UHL NNU Guideline: Neonatal Bowel Washout

University Hospitals of Leicester NHS
NHS Trust

Trust ref:C24/2005

1. Introduction and Who Guideline applies to

This guideline is aimed at all Health care professionals involved in the care of infants within the Neonatal Service.

Bowel washout should be carried out in a consistent and safe manner to remove stool and gas from the bowel using small amounts of 0.9% Sodium Chloride until the bowel is clean. The aim is to provide guidance on the best way to perform a bowel washout, in order to minimise discomfort for the neonate whilst effectively emptying the bowel.

Background

Bowel washout is performed in babies with Hirschprung's disease, meconium plug or meconium ileus. The complication of enterocolitis can lead to perforation and faecal peritonitis and has significant mortality and morbidity.[1] (Grade C)

2. Guideline standards and procedures

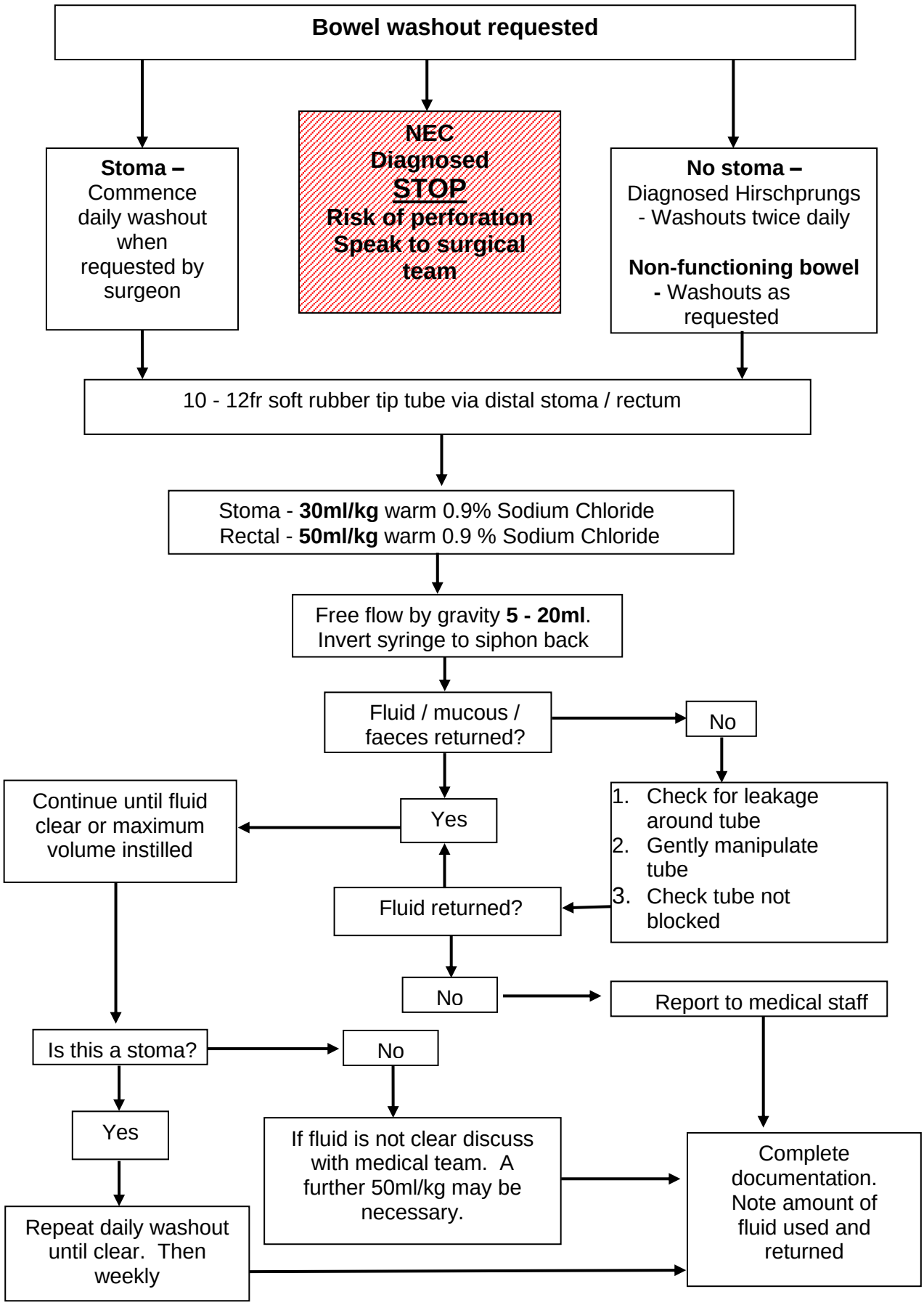
Equipment required

- Soft Rubber tip (not nasogastric) tube 8 to 12 Fr (correct size is dependent on size of anus)
- 20ml syringe and syringe for drawing up 0.9 % Sodium Chloride
- Water soluble lubricant (Aquagel)
- Disposable bowl, galipots, gauze and paper towels
- Pre weighed protective under sheet or nappy
- Blankets, towels, consider overhead heater
- Disposable gloves and apron
- Oral sucrose or EBM if available for comfort

Procedure

It is essential that the area in which the procedure is to be performed is warm, quiet and private. The procedure should be explained fully to the parents, and any questions or fears are addressed to ensure the parents are more comfortable with what they may perceive as a distressing procedure. If the baby finds the procedure or position uncomfortable, sucrose can be used if not otherwise contraindicated. A parent can be supervised to assist and to administer this and also on the use of a dummy for comfort non-nutritive sucking.
It is better to undertake this procedure more frequently for shorter periods of time rather than for a long time, as this reduces local trauma, aids comfort and prevents the infant from getting cold. In case of suspected or confirmed NEC avoid Bowel washout in view of increase risk of perforation.

