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1.0 Introduction

- [Click here to access the Gastroschisis Care Pathway \(printable\).](#)
- Gastroschisis is a congenital full-thickness abdominal wall defect that allows herniation (evisceration) of abdominal contents, most often the intestines and stomach, outside of the abdominal cavity¹. There is no protective sac or layer¹. Worldwide, the incidence of gastroschisis is approximately 2 to 5 infants per 10,000 live births^{1,2}. In most cases of simple, uncomplicated gastroschisis the outcomes are favorable, with high survival and low morbidity rates^{1,2,4}. Bowel herniation may lead to intestinal abnormalities because the mesenteric blood supply can become compromised and because the bowel wall can become inflamed from prolonged exposure to amniotic fluid.
- Standardized management in the postnatal period improves management of fluids and electrolytes, enhances safe reduction of the defect, achieves earlier return of bowel function, and reduces infection risks^{1,2,7}. In addition, these factors can potentially reduce 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 guide the management of infants with gastroschisis in the NICU. The clinical pathway was created integrating the current evidence, 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.

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1.1 Pathway Goals

1. Facilitate a smoother hospitalization experience for patients and families.
2. Achieve the best patient outcomes.
3. Support the appropriate timing for transition from the NICU to ward to allow for optimization of developmental care and parent-infant bonding.

1.2 Target Users

Physicians, surgeons, registered nurses, nurse practitioners, dietitians, social workers, respiratory therapists, and parent liaisons involved in the care of identified neonates.

1.3 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).

2.0 Gastroschisis Care Pathway

[Click here to access the Gastroschisis Care Pathway \(printable\)](#)

3.0 Related Documents

[Neonatal Post-Operative Pain Guidelines](#)

4.0 References

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