



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 postoperative 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 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.

Alert the clinical team if any of the following occur and consider withholding the procedure

- Worsening abdominal distension or tenderness

- Bile stained vomiting
- Lethargy, poor colour
- Blood in stools

Equipment

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



Procedure


Steps	Additional Information
1. Position infant on his/her back with legs in lithotomy position on a clean nappy and bluey	As if changing a nappy
2. Prime catheter, lubricate tip of catheter and gently insert into rectum at the length ordered	
3. Instil saline in aliquots/volumes of 20mL.	Instil by pushing in the plunger gently. There should be no resistance while instilling the saline.

Steps	Additional Information
4. Repeat up to a maximum of 100mL , until the saline is clear of all faeces.	
5. If there is saline retention, notify medical staff and record the volume of saline retained	In preterm infants there is a risk of re-absorption of saline especially if most of the solution is not expelled.
6. Remove catheter from rectum and ensure infant is left clean and dry	
7. Record results of bowel washout accurately on fluid balance chart.	Include volume and description of return
8. Watch for signs of increasing abdominal distension, tenderness, discolouration and any features suggestive of perforation	

References and related external legislation, policies, and guidelines

1. <https://www.clinicalguidelines.scot.nhs.uk/nhsggc-paediatric-clinical-guidelines/nhsggc->
Last reviewed 08 Sept 2020
2. https://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Bowel_washout_rectal
Last Updated April 2019

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

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