CLINICAL GUIDELINE	
Transfer of Preterm Infants with Intestinal Perforation/Necrotising Enterocolitis to Ward 3B PCH	
Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

Child Safe Organisation Statement of Commitment

The Child and Adolescent Health Service (CAHS) commits to being a child safe organisation by meeting the National Child Safe Principles and National Child Safe Standards. This is a commitment to a strong culture supported by robust policies and procedures to ensure the safety and wellbeing of children at CAHS.

This document should be read in conjunction with this DISCLAIMER

The KEMH Consultant Neonatologist should contact the duty Consultant Paediatric Surgeon at PCH 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 telephone discussion with the on-call consultants (KEMH, PCH, NETS and surgeon), ideally through the NETS call conferencing system. .

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 3B as soon as the clinical condition stabilises.
- If laparotomy is decided, the infant will be transferred to 3B on the same day.
- In some cases such as severe NEC without perforation, the surgeons may want to transfer the infant to PCH for close observation. Such transfer will depend on the availability of beds in 3B.

Arrival in 3B

- 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.
- Infants undergoing laparotomy will stay in 3B until discharge. Under exceptional circumstances, they may go back to KEMH after detailed discussions between the neonatologists at KEMH, PCH and the surgeons.
- Infants with NEC who come for close observation and do not need laparotomy or peritoneal drainage while in 3B, will be considered for transfer back to KEMH once the acute illness is resolved.

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