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What medications and nursing interventions/treatments will you anticipate?

20% infusin 4.7g 1.9L/L/hr q 12hr  
I&H Pt is NPO. TPN for full nutritive support. SMOF Lipid. Antibiotics for 24hr follow surgery. Pain meds p OR  
NGT for nutritional therapy ~~TPN~~ draining the secretions from the stomach until baby has bowel function with Replast tub  
(8hr for pre-term baby)  
Observation of exposed bowel  
Protonix 2.88mg IV syringe - 1mg/kg x 2.87kg (suppress gastric acid secretion by inhibiting the parietal cell H<sup>+</sup>/K<sup>+</sup> ATP pump)

How will you know your patient is improving?

Abdominal girth is increasing and baby is gaining weight  
Baby is passing ~~stools~~ stools  
The suction secretions from stomach are less  
Adequate urine output (>2mL/kg/hr)  
Absence of abdominal distention, erythema or ecchymosis  
Presence of bowel sounds  
Good lower extremity pulses

What are risk factors for the diagnosis?

Infection due to baby's organs being exposed, Infection at surgical site. Sepsis  
Problems with baby's abdominal muscles or intestines may require additional surgeries.  
Difficulty eating - Thus baby will receive nutrients through an NG tube until baby can eat.  
Thermoregulation - Keeping baby warm (risk of hypothermia of surface area of exposed bowel)

What are the long-term complications?

Up to 25% of babies born with Gastroschisis have developmental problems with parts of their intestines.  
Possibly additional complications ~~surgeries~~ to correct these conditions include: Bowel resection (surgery to remove segments of damaged ~~and~~ intestines. Ileostomy or Cecostomy (surgery to bring one end of the intestine through an opening in the abdominal wall where stool will drain into a bag, attached to your baby's belly. Intestinal blockage (narrowing of the intestines that could prevent food & stool from moving through their intestines. Short bowel syndrome (some babies are missing parts of their intestines, which may prevent your baby from absorbing nutrients from food.

What patient teaching for management and/or prevention can the nurse do?

After hospital discharge instruct parents S/S of bowel obstruction due to scar tissue / a kink in a loop of bowel caused by the operation. S/S bilious/green vomiting, bloated stomach, & no interest in feeding.  
Prior to discharge educate parents that baby will be discharged once they are taking all their feedings by mouth, gaining weight and intestinal function has returned.  
Baby may stay in the hospital from 2 wks to 3/4 months