



Refer EARLY to KIDS NTS for advice - 0300 200 1100

Definition: Congenital defect of the anterior abdominal wall, resulting in herniation of bowel. The herniated viscera is not covered by surrounding membranes and is exposed to air following delivery.

All Gastroschisis referrals are time critical:

- > A KIDS NTS referral should be made within an hour to assist in communication and cot location.
- > A surgical centre + named surgical team should be contacted within a hour of birth.
- > A KIDS NTS team should be dispatched immediately while a cot is located—this reduces unnecessary delays.

Key Questions to ask at time of referral:

- > Level of Referral Unit.
- > Antenatal diagnosis?
- > Known to surgical team at BCH?
- > Time of birth/ Age, Mode of Delivery/ Apgar score.
- > Surgical bed secured?



Prompts for referring team:

- > Confirm that referring unit are following network guideline on immediate stabilisation of gastroschisis.
- > Maintaining normothermia; NGT Size 8 insitu—stomach decompressed?; IV access for fluid management; Infant lying on side of defect—bowel supported?; Bowel covered with draw-string surgical bag/or Clingfilm?; First blood gas?; Avoid CPAP or Mask Ventilation; **Bowel perfusion assessment by senior medical staff?**



 **Decision made on destination - Neonatal surgical ward (in air/nasal O2) vs. PICU (Instability or Intubated)**



On arrival at referral unit KIDS NTS to check following:

- > Reassess respiratory status and make an action plan if deteriorating.
- > Assess hydration status (HR/BP/CRT/Lactate/Base Excess)
- > Albumin (HAS) 4.5% or 0.9% Saline 20mls/kg given in 1st hour? - If No—give immediately on arrival.
- > NGT on free drainage? Calculate NGT losses ml for ml and replace with 0.9% NaCl + 10 mmol KCl.
- > Check IV antibiotics + Vitamin K given.
- > Admission bloods collected + Maternal cross match sample.
- > Ensure 2 points of IV access obtained—if No - KIDS NTS to obtain ASAP.
- > Core temperature obtained - normothermic?



Confirm these details with KIDS NTS Consultant within 20 minutes of arrival



Prior to departure:

- > Repeat blood gas (lactate?); Check bowel perfusion and alignment; Check bowel not kinked/twisted on mesentery; can stomach be easily decompressed? - failure to decompress the stomach can precipitate bowel ischaemia.
- > **If any concerns - contact KIDS NTS consultant and accepting surgical team immediately.**



During Transfer:

- > Keep lying on side of defect—support bowel with nappy/towel to keep midline + prevent mesentery traction. Keep bowel covered with surgical bag/Clingfilm; Observe bowel every 15 minutes.
- > Infuse replacement fluid ml:ml (calculate prior to departure).
- > If concerns re: bowel perfusion/or systemic perfusion—give 10mls/kg fluid bolus on route (0.9% NaCl).
- > **Category 1 Transfer to the Surgical Centre.**

