SECTION 3: GENERAL CARE OF THE SICK CHILD

3.4 Bowel Treatments

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Aim

To decompress the bowel or clear the large bowel of faecal matter using an appropriate method so as to minimise risk to the patient.

Key points

- This document refers to the management of inpatients only.
- For preterm babies and neonates refer to neonatal guidelines.
- Bowel washout or preparation procedures must be ordered by a medical officer.
- Irrigation and bowel preparation solutions must be prescribed. The type, volume and mode of administration will depend on the reason for the procedure. The order should provide guidance on: frequency, volume of solution to be administered and insertion length for catheter washouts.
- Oral bowel preparation solutions (eg. Glycoprep®, ColonLYTELY®, GoLYTELY®, Movicol®) are usually required in large volumes to adequately clear the bowel for colonoscopy/investigative procedures. Nasogastric administration is often required for children.[1-4]
- Normal saline is the solution used for rectal and stomal washouts which should be warmed to room temperature to prevent colonic spasm.[2, 3]
- Consideration must be given to the psychological effects of rectal procedures.[5, 6]
- If sedation is required for the procedure refer to PNPM 2.11 Administration of Sedative Drugs and Anaesthetic Agents and Clinical Practice Guideline; Oral Conscious Sedation.
- Notify treating clinician's team if bowel washout fails to empty, clear and/or decompress the bowel and/or deflate the abdomen.

Colonic Lavage

Indications

- Colonoscopy, radiological investigation or surgical procedure involving the large bowel.[7]
- Faecal impaction in severe constipation.[8]

Precautions

- Oral solutions can lead to dehydration and/or electrolyte imbalance.[9] Patients should be observed for such complications and any concerns reported to the treating clinician's team.

Procedure

1. 48 hours before:	Low residue diet – contact Dietitian (may have commenced before admission for elective procedures [10]
2. 24 hours before:	Clear fluids only (no red or green coloured drinks or jelly as this can affect visualisation of the bowel [7, 11]
3. Day before procedure:	Commence prescribed oral solution (dependent on time of planned procedure- check with treating team).

Administering the solution:

4. Prepare prescribed solution as per manufacturer's instructions. Usual volume to be given is 50mL/kg.[10]
5. Offer the child the solution to drink at regular intervals in volumes they can tolerate – flavour with cordial (not red or green) or clear apple juice to make it more palatable.

   Note: Treatment for constipation may be administered over several days.
6. If unable to palate the solution, administer via a nasogastric tube.[12] (Refer to Insertion of a Nasogastric Tube). Administer while the child is fully awake due to the risk of aspiration.[13]
7. Begin infusion at the lowest rate and gradually increase until maximum rate is achieved or adverse symptoms (eg. nausea, vomiting, abdominal pain and/or distension) develop.
8. Consider reducing the rate until tolerated and/or administering antiemetic medication. Discuss with the treating clinician's team.
9. Continue administering the solution until watery, pale to clear fluid stools are repeatedly passed or maximum volume has been administered.
10. Following completion of the bowel solution, encourage intake of clear oral fluids to prevent potential risk of dehydration and electrolyte imbalance.
11. Document all bowel movements on the fluid-balance chart. Visualisation and documentation by nursing staff is required, regardless of the patient's age.
12. If stools are not clear prior to colonoscopy procedures, advise the treating clinical team.

Rectal Washout

Indications

- Infants with Hirschsprung's disease (refer to neonatal guidelines) - to decompress and deflate the bowel by removing gas and stools
- Constipation
- Bowel surgery or investigations

Relative Contraindication

- Patients with inflammatory bowel disease. Insertion of a rectal catheter can cause trauma or perforation to the friable bowel mucosa.[4]

Equipment

Appropriately sized Rectal or Nelaton catheter: [2, 4, 14]

Weight/age	Size
< 2kg	8 Fg
> 2kg	10 Fg
6-12 months	12 Fg
> 1yr	16 Fg
Older children/adolescents	16-25Fg

60mL catheter tipped syringe or cone/funnel (available from CNC Stomal Therapy)

± tubing and connector for use with a cone/funnel

Non-serrated tubing clamp

Normal saline or solution - warmed to room temperature

Kidney tray/bedpan or similar receptacle

Protective sheet

Examination gloves

Lubricant (water based)

Procedure

1. Explain the procedure to the child/carer and encourage them to assist if possible.
2. Encourage the child to empty the bladder prior to commencing the procedure.
3. Warm the prescribed solution in a jug of warm water. Maximum volume per procedure is 20mL/kg - up to 1000mL for adolescents.
4. Position the child to allow for optimal administration of solution into the descending colon. [2, 4, 14]
    - Infants - prone position, with legs in frog position or feet gently held up
    - Child/adolescent - left lateral position with upper leg flexed at the hip and knee.

(Rectal Washout continued):

5. Draw up initial bolus of warmed solution into the syringe:

   Infants <1 year: 10 - 20mL of saline at a time only. [2, 4, 14]

   Children >1 year: increase volume for each bolus by 10 to 20mL for each year of the patient's age.
6. Prime the Rectal/Nelaton catheter and additional tubing (if required) to expel air. Clamp or pinch the catheter/tubing.
7. Slowly insert the well lubricated catheter into the rectum

   2 - 5 cm for infants and small children; [4]

   5 - 10cm children/adolescents[4] or until resistance is felt**.**

   Do not force the catheter. As the rectum empties the catheter can be slowly advanced.
8. Allow the saline to flow by gravity, holding the syringe or funnel just above the child's buttocks.
9. Once the volume of saline has been instilled, lower and invert the syringe/funnel into the bedpan to collect the fluid and faecal matter.
10. Repeat the process until a clear return is achieved or all the solution has been used.
11. Gently remove the catheter.
12. Ensure the child is left clean and dry.
13. Document procedure and outcome in the patient notes: volume, colour, consistency of bowel return, reduction in abdominal decompression/ distension. Report abnormal findings immediately.

