

Updated  
6/20/23

# Pyloric Stenosis

## Clinical Practice Guideline



### Pre-Op Management

**Initial Work-Up**

**Patient presents with symptoms of pyloric stenosis\*:**

- Progressive, projectile non-bilious vomiting
- Dehydration/decrease in wet diapers
- Weight loss despite strong appetite
- Persistent hunger
- Small olive like mass in the mid-epigastrium

**Labs:**

- BMP
- CBC

**Imaging:**

- Abdominal ultrasound (imaging of choice)
- UGI if physical exam and ultrasound are not diagnostic

\*pyloric stenosis is most commonly seen in full-term infants less than 3 months of age

see page 2 for references

**Pyloric Stenosis diagnosed by physical exam or positive findings on imaging**

**Admit to Pediatric Surgery Service**

**Resuscitation goals prior to surgery:**  
Normal pulse, BP, RR  
UO > 1ml/kg/hr  
Cl >100  
CO2 <30

**Fluid Resuscitation (based on initial labs):**

- D5½ NS @ 100ml/kg/day (increase to 150ml/kg/day if severely dehydrated or electrolyte abnormalities)
- Add 20mEq/L KCL once voiding adequately (>1ml/kg/hr)
- NS bolus 20ml/kg for urine output <1ml/kg/hr

**Nutrition:**

- NPO

**Pain Management:**

- Acetaminophen (Tylenol) Suppository 15mg/kg/dose rectal Q6h prn for mild pain

**Nursing Assessments:**

- Intake and Output: Strict
- Measure weight daily
- Apnea monitoring
- Vital signs Q4h

**Activity:**

- Ad lib

**Intervention/Treatment**

- Surgical pyloromyotomy

### Post-Op Management

**Maintenance IV Fluids:**

- D5½ NS + KCL 20mEq/L @ 100ml/kg/day until tolerating feedings

**Nutrition:**

- NPO while in PACU recovering after surgery
- Formula of choice ad-lib once on acute care floor after surgery.
- May breast feed ad-lib once back on acute care floor after surgery.

**Pain Management:**

- Acetaminophen (Tylenol) 10mg/kg/dose oral suspension Q6h prn for mild pain

**Nursing Assessments:**

- Intake and Output: Strict
- Measure weight daily
- Apnea monitoring
- Vital signs Q4h

**Nursing Assessments:**

- Do not hold feeding for emesis
- Saline lock once tolerating 45ml Q3h and adequate urine output (>1ml/kg/hr)
- Burp patient after every 15ml

**Activity:**

- Ad lib

**Notifications:**

- Notify covering provider with vital sign abnormalities
- Notify covering provider if 3 consecutive emesis or inadequate urine output (<1ml/kg/hr)

Discharge when patient has tolerated minimum of 2oz feed x2 and has resolution of projectile vomiting.

- Need 23 hrs obs postop if: >37wks at birth and <44wks GA or < 37wks at birth and <55wks GA.

## References:



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