Clinical pathway for early detection and management of post-hemorrhagic ventricular dilatation (PHVD) in preterm infants

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


©The Hospital for Sick Children (“SickKids”). All Rights Reserved. This document was developed solely for use at SickKids. SickKids accepts no responsibility for use of this material by any person or organization not associated with SickKids. A printed copy of this document may not reflect the current, electronic version on the SickKids Intranet. Use of this document in any setting must be subject to the professional judgment of the user. No part of the document should be used for publication without prior written consent of SickKids.

Attachments:

Clinical pathway for early detection and management of PHVD _ 2021 Final.docx