1.0 Introduction

Target Population:

- This pathway is for use with children aged 2-8 weeks old with no underlying disease or comorbidity who have been diagnosed with hypertrophic pyloric stenosis by the General Surgery Team who require open or laparoscopic pyloromyotomy.
- Patients are to be removed from this pathway if there are significant postoperative complications for example bowel obstruction or prolonged TPN; or a change in diagnosis.

Target users:

- Surgeons, medical trainees (residents and fellows), Nurse Practitioners, and bedside nurses.

2.0 Clinical Practice Guideline

Statement of Evidence:

- This pathway was developed by an interdisciplinary clinical group from SickKids using research knowledge, clinical experience and consensus agreement. An initial literature search was completed using OVID (1997-2016) using key words: hypertrophic pyloric stenosis, pyloromyotomy, non-bilious vomiting. This pathway is a general guideline and does not represent a professional care standard governing providers’ obligations to patients. Care is revised to meet individual patient needs.
- Level C: Expert Opinion
Hypertrophic Pyloric Stenosis Care Pathway for Patients 2-8 weeks old

**GOALS**

- Order electrolytes if pain
- Complete physical exam
- Complete abdominal assessment
- Assess vital signs
- Complete pain assessment (Refer to Pain Assessment Guidelines)
- Order CBC with differential
- Refer to Fluid and Electrolyte Management Guidelines

**INFECTION**

- Obtain daily weight
- Complete abdominal x-ray
- Monitor vital signs every 4 hours
- Complete pain assessment
- Complete pain assessment
- Monitor vital signs every 4 hours

**DIET**

- Electrolyte Management
- Order intravenous fluids
- Administer D5W
- Administer D5W
- Administer D5W
- Monitor vital signs
- Complete pain assessment
- Monitor vital signs

**MEDICATION**

- Administer D5W
- Administer D5W
- Administer D5W
- Complete pain assessment
- Complete pain assessment
- Monitor vital signs

**LABS**

- Complete CBC with differential
- Order electrolytes
- Administer D5W
- Administer D5W
- Administer D5W
- Complete pain assessment
- Complete pain assessment
- Monitor vital signs

**PHYSICAL**

- Obtaining history and weight
- Complete pain assessment (Refer to Pain Assessment Guidelines)
- Complete pain assessment
- Complete abdominal x-ray
- Complete abdominal x-ray
- Complete pain assessment
- Complete pain assessment

**EDUCATION**

- Educate caregiver that the diagnosis is not a surgical emergency
- Educate caregiver that the diagnosis is not a surgical emergency
- Educate caregiver about post-operative process
- Educate caregiver about post-operative process
- Review and sign consent
- Review and sign consent
- Review signs and symptoms of wound infection
- Review signs and symptoms of wound infection

**PRE-OPERATION**

- Administer D5W
- Administer D5W
- Administer D5W
- Complete pain assessment
- Complete pain assessment
- Monitor vital signs

**DISCHARGE**

- Review when to call surgeon's office
- Review when to call surgeon's office
- Review when to call surgeon's office
- Review when to call surgeon's office
- Review when to call surgeon's office
- Review when to call surgeon's office

### 4.0 References


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Hypertrophic Pyloric Stenosis Care Pathway

5.0 Guideline Group and Reviewers

Guideline Group Membership

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Internal Reviewers

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External Reviewer

1. Sharifa Himidan MD North York General Hospital

Attachments:

Pyloric Stenosis Post-op Feeding Algorithm.pdf

Hypertrophic Pyloric Stenosis Pathway_May 2017.pdf