



Inclusion Criteria:
• Presence of VP Shunt
• Age ≥6 months

Exclusion Criteria:
• Age <6 months (consult NS)
• Brain tumor is present (consult NS)

Cushing's Triad:
• Bradycardia
• Hypertension
• Irregular respirations

1. Any child who becomes unstable in the process of this pathway should have an emergent NS consult if they are not already involved.

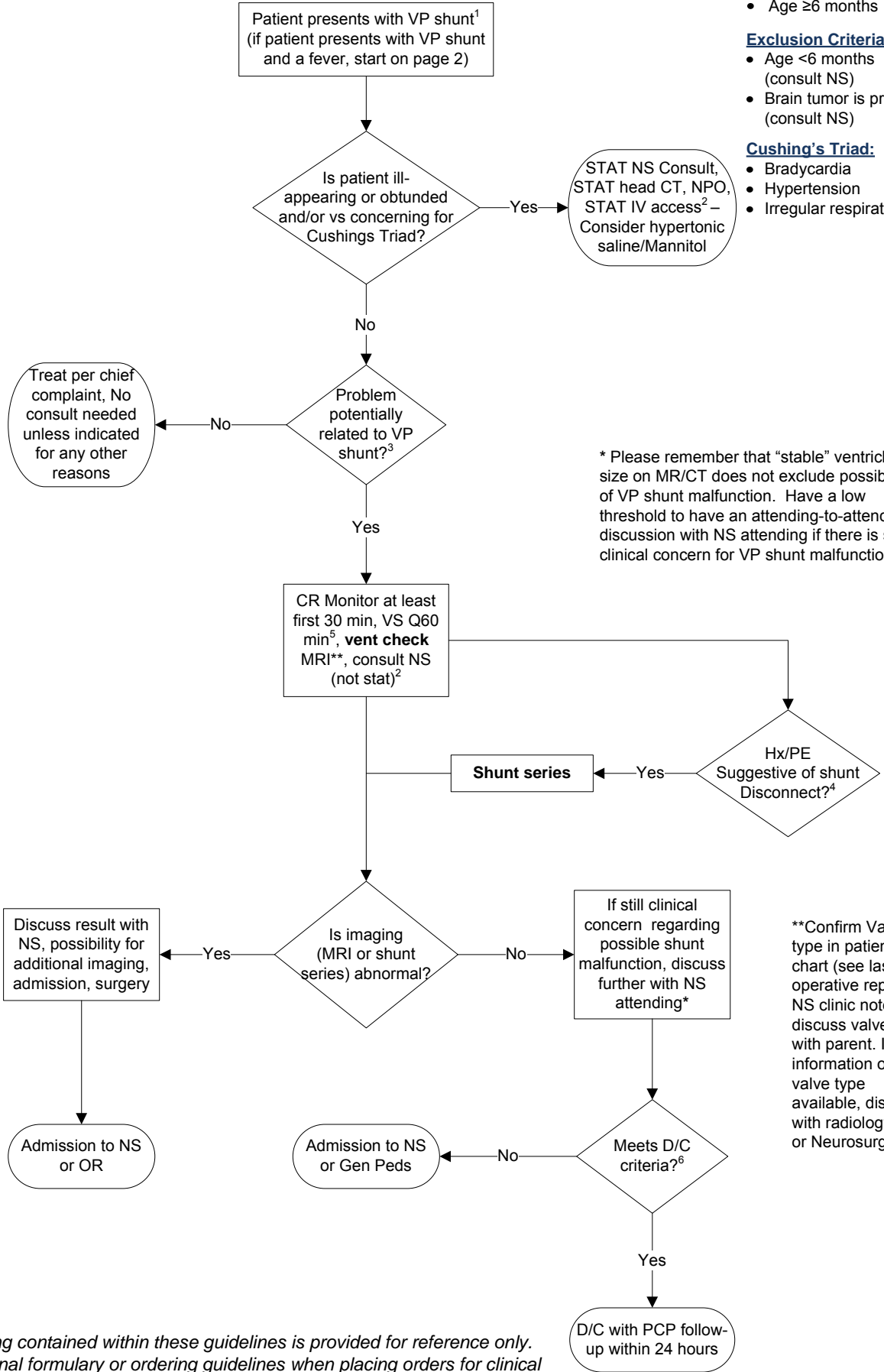
2. Elevate head-of-bed by 30 degrees, place patient on the monitor.

3. Symptoms including:
• Headache
• Vomiting
• New neurological symptoms (i.e. lethargy, irritability, seizures)

4. Concern for shunt disconnect:
• h/o recent disconnect
• Palpable disconnection
• Fluid palpable around shunt tubing
• Pain on palpation of shunt

5. VS Check Q60 minutes
• RN to notify MD's of concerning changes in VS
• Notify if change in MS

6. Discharge Criteria
• Doesn't require IV pain medication
• Tolerating PO
• Baseline neurological exam
• Cleared by NS to be D/C'd home



\* Please remember that "stable" ventricle size on MR/CT does not exclude possibility of VP shunt malfunction. Have a low threshold to have an attending-to-attending discussion with NS attending if there is still clinical concern for VP shunt malfunction.