Stage	GUIDANCE
Pre-procedure checks:	• Check temperature and record • Check flowchart for amount of 0.9% Sodium Chloride to be used • Check infant's identity band against prescription chart & weight • Ensure up to date observations and general condition of child • Visual observation of abdomen prior to procedure – determine and record degree of distension e.g. tight /shiny • Record time since last bowel action – note frequency, consistency, colour and if there is any blood • Record any vomiting – frequency, colour, amount. If bile-stained withhold washout and notify surgeon immediately • Ensure the room the procedure will take place in is warm
Position of infant:	• Undress infant from feet to waist • Position infant on left side if possible, or on back with legs in frog-like position • Parent / assistant supports position of legs and provides comfort
Preparation:	• Ensure washout is prescribed – frequency, size of tube, length to be inserted, amount of 0.9% Sodium Chloride to be instilled • Wash hands and apply gloves and apron • Pour measured, warm 0.9% Sodium Chloride into bowl • Draw up 0.9% Sodium Chloride in syringe • Prime tube with 0.9% Sodium Chloride to prevent air being introduced into the rectum causing extra distension • Kink tubing, disconnect syringe and remove plunger
Bowel washout:	• Consider if sucrose is needed • Lubricate the tip and first 5cms of catheter with lubricating jelly • Apply lubricating jelly to infant's anus • Gently insert tube 3-5cms (this is far enough to begin with, in order to empty the rectum) • Flush 0.9% Sodium Chloride by gravity, holding tube in place at all times • Gently push the tube in until resistance is felt so that the 0.9 % Sodium Chloride is loosening faeces and mucous (record length of oesophageal catheter inserted) • Note volume of fluid used (guided by bowel washout flow chart) • No more than 20mls of 0.9% Sodium Chloride should be instilled at one time • Lower syringe and observe for return of fluid and faecal matter – invert and empty into a disposable bowl below the level of the baby • If no return occurs gently move the tube back and forth and stimulate evacuation (it may come with force if the infant pushes) • Observe how much has flushed out • If the majority has returned, continue
Cautions:	• Stop the procedure if there is no waste expelled **-** overfilling the rectum / sigmoid colon could cause distension and possible perforation • Stop the procedure if there is bleeding or pain experienced (inform medical staff) • Inform medical staff
Documentation:	• Record length of soft rubber tip catheter inserted • Record volume of fluid used and returned • Description of output (weigh protective sheet / nappy) on fluid balance chart • Note - reduction in compression, distension, soft, palpable, consistency, amount, flow
Post-procedure:	• Ensure no surplus remains in the bowel • Clean infant, dress and ensure comfort • Check the infant's temperature and take appropriate action • Clear away equipment • Wash hands • Notify surgeon if two successive washouts fail to achieve abdominal decompression


Bowel washout requested
Stoma – Commence daily washout when requested by surgeon
NEC Diagnosed STOP Risk of perforation Speak to surgical team
No stoma – Diagnosed Hirschprungs - Washouts twice daily
Non-functioning bowel - Washouts as requested
10 - 12fr soft rubber tip tube via distal stoma / rectum
Stoma - 30ml/kg warm 0.9% Sodium Chloride
Rectal - 50ml/kg warm 0.9 % Sodium Chloride
Free flow by gravity 5 - 20ml. Invert syringe to siphon back
Fluid / mucous / faeces returned?
No
1. Check for leakage around tube
2. Gently manipulate tube
3. Check tube not blocked
Yes
Continue until fluid clear or maximum volume instilled
Fluid returned?
No
Report to medical staff
Is this a stoma?
No
Yes
If fluid is not clear discuss with medical team. A further 50ml/kg may be necessary.
Complete documentation. Note amount of fluid used and returned
Repeat daily washout until clear. Then weekly

3. Education and Training

None

4. Audit Standards

1. Temperature is recorded before and after procedure (100%)
2. Degree of distension of the abdomen is recorded before and after (100%)
3. Washout is prescribed on drug chart (100%)

5. Evidence Criteria

Evidence according to RCPCH

Grade A	At least 1 randomised controlled trial addressing specific recommendation
Grade B	Well conducted clinical trials but no randomised trial on specific topic
Grade C	Expert committee report or opinions

6. Supporting References

1. Nour S and Hallsworth M in Meeks M, Hallsworth M, Yeo H. Nursing the Neonate. 2010

7. Key Words

Hirschprung's disease, meconium plug or meconium ileus, Rectum

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The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

Contact and review details			
Original author: Valarie Clancy **Guideline Lead (Name and Title):** Reviewed: Rachel Wade, Lydia Campbell. Contact: S Mittal- clinical guidelines lead			**Executive Lead** Chief Medical Officer
Details of Changes made during review:			
Date	**Issue Number**	**Reviewed By**	**Description Of Changes (If Any)**
April 2005	**1**		Original guideline
June 2011	**2**	Neonatal Guidelines Neonatal Governance	
Sept - Oct 2015	**3**	Neonatal Guidelines Neonatal Governance	

Oct 2018	**4**	Neonatal Guidelines Neonatal Governance	no changes recommended by author - ratified
Nov-Dec 2021	**5**	Neonatal Guidelines Neonatal Governance	Format update only.
January 2025	**6**	Neonatal Guidelines Neonatal Governance	Changed normasol to sodium chloride 0.9% throughout Changed Oesophageal catheter to soft rubber tip catheter Added consider use of sucrose if not contraindicated or non-nutritive sucking