1.0 Introduction
Gastroschisis is a congenital abdominal wall defect that allows herniation of abdominal content, most often including the intestines and stomach, outside of the body without a protective sac or layer. Worldwide, the incidence of gastroschisis has risen to approximately 2 to 5 infants per 10,000 live births. In most cases of simple, uncomplicated gastroschisis the outcomes are favorable, with high survival and low morbidity rates. Standardized management in the postnatal period is key for several reasons, including: improving management of fluids and electrolytes, ensuring safe reduction of the defect, achieving earlier return of bowel function, and reducing infection risks. Each of these factors influence the length of hospital stay in the Neonatal Intensive Care Unit (NICU).

This document was developed by an interdisciplinary group of clinicians from SickKids to help guide the management of infants with gastroschisis in the NICU. The goal is to allow patients and families to experience a smoother hospitalization, achieve the best outcomes, and support a timely transition from the NICU to a unit that optimizes developmental care and parent-child bonding.

The clinical pathway was created, revised and finalized using research knowledge, clinical experience, and consensus agreement of a group of neonatal and surgical clinicians. The pathway is a general guideline and does not represent a professional care standard governing providers' obligations to parents. Care must always be revised to meet individual patient needs.

Target Population
• This care pathway is indicated for neonates admitted to the Hospital for Sick Children Neonatal Intensive Care Unit (NICU) with a diagnosis of uncomplicated gastroschisis and a gestational age of 35 weeks or greater.
• This pathway should not be used to guide management for neonates born less than a gestational age of 35 weeks or neonates identified to have anatomical findings that may influence care trajectory (e.g., intestinal atresia, significant intestinal inflammation or matting).

Target Users
• Physicians, surgeons, registered nurses, nurse practitioners, dieticians, social workers, respiratory therapists, and parent liaisons involved in the care of identified neonates.
2.0 Recommendations  

Facilitators to implementation
- Targeted length of stay posted at bedside as a reminder of pathway utilization
- Surgical Nurses Interest Group will be available resources to implement pathway
- Neonatal NP Group will advocate for pathway utilization and remind team to review daily

Organizational barriers to implementation
- Adoption by staff in initial stages

Potential economic impact
- Decreased length of stay and non-value add days in NICU

3.0 Related Documents
Neonatal Post Operative Pain Guidelines
4.0 References


Guideline Group Membership:

- Hazel Pleasants-Terashita, RN(EC), NP NICU/General Surgery
- Stephanie Bernardo, RN(EC), NP NICU
- Nicole de Silva, RN(EC), NP NICU/Germany Surgery
- Neonatal Surgical Interest Group (NSIG)
- Fatma A. Rajwani, PT, Quality Management

Internal Reviewers: Christopher Tomlinson, MD, ChB, PhD

Attachments: Gastroschisis care pathway