

obstruction, fat malabsorption, and growth failure secondary to intestinal dysfunction. A variety of surgical interventions for NEC is available and depends on the extent of bowel necrosis, associated illness factors, and infant stability. Intestinal transplantation has been successful in some former preterm infants with NEC-associated short-bowel syndrome who had already developed life-threatening total parenteral nutrition–related complications. Transplantation may be a lifesaving option for infants who previously faced high morbidity and mortality. Research is now underway to examine the use of tissue-engineered small intestine ([Grant and Grikscheit, 2013](#)).

Nursing Care Management

Nursing responsibilities begin with the prompt recognition of the early warning signs of NEC. Because the signs are similar to those observed in many other disorders of newborns, nurses must constantly be aware of the possibility of this disease in infants who are at high risk for developing NEC ([Box 8-7](#)).

Box 8-7

Clinical Manifestations of Necrotizing Enterocolitis

Nonspecific Clinical Signs

Lethargy

Poor feeding

Hypotension

Vomiting

Apnea

Decreased urinary output

Unstable temperature