

Initial signs are suggestive of NEC

Cease oral feedings and medications (order NPO status)

Institute gastrointestinal decompression by low constant or low intermittent suction; replace gastric output with appropriate fluid

Obtain CBC with differential, blood culture, CRP, serum electrolytes, serum glucose, arterial blood gas

Obtain KUB and additional studies (left lateral decubitus, cross-table lateral) as indicated

#### **Mild to moderate stage-**

Obtain serial abdominal radiographs (q 6-8 hours)

Institute broad spectrum antibiotics for 7-10 days

Maintain NPO for 5-10 days, provide parenteral nutrition

Monitor electrolytes

Evaluate serial CBCs q 12-24 hours for 2-3 days

#### **Advanced stage-**

Obtain serial abdominal x-rays (q 6-8 hours)

Institute broad spectrum antibiotics for 10-14 days

Maintain NPO for 10-14 days, provide parenteral nutrition

Monitor electrolytes

Consult and co-manage with pediatric surgeon

Evaluate serial CBCs q 12-24 hours until infant and studies are stable

Provide hemodynamic support with fluids and pressors as needed

Monitor coagulation abnormalities and correct

#### **Indications for Surgery**

Intestinal perforation

Fixed adynamic loop

Signs suggestive of necrotic gut: persistent severe thrombocytopenia, severe metabolic acidosis

Evidence of an abdominal mass suggesting a wall-offed abscess