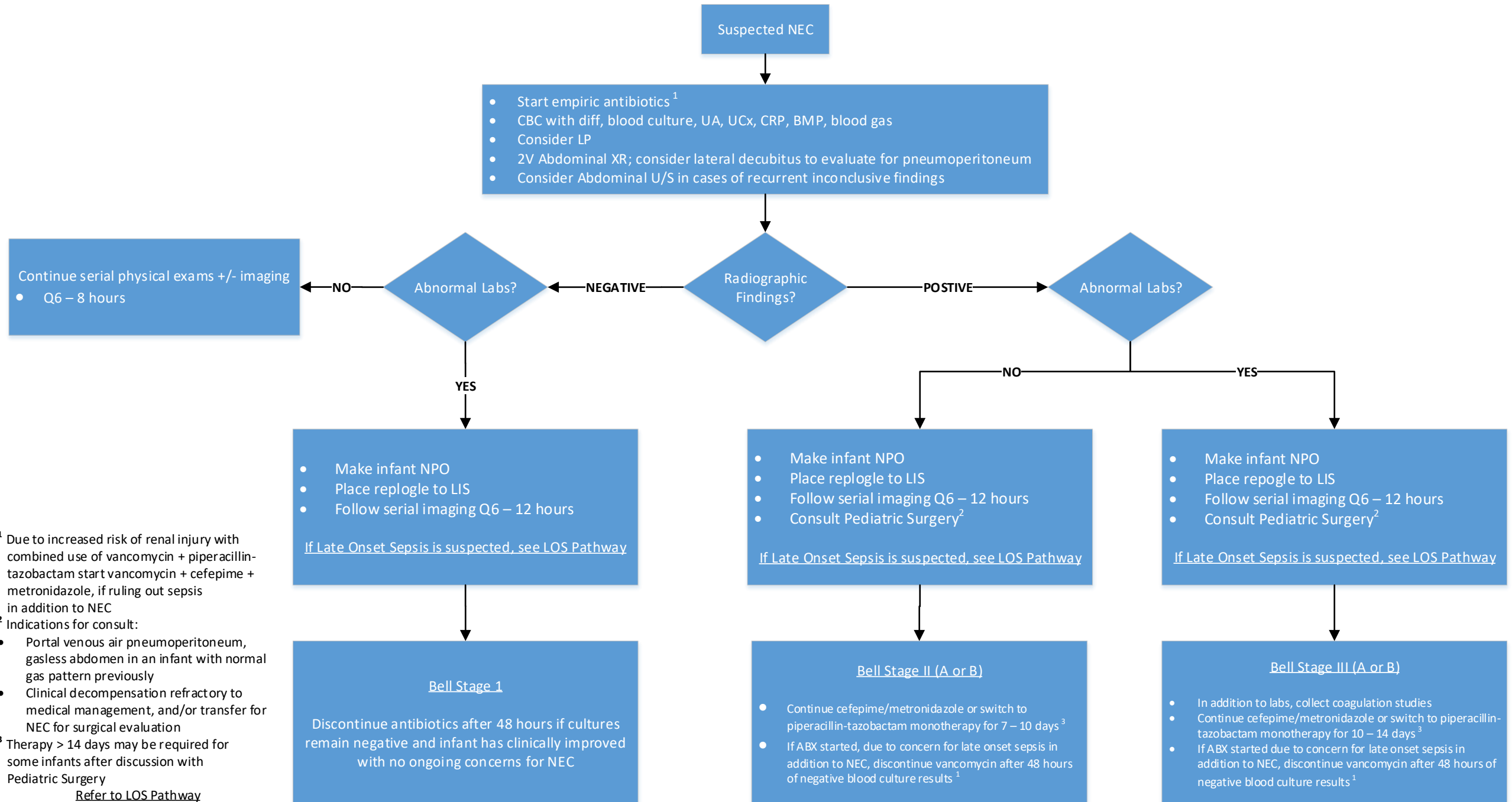


Necrotizing Enterocolitis (NEC)

Disclaimer: This clinical pathway is provided as a general guideline for use by Licensed Independent Provider's (LIP) in planning care and treatment of patients. It is not intended to be and does not establish a standard of care. Each patient's care is individualized according to specific needs.



¹ Due to increased risk of renal injury with combined use of vancomycin + piperacillin-tazobactam start vancomycin + cefepime + metronidazole, if ruling out sepsis in addition to NEC

² Indications for consult:

- Portal venous air pneumoperitoneum, gasless abdomen in an infant with normal gas pattern previously
- Clinical decompensation refractory to medical management, and/or transfer for NEC for surgical evaluation

³ Therapy > 14 days may be required for some infants after discussion with Pediatric Surgery

[Refer to LOS Pathway](#)

Modified Bell Stage Criteria for NEC

Stage	Classification of NEC	Systemic Signs	Abdominal Signs	Radiographic Signs
IA	Suspected	Temperature instability, apnea, bradycardia, lethargy	Gastric retention, abdominal distention, emesis, heme-positive stool	Normal or mild intestinal dilation, mild ileus
IB	Suspected	Same as above	Grossly bloody stool	Same as above
IIA	Definite, mildly ill	Same as above	Same as above, plus absent bowel sounds with or without abdominal tenderness cellulitis or right lower quadrant mass	Intestinal dilation, ileus, pneumatosis intestinalis
IIB	Definite, moderately ill	Same as above, plus mild metabolic acidosis and thrombocytopenia	Same as above, plus signs of peritonitis, marked tenderness, and abdominal distention	Same as IIA, plus ascites
IIIA	Advanced, severely ill, intact bowel	Same as IIB, plus hypotension, bradycardia, combined respiratory and metabolic acidosis, DIC, and neutropenia	Same as IIIA	Same as IIA, plus ascites
IIIB	Advanced, severely ill, perforated bowel	Same as IIIA		Same as above, plus pneumoperitoneum

DIC: disseminated intravascular coagulation.

Adapted from: Neu. J. Necrotizing enterocolitis: the search for a unifying pathogenic theory leading to prevention. Pediatr Clin North Am 1996; 43:409.

Metrics

Contributors

References