Section: 13 Surgical Conditions
Transfer of preterm infants with intestinal perforation/NEC to ward 6B
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Neonatology Clinical Guidelines
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# TRANSFER OF PRETERM INFANTS WITH INTESTINAL PERFORATION/NECROTISING ENTEROCOLITIS TO WARD 6B PMH

The KEMH Consultant Neonatologist should contact the duty Consultant Paediatric Surgeon at PMH to discuss management of infants with suspected intestinal perforation or necrotising enterocolitis (NEC). If for any reason the consultant is extremely busy, the respective senior registrars should take the responsibility while keeping the consultants informed all the time.

Usually, the surgeons assess the infant at KEMH but sometimes laparotomy is mandated and so transfer needs to be expedited without waiting for a formal visit from the paediatric surgeon. In such situations, the transfer could be organised after telephonic discussions.

## KEY POINT

If an infant is critically ill, transport can critically destabilize an infant. If the KEMH neonatologist considers the baby too unstable (e.g. HFOV, Nitric Oxide, severe hypotension), more onsite discussions between the surgeons and the neonatologists will need to occur prior to transport. Decompression of the abdomen by means of a peritoneal drain to release the intra-abdominal pressure may improve ventilation and facilitate early transport.

## POST REVIEW

- Once reviewed, the surgeons may decide to do a peritoneal drain or laparotomy.
- If the infant has peritoneal drainage insertion at KEMH, he/she will be transferred to 6B as soon as the clinical condition stabilises.
- If laparotomy is decided, the infant will be transferred to 6B on the same day.
- In some cases such as severe NEC without perforation, the surgeons may want to transfer the infant to PMH for close observation. Such transfer will depend on the availability of beds in 6B.

## ARRIVAL IN 6B

1. Infants who have peritoneal drainage and do not require any surgery over the next few weeks may be transferred back to KEMH once they are stable.
2. Infants undergoing laparotomy will stay in 6B until discharge. Under exceptional circumstances, they may go back to KEMH after detailed discussions between the neonatologists at KEMH, PMH and the surgeons.
3. Infants with NEC who come for close observation and do not need laparotomy or peritoneal drainage while in 6B, will be considered for transfer back to KEMH once the acute illness is resolved.