SickKids	Document Scope: Departmental	
	Document Type: Clinical Practice Guideline Approved on 2022-03-21 Next Review Date: 2025-03-20	
	Clinical pathway for early detection and management of post-hemorrhagic ventricular dilatation (PHVD) in preterm infants	Version: 1

1.0 Introduction

Preterm infants (gestational age ≤32 weeks) with intraventricular hemorrhage (IVH) grade III or IV are at risk of developing post-hemorrhagic ventricular dilatation (PHVD). Early PHVD intervention in preterm infants may improve neurodevelopmental outcome.

The goal of this pathway is the early detection and neurosurgical assessment of PHVD and, if needed, early intervention.

2.0 Clinical Practice Recommendations

The flow diagram applies to preterm infants at PHVD risk admitted to NICU's that refer to The Hospital for Sick Children ('SickKids') for tertiary care and management. Infants should be followed from birth to term equivalent age (TEA) or discharge from the NICU.

Click **Clinical pathway for early detection and management of post-hemorrhagic ventricular dilatation (PHVD) in preterm infants** to access the guideline.

3.0 References

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Attachments:

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