History and physical exam consistent with pyloric stenosis

- Progressive non-bilious emesis
- Palpation of olive in epigastrium

↓

Labs: Hypochloremic, hypokalemic metabolic alkalosis
Ultrasound: Muscle width > 3 mm, length >14 mm

↓

Plan:
- Admit to Surgery
- If clinically dehydrated, bolus NS (see adjacent schematic)

↓

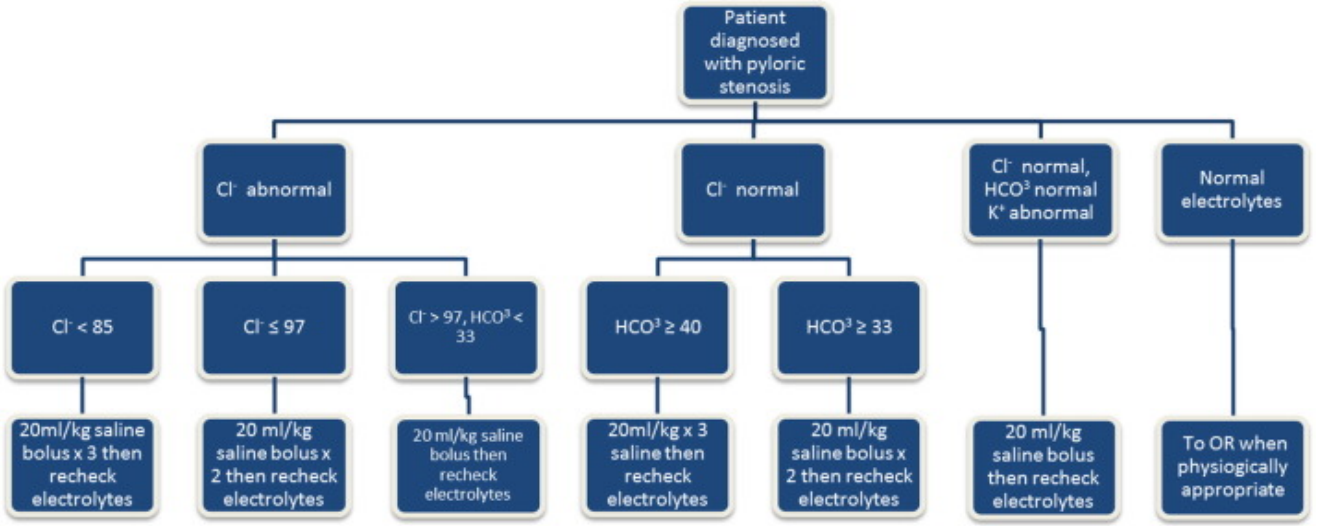
- MIVF at 1.5 x maintenance with D5 ½ NS
- Add 10 meq KCl once UOP established

↓

To OR when HCO3<30, Cl>100, and K normal (Ancef on call)

Suggested Resuscitation:

Source: Dalton BGA, et al. Optimizing fluid resuscitation in hypertrophic pyloric stenosis. J Pediatr Surg 2016;51(8):1279-1282.



Updated 1/2019 v1.0