

Risk-Stratified Management of Hematochezia in Infants with Congenital Heart Disease in the Cardiac Unit

Galindo-Hayashi Jose M, Sivadas Swapna, Grossman Leonard, Russell Jennifer, Jeewa Aamir
Division of Cardiology, Labatt Family Heart Centre, The Hospital for Sick Children, University of Toronto, Toronto, Ontario, Canada

SMART

By June 30, 2026, our QI initiative aims to **reduce fasting duration and unnecessary antibiotic exposure** by 30% among pediatric CHD patients admitted with hematochezia.

Background

- CHD population is at **increased risk of necrotizing enterocolitis (NEC)**
- This often prompts a low threshold to start an **invasive work-up** (fasting, prophylactic antibiotics, IV/PICC line, Gen surg consult, etc.)
- Nonetheless, **most infants with CHD have benign hematochezia** rather than NEC

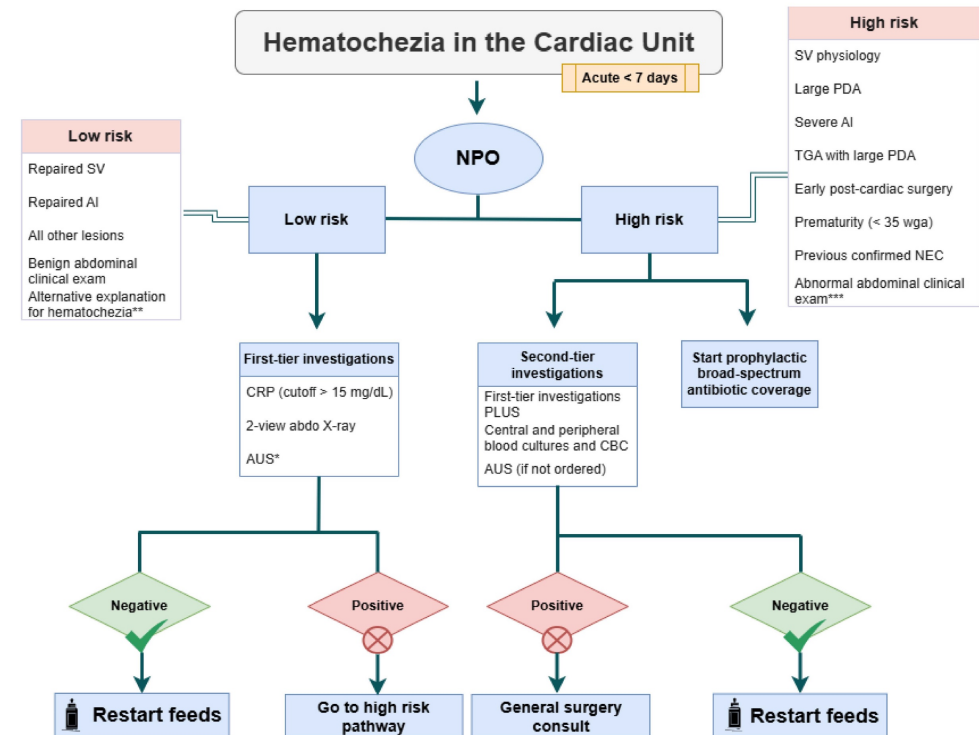
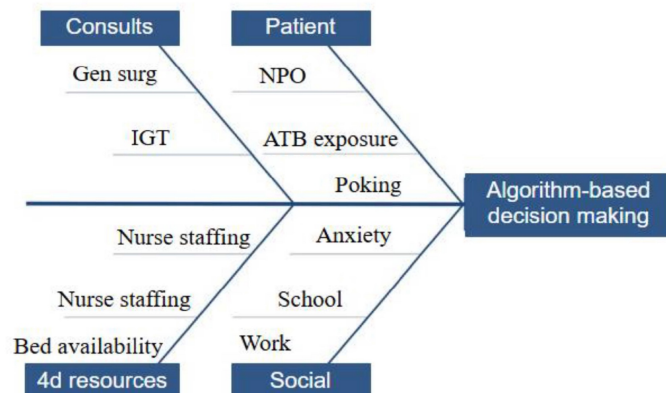


Table 1. Clinical decision-based algorithm for the management of hematochezia in the cardiac unit

Methods

Patients admitted to the cardiac unit who present with hematochezia will be dichotomized into two risk groups, and they will follow the clinical decision-making algorithm.

Balancing measures

- Missed cases of NEC
- Delayed antibiotic administration