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

This is a CONTROLLED document for internal use only, valid only if accessed from the Policies and Procedures site.

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

Clinical pathway for early detection and management of PHVD in preterm infants


Attachments:

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