.pdf*