Infant with bilious vomit or aspirate but no other symptoms or signs suggesting a surgical diagnosis*

Under 44 weeks PCA

Contact attending PICU consultant

Bed available on NICU or PICU? **

Yes

Arrange transfer through quickest method to NICU

Surgical registrar contacted immediately on arrival of infant

Arrang UGI

UGI normal, no other surgical diagnosis considered

Clinically stable, discharge to referring unit

Clinically unstable, remains on NICU

UGI abnormal, other surgical condition apparent

Infant stays at GOSH. Manage surgical condition, transfer to Squirrel ward once extubated and stable

Over 44 weeks PCA

Admit to surgical ward

May still require admission to NICU if infant ventilated or requiring respiratory or inotropic support

** During working hours on a weekday, if NICU bed available, PICU consultant must speak to NICU consultant.

Refer to other London neonatal surgical center ***

* Bilious vomiting can be a single symptom of bowel obstruction and life threatening conditions such as malrotation/volvulus. Infants should arrive in a surgical centre for assessment and treatment within 4 hours of the onset of symptoms.

** If admission onto PICU would fill last available bed, requires discussion with PICU attending consultant & DD if necessary.

*** If no bed on NICU / PICU, inform surgical consultant and record refusal on e-referral form on the intranet.