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Document Title:	Rectal Washout for infants in Newborn Intensive Care unit (NICU)		
Reference No:	1230	**Version No:**	V6
Document Type: (E.g. Policy, Procedure, Drug Guideline, etc	Guideline	**Scope:**	☐ Health NZ Waikato ☒ Clinical management / service specific
Effective Date:	13 November 2024	**Publish on the Internet?**	☒ Yes ☐ No ☐ After next full review
Reason for Re-issue with Minor Changes **(Amended versions only)**			
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Rectal Washout for Infants in Newborn Intensive Care Unit (NICU)

Guideline Responsibilities and Authorisation

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Target Audience	Nurses
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Guideline Review History

Version	Updated by	Date Updated	Summary of Changes
3	Joyce Mok	July 2015	3-yearly review
4	Richard Pagdanganan	Oct 2018	3-yearly review
5	Richard Pagdanganan	Oct 2021	3 –yearly review
6	Aira Javier & Anicks Kuriakose	August 2024	3 yearly review Updated Title, Equipment, Procedure, Documentation & Potential Complications

Rectal Washout for Infants in Newborn Intensive Care Unit (NICU)

1 Overview

1.1 Purpose

To ensure the safe and effective instillation of fluid via the rectum to infants receiving a rectal washout**.**

1.2 Staff group

Health NZ Waikato staff working in the Neonatal Intensive Care Unit (NICU) or Paediatric Wards.

1.3 Patient / client group

Neonates and infants in NICU and Paediatric Wards.

1.4 Indications:

Rectal washouts are used to decompress the bowel and deflate the abdomen by removing gas and stool using small amounts of warmed sodium chloride 0.9% solution (saline) and a rectal tube. They must be ordered by the surgical team and they are done in following cases

- Babies with Hirschsprung disease
- To relieve low intestinal obstruction due to meconium plug, meconium ileus
- As a mode of temporary management in proven cases of Hirschsprung disease until surgery
- To prepare the bowel for surgery or investigation.
- Post stoma surgery distal loop washout (DLWO).

1.5 Definitions*

CNS	Clinical Nurse Specialist
Hirschsprung disease	A condition where sections of the bowel are missing nerve cells necessary to facilitate peristalsis (movement) of the bowel contents causing obstruction and build-up of bowel contents behind the blockage.
Meconium Ileus	Bowel obstruction of the distal ileum due to accumulation of tarry, thick meconium. Often a result of enzyme deficiency, 90% of infants with this condition have cystic fibrosis. In others, the condition is associated with volvulus, atresia or perforation.
Meconium Plug	This occurs more commonly in preterm infants or infant with central nervous system damage and hypotonia. Condition where obstruction (more common in lower colon or rectum) is the result of very thick meconium unrelated to enzyme deficiency.
NP	Nurse Practitioner

Post stoma surgery distal loop washout (DLWO)	Can be used in conditions such as ano-rectal malformations and anomalies associated with a microcolon, to irrigate or distend the large intestine, when an ileostomy or colostomy has previously been formed. A catheter is passed through the mucus fistula (non-functioning stoma).

2 Clinical Management

2.1 Competency required

Registered Nurse who has completed Level 2 orientation.

NOTE: Neonatal procedure must be performed initially by a surgeon and further washouts need to be ordered by the consulting surgical team following patient review.

2.2 Equipment

Feeding tube/ Female catheter	Weight < 2kg	Size 10Fr	Insert to 2-3 cm (or as per advice of Paediatric Surgical SMO)
Nelaton catheter	Weight > 2kg	Size 10-14Fr	Insert to 5 cm (or as per advice of Paediatric Surgical SMO)

NOTE: Female catheters are kept in store room.

(These are approximate guides please ensure individualised surgical instructions are requested, 14Fr often the preferred size, kept in storeroom)

- BD syringe 60ml
- Water-soluble lubricant i.e. KY Jelly or Surgi-tube
- Sodium chloride 0.9% ampoules (pre-warmed in warm water bath)
- Incontinence sheet
- Container to collect returning fluid
- Personal protective equipment, e.g. non-sterile gloves, gown or apron

2.3 Assessment

Assess and record any signs of bowel obstruction in the patient's observation sheet and clinical notes. These include:

- Vomiting
  - Frequency
  - Amount
  - Colour (containing bile, blood)

- Increasing nasogastric aspirates (when regular gastric aspirate measurements are prescribed or when NG is on free drainage)
  - Colour
  - Amount
    Note: Green vomitus/nasogastric aspirate indicates the presence of bile, making bowel obstruction more likely. If present, notify medical team immediately.
- Abdominal distension
  - Describe i.e. tight, shiny, soft, firm, visible bowel loops, visible veins
  - Describe degree of distension of the abdomen prior to performing rectal washout
- Bowel Motion
  - Note - frequency, amount, consistency, colour, +/- blood
  - Odour – malodorous stools are more common in Hirschrung's Associated Enterocolitis.

2.3.1 Medical Orders

- Check infant's General Treatment Sheet and clinical notes for surgical instructions for bowel washout.
- Bowel washouts must be ordered and documented by surgical team to ensure procedure is surgically indicated and appropriate for infant size and condition.
- Check with surgical team for any specific instructions, e.g. the amount of sodium chloride 0.9% to be instilled = calculated as 10ml/kg, frequency, size of catheter, length to be inserted.

2.3.2 Considerations prior to washout

- Explain the procedure to the parents/carers and ensure privacy for the procedure.
- Collect equipment and assemble on a clean field.
- Ask for assistance from a colleague or parent as appropriate because bigger babies can be active and require extra assistance for positioning and procedure.
- Warm sodium chloride 0.9% ampoules by placing in a container of warm water. Cold solution can cause infant core temperature to drop, particularly in pre-term infant.
- Assess pain score and consider administering oral sucrose Sucrose Oral Liquid for Analgesia in Neonates and Infants Ref 2905 for pre-procedural analgesia. Provide other non-pharmacological comfort measures (i.e. swaddling, pacifier if with parental consent).
- Ensure that the infant remains warm throughout the procedure.

2.4 Procedure

1. Perform hand hygiene
2. Put on gown or apron and don gloves.
3. Undress the infant and swaddle the upper part of the body.
4. Place incontinence sheet under baby with new pre-weighed nappy to protect bed linen.
5. Position infant, usually supine with legs in frog position to facilitate