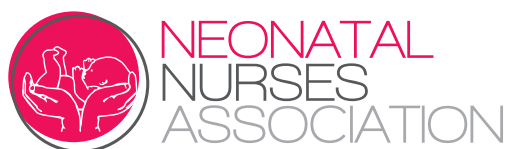




NATIONAL NEONATAL SURGICAL INTEREST GROUP

BEST PRACTICE STANDARDS: GASTROSCHISIS



INTRODUCTION

Gastroschisis affects approximately 1:3000 live-births in the UK. It is a congenital abdominal wall defect. It is one of the most common neonatal conditions managed by paediatric surgeons. Its aetiology is unknown, however, there is widespread evidence of increasing prevalence across international jurisdictions over the last 20 years.

It is characterised by early gestational herniation of the abdominal organs through a paraumbilical defect, almost always to the right of the umbilical cord. Clinical outcomes are influenced by the severity of injury incurred by the exposed fetal intestine and features of “complex” gastroschisis include the development of intestinal necrosis, perforation, and atresia which increase the risk of short- and long-term morbidity and mortality.

Key Factors for best practice		Individual Scores	Possible Total
F:1			
F:2			
F:3			
F:4			
F:5			
F:6			
F:7			
Overall Score			

CRITERIA FOR SCORING:

Neonatal nursing assessment of practice of infants admitted to the neonatal unit.

PATIENT GROUP:

Any new-born infant admitted to the Neonatal Unit with Gastroschisis

DRIVERS FOR THE DEVELOPMENT OF THE BEST PRACTICE GUIDELINE:

GIRFT, BAPM, UNICEF, BLISS, Professionals working within Neonatology

FACTOR 01: ANTENATAL CARE (KPIS)

1. Antenatal counselling including surgeon and maternity teams and Neonatology, nurse specialist- Discuss colostrum (harvesting)
2. Written Information for parents/ signpost to website/ BLISS- information about local unit, condition, expressing breast milk .
3. Provide contact number for surgical centre for further information
4. Documentation of neonatal parental counselling/psychology service available
5. Tour of neonatal unit/ PICU/surgical ward- in person /virtual
6. Plan for delivery at a tertiary centre with surgical provision
7. Plan for third trimester monitoring – CTG & Fetal movements
8. Plan for induction around 37 weeks gestation
9. Delivery room neonatal care plan

(Related to criteria above) Number of KPI criterion met and justify.		Score /9
Factor 01: Key performance Indicators (KPEs) Antenatal care		
Statement to justify best practice standards:		
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FACTOR 01: ANTENATAL CARE (KPIS) CONTINUED

Objective: (what to do, escalation to senior team/service)

Action Plan: (QI, service improvement projects, local metrics)

FACTOR 02: DELIVERY ROOM MANAGEMENT

Criteria for best practice:

1. Surgeons informed of planned/imminent delivery
2. Neonatal team and role responsibilities identified pre delivery.
3. Adhere to neonatal delivery room plan (Heated platform and room, DCC, cuddles etc, NGT)
4. Thermoregulation- Heated room, heated platform/rescus , hat available, Monitor temperature
5. Maintenance of bowel wall integrity –Cover and protect defect as per local guidelines. Regular Inspection of bowel, appropriate positioning- is defect to left/right of cord? Priorities to assessing for bowel ischemia and bowel integrity, fluid loss, heat loss, and infection.
6. Respiratory support- intubation preferred Vs CPAP if required
7. Immediate bowel decompression – Large NGT passed and aspirated
8. Neonatal team to update parents
9. Safe transfer to NNU as per local guidelines

(Related to criteria above) Number of KPI criterion met and justify.		Score /9
Factor 02: Delivery room Management		
Statement to justify score:		
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FACTOR 02: DELIVERY ROOM MANAGEMENT CONTINUED

Objective: (what to do, escalation to senior team/service)

Action Plan: (QI, service improvement projects, local metrics)

FACTOR 03: INITIAL NEONATAL CARE

Criteria for Best Practice:

1. Continuous monitoring of bowel integrity and perfusion
2. Nurse baby to support bowel as per local guidance
3. Thermoregulation management
4. Fluid resuscitation management and on-going fluid management
5. Surgical plan for reduction/closing documented
6. Maternal blood for cross match
7. Informed written consent
8. Central Line access plan
9. Support early expressing of breast milk
10. Provide buccal EBM at earliest opportunity
11. Consider antibiotics

(Related to criteria above) Number of KPI criterion met and justify.		Score /11
Factor 03: Initial Neonatal Care		
Statement to justify score:		
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FACTOR 03: INITIAL NEONATAL CARE CONTINUED

Objective: (what to do, escalation to senior team/service)

Action Plan: (QI, service improvement projects, local metrics)

FACTOR 04: ON-GOING NEONATAL CARE

Criteria for best practice:

