



## Checklist for Esophageal Atresia - TEF Patients

### During the hospital stay

- Refer to post-operative pre-printed orders
  - Start Famotidine IV (1mg/kg/day ÷ BID) as soon as post op #1
  - Then Famotidine PO (1mg/kg/day ÷ BID) as soon as enteral feedings are started
- NICU team must:
  - Consult GI team on call after the initial surgery for “routine” cases
  - Notify Hélène Bacha extension 22657 (nurse of the MCH EA-TEF team) of the existence of the patient (call GI Secretariat at extension 23745 to leave message)
- Consultation to Social Services
- Please do CPR teaching **PRIOR** to discharge home
- If patient requires endoscopy for symptoms of cough/aspiration, Surgery should be made aware and present at endoscopy (bedside or OR)

### When planning discharge from NICU OR transfer to wards

- Contact the GI Secretariat at extension 23745 to organize 1st appointment as an out-patient. If clinic appointment is too far ahead (> 5 weeks), arrange F/U in Surgery Residents' Clinic 2-3 weeks following discharge (extension 24489)
- If patient is transferred to Surgery floor: please consult Pediatric Service
- Complete the special letter to request Synagis
- Outpatient prescription for acid suppression medication.
  - Regular patient: Famotidine (1mg/kg/day ÷ BID)
  - If patient has an esophageal stricture: Prevacid 2 mg/kg/day BID, 30 minutes before breakfast and supper

- HEFP (Home Enteral Feeding Program) through GI: GI Nurse and Marie-Josée Trempe, Nutritionist, if needed
- Please make sure that the baby has a pediatrician upon discharge

**SPECIAL CONSIDERATIONS for COMPLEX CASES**

- **“Long Gap” Esophageal Atresia**
  - **Delayed anastomosis**
  - **Premature or significant associated malformations**
  - **Prolonged hospitalisation (> 2-3 weeks)**
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- Consult Occupational Therapy
  - Discuss with Cardiology if further imaging is required to r/o vascular aberrancy