GUIDELINE

Bowel Washout

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this disclaimer

Aim

Outline the process of performing a bowel washout for the neonate. Bowel washout facilitates bowel decompression and has been shown to prevent or reduce the risk of enterocolitis.

Background

Bowel washouts are performed to clean the distal portion of the bowel, decompress the bowel and deflate the abdomen by removing air and faeces. It is used as a mode of temporary management in suspected or proven cases of Hirschsprungs until definitive surgery.

This procedure is also performed to relieve low intestinal obstruction due to meconium plug, meconium ileus or intestinal dysmotility of prematurity.

Key points

This procedure must be ordered after review by either the Surgical Team or the Neonatologist. Orders should be clearly documented and should include:

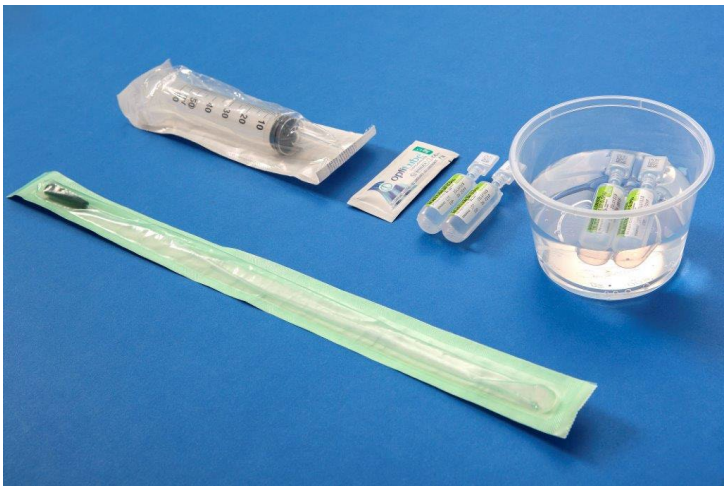
- Frequency.
- Size of catheter and length catheter to be inserted.
- Amount of saline to be used.
- Dose of Acetylcysteine (Mucomyst) if required.

Assess the patient prior to each bowel washout and alert the clinical team if any of the following occur. Consider withholding the procedure

- Worsening abdominal distension or tenderness
- Bile stained vomiting, or increasing NGT aspirates
- Lethargy, poor colour
- Blood in stools

Equipment

- 50mL catheter tip syringe
- 100mL normal saline for injection (warmed to body temperature as cold solution can cause drop in patient temperature)
- Rectal catheter:
  - Term – 14FG or as directed by surgeon
  - Preterm – as directed by surgeon
- Lubricant
- Chux/Gloves/Bluey



Procedure

Steps

1. Perform hand hygiene and prepare equipment, don gloves.
2. Position infant on his/her back with legs in lithotomy (frog) position (as if changing a nappy) on a clean nappy and bluey, ensuring they stay warm throughout the procedure.
3. Prime catheter, lubricate tip of catheter and gently insert into rectum at the length ordered.

4. Instil saline in aliquots/volumes of up to 20mL. Instil by pushing in the plunger gently. There should be no resistance while instilling the saline. Remove syringe from the catheter, let fluid run into the nappy.

5. Repeat until the ordered amount of 0.9% N Saline is administered, up to a **maximum** of **100mL** and the saline is clear of faeces/meconium.

6. If there is saline retention, **notify medical staff** and record the volume of saline retained. In infants there is a risk of re-absorption of saline especially if most of the solution is not expelled.

7. Remove catheter from rectum and ensure infant is left clean and dry. Remove gloves and perform hand hygiene.

8. Record results of bowel washout accurately on fluid balance chart. Include volume and description of return.

9. Watch for signs of increasing abdominal distension, tenderness, discolouration and any features suggestive of perforation.

References and related external legislation, policies, and guidelines
1. Nursing guidelines : Bowel washout rectal (rch.org.au) Last Updated February 2023

This document can be made available in alternative formats on request.

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