1. Available local gastroschisis guideline
2. Post-operative evidence-based pain score and pain management
3. Post-operative evidence based wound care plan
4. Close fluid balance monitoring and management
5. Use early warning score eg NEWTT
6. Early provision of Parental nutrition as per local guidelines
7. Monitor Electrolytes
8. Ongoing buccal EBM
9. Non- nutritive sucking
10. Ongoing support expressing EBM
11. Establishing feeding plan as per local guidance
12. Regular updates for families
13. Procedure notes documented

(Related to criteria above) Number of KPI criterion met and justify.		Score /13
Factor 04: Key performance Indicators On-going Neonatal care		
Statement to justify score:		
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FACTOR 04: ON-GOING NEONATAL CARE CONTINUED

Objective: (what to do, escalation to senior team/service)

Action Plan: (QI, service improvement projects, local metrics)

FACTOR 05: LEGAL ASPECTS AND DOCUMENTATION

Criteria for Best Practice:

1. All documentation must be contemporaneous, in black ink dated timed and signed.
2. Consent obtained for all surgical interventions as per local guidance
3. Badgernet/Electronic record documentation kept updated.
4. WHO Safer surgery check list completed

(Related to criteria above) Number of KPI criterion met and justify.		Score /4
Factor 05: Legal aspects and documentation		
Statement to justify score:		
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Objective: (what to do, escalation to senior team/service)		
Action Plan: (QI, service improvement projects, local metrics)		

FACTOR 06: EDUCATION

Criteria for best practice:

1. Staff aware and adhere to guidelines.
2. Staff regularly updated on risks of complications- eg compartment syndrome, fluid shift
3. Regular Simulation training opportunities- delivery and management, communication and care planning
4. There is surgical training available to staff

(Related to criteria above) Number of KPI criterion met and justify.		Score /4
Factor 06: Education		
Statement to justify score:		
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Objective: (what to do, escalation to senior team/service)		
Action Plan: (QI, service improvement projects, local metrics)		

FACTOR 07: PARENTAL INVOLVEMENT

Criteria for Best Practice:

1. Family integrated care underpinning in all aspects of care.
2. Parents have information provided (e.g. Bliss booklet, unit information, condition specific information) which is given at an appropriate time.
3. All parents with learning disabilities, visual or hearing impairments or those whose first language is not English must be offered assistance with interpretation where applicable, and where appropriate a telephone interpreter must be used.
4. Parents are informed of any research being undertaken in the NICU, the recruitment to the trial process is explained. Written information about the trial is given to parents.
5. Keep parents up to date with regular contact with the MDT (Surgeon, Neonatologist, dietician, SALT, Infant feeding advisor, psychologist, Surgical CNS and nurse, AHPs as indicated)
6. Signpost families to support networks- local neonatal support networks, BLISS, ?GEEPS, HV, GP, Paediatrician

(Related to criteria above) Number of KPI criterion met and justify.		Score /6
Factor 07: Parental involvement		
Statement to justify score:		
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FACTOR 07: PARENTAL INVOLVEMENT CONTINUED

Objective: (what to do, escalation to senior team/service)	
Action Plan: (QI, service improvement projects, local metrics)	
Score relates to practice in (unit):	
Date of next meeting to share good practice and compile action plan: / /	
Scored by:	Date scored: / /

FACTOR 08: SERVICE OUTCOME MEASURES FOR LOCAL SERVICE


Criteria for best practice:

1. Do you keep a local database of patient numbers
2. Time to closure +/- Silo use
3. Length of stay
4. Time to initiate feed
5. Time to full feed
6. Type of feed
7. Type of feed at discharge
8. Additional complications- morbidity/mortality
9. CLASBSI

(Related to criteria above) Number of KPI criterion met and justify.		Score /9
Factor 08: Service outcome measures for local service		
Statement to justify score:		
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FACTOR 08: SERVICE OUTCOME MEASURES FOR LOCAL SERVICE CONTINUED

Objective: (what to do, escalation to senior team/service)	
Action Plan: (QI, service improvement projects, local metrics)	
Score relates to practice in (unit):	
Date of next meeting to share good practice and compile action plan: / /	
Scored by:	Date scored: / /



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ABOUT THE NNSIG

The National Neonatal Surgical Interest Group (NNSIG) is a special interest group of the Neonatal Nurses Association. It was originally formed in 2003 by a group of neonatal surgical nurses and continues to share and promote best practice in neonatal surgical care.

NNSIG is an innovative and dynamic group of nurses and AHPs, dedicated to the delivery of high-quality care for infants with congenital conditions requiring specialist neonatal surgical management.

ABOUT THE NNA

The Neonatal Nurses Association is the national organisation representing, supporting and championing neonatal nurses. Steered by neonatal nurses we work to support every neonatal nurse to be the best they can be to the benefit of premature and sick newborns and their families.



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