

## Management of Gastroschisis

Contact PICU bridge (1800222378) and  
NNTF (0818 300 188) prior to birth

Resuscitation and ongoing management as per NRP Guidelines  
If baby requires respiratory support, intubate

Inspect bowel  
Correct obvious twists on pedicle  
Slide large piece cling film under baby's buttocks and back  
Place exposed organs on baby's abdomen (use sterile latex-free gloves)  
Wrap cling film gently around abdomen and exposed organs (photo)  
**DO NOT COVER BOWEL WITH SALINE SOAKED GAUZE**



Insert **large bore** 10Fr OG/NG tube and aspirate stomach  
Leave on free drainage  
**Aspirate frequently**

Insert 2 peripheral IV cannulas  
**Central access not required**  
Take blood cultures, FBC, blood gas, lactate and glucose  
Commence triple antibiotics - benzylpenicillin, gentamicin and metronidazole

Give 20ml/kg bolus of 0.9% NaCl within an hour of birth  
Commence *maintenance fluid* 10% Dextrose at 80mls/kg/day; maintain blood glucose >3mmol/L  
Repeated 10ml/kg boluses of 0.9% NaCl as required if evidence of fluid depletion

**Monitor Bowel and Fluid status every 15 minutes:**  
**Bowel:** If dusky/pale: reposition infant and bowel  
If necessary, remove and rewrap  
Nurse on right side, wrapped bowel supported perpendicular to umbilicus, using rolled towel or equivalent  
***Any concerns regarding bowel colour, position or viability, discuss early with CHI surgical team and seek senior medical advice***  
**Fluid:** Look for evidence of fluid depletion: prolonged CRT, tachycardia, hypotension, metabolic acidosis, raised lactate  
Replace with additional boluses of 10ml/kg 0.9% NaCl  
Maintain accurate fluid balance record, **including gastric losses**

**Time sensitive transfer**  
***If baby delivered outside Dublin, referring hospital should perform transfer to avoid unnecessary time delays***