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 walled-off abscess