\*\*Confirm Valve type in patient's chart (see last operative report/ NS clinic note or discuss valve type with parent. If no information on valve type available, discuss with radiology and/or Neurosurgery)

NOTE: The medication dosing contained within these guidelines is provided for reference only. Please refer to your institutional formulary or ordering guidelines when placing orders for clinical care of patients.



Ventriculoperitoneal Shunt EBG Algorithm
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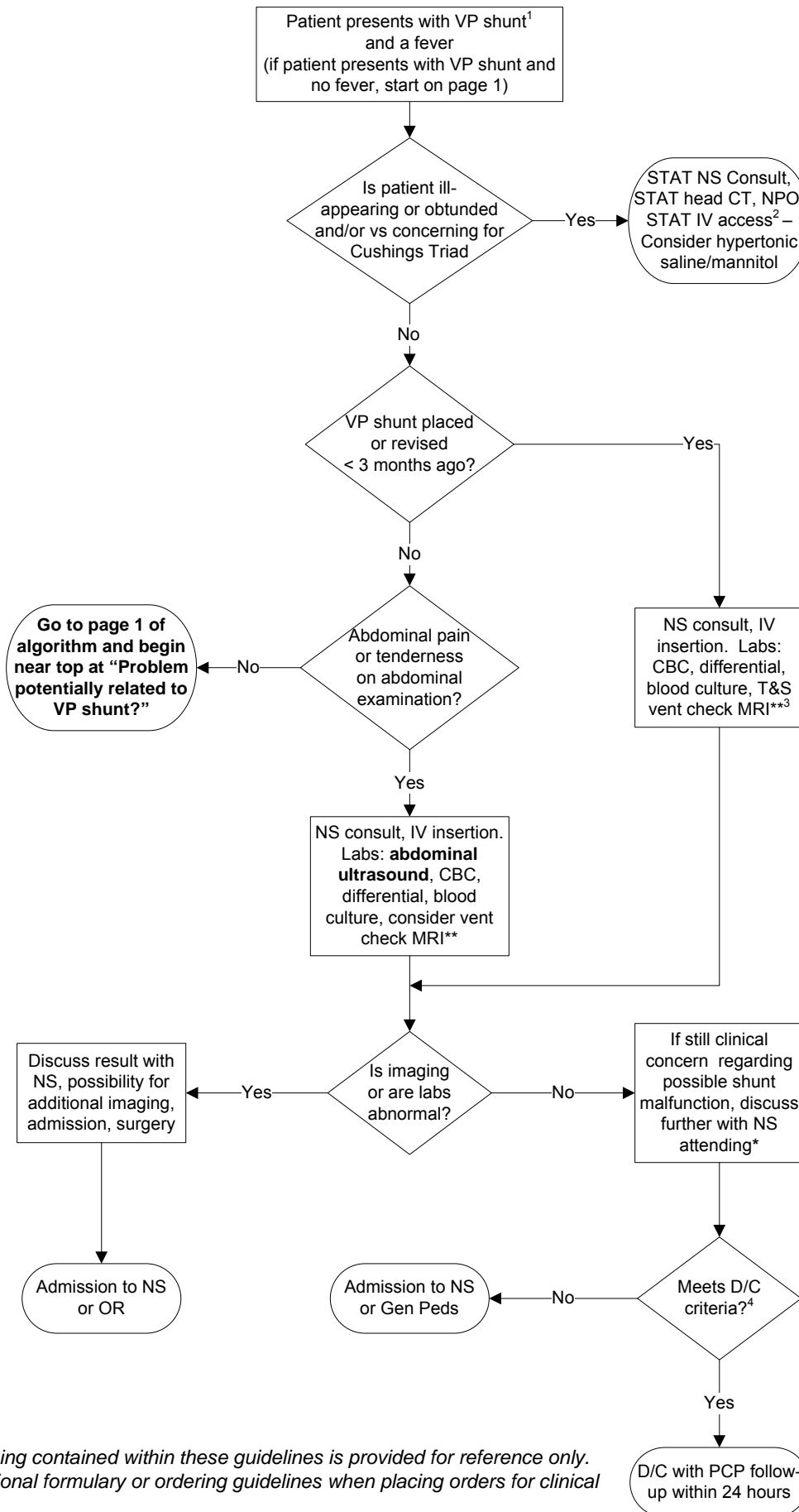
2. Elevate head-of-bed by 30 degrees, place patient on the monitor.

3. Discuss shunt tap with NS.

- 4. Discharge Criteria
• Doesn't require IV pain medication
• Tolerating PO
• Baseline neurological exams
• Cleared by NS to be D/C'd home

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