Stoma Washout

Indications

Mucous and residual faeces in the bowel distal to an active stoma

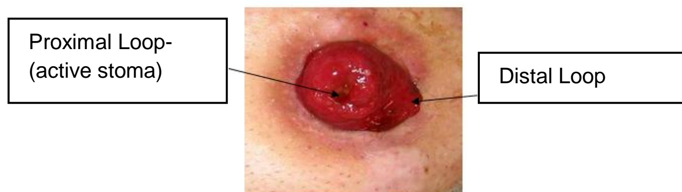
Relative Contraindications

Distal loop washouts are not routinely performed prior to reversal of a stoma as the patient will have a gastrograffin enema to check on patency of the bowel and healing of the surgical anastomosis. Contact Stomal Therapy CNC for advice.

Procedure

1. Locate the **distal** loop of the stoma: this is the inactive loop (the mucous fistula) which drains mucus from the part of the bowel that leads to the anus. It is identified by visualisation or digital examination of the peristomal margin.

   Never perform a washout via the proximal loop.



2. Position the child in a supine or sitting position, over a toilet or bedpan if possible. It may take 30-45 minutes for the solution to pass through the bowel.
3. Connect a catheter tip syringe to the appropriate size Nelaton catheter: 6-8Fg for neonates
4. Prime the catheter with the warmed saline.
5. Lubricate the catheter and gently insert it into the distal stoma to the length instructed or until resistance is felt. **Do not force the catheter.**
6. Fill the syringe with required volume of saline and allow to run by gravity.

   Infants <1 year: maximum 20mL of saline at a time. [4, 14]

   Children >1 year: increase volume for each bolus by 10 to 20mL for each year of the patient's age.
7. Top up the syringe with normal saline until the prescribed volume of solution has been administered.
8. If the child experiences pain/discomfort slow the rate or cease until the discomfort settles.
9. Gently remove the catheter from the stoma at the end of the procedure.
10. Ensure peristomal skin is clean and dry and apply a new stoma pouch.
11. Document procedure and outcome in the patient notes: volume, colour, consistency of bowel return, reduction in abdominal decompression/ distension. Report abnormal findings immediately.

For appendicostomy (ACE):

1. Prefill a bowel washout bag with prescribed volume of warmed saline solution.
2. Connect an appropriate size Nelaton catheter to the washout bag, prime the tubing and clamp the line.
3. Insert the lubricated catheter to approximately 4-5cm. Raise the bag to above shoulder height, unclamp and allow solution to flow by gravity.

   Follow steps 9-12 as above.

Related policy, procedures and guidelines.
Abdominal Stoma Care
Prevention and Management of Excoriated Skin
Useful Resources
Paediatric Bristol Stool Chart [15]

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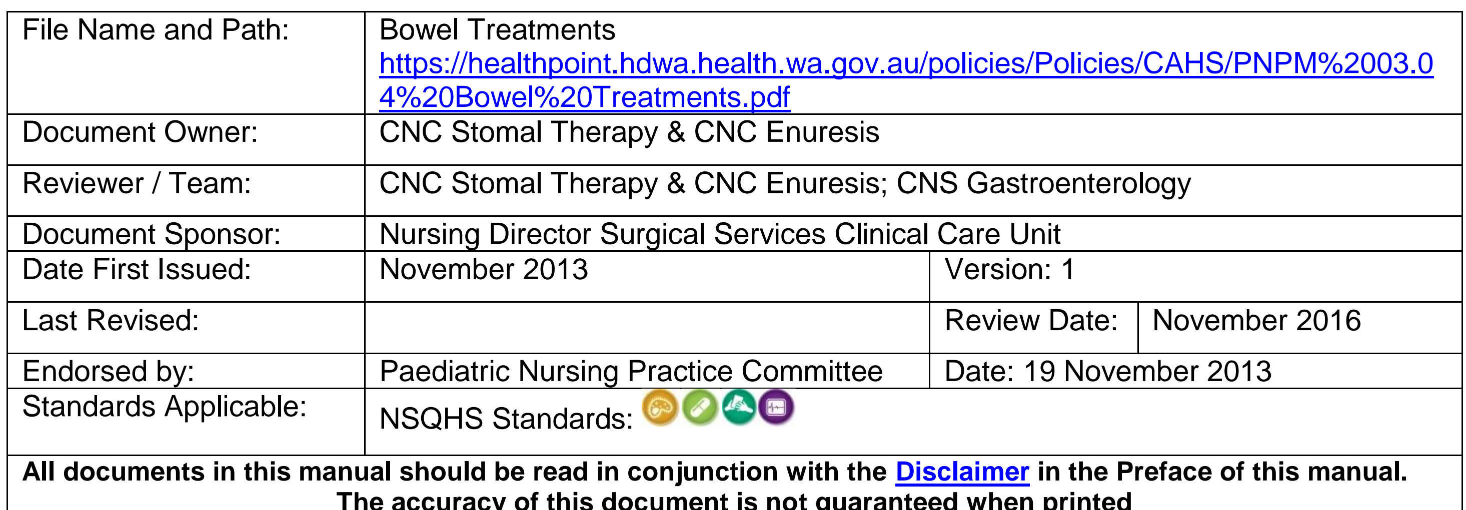

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