Appendix -2 Algorithm for Risk stratification and management of infants with PHVD

Preterm infant has progressive ventricular dilatation following IVH

Continue cUS screening using cUS protocol

Yes

• HC growth > 2 cm per week
• Separated sutures
• Bulging fontanelles

No

• Repeat cUS at least twice a week and monitor ventricular size specifically VI

No

Yes

• Consider LP 2-3 times* (if not done)
• Neurosurgical intervention

• VI ≤ 97th percentile &
• AHW ≤ 6 mm

• VI >97th percentile &
• AHW > 6 mm &/or TOD > 25 mm

• VI >97th percentile + 4 mm &
• AHW > 10 mm &/or TOD > 25 mm

• cUS twice a week until stable for 2 weeks then every 1-2 weeks till 34 weeks

• Neurology and Neurosurgery consultation
• LP 2-3 times*
• cUS 2-3X a week until stable for 2 weeks then every 1-2 weeks till 34 weeks PMA
• Neurosurgical intervention when no stabilization occurs

Consider alterations in NIRS (i.e. decrease cerebral oxygenation) or Doppler US (i.e. increase in Resistive Index) as additional information that may suggest impairment in cerebral perfusion and more urgent need for intervention.

*See Appendix-3 for details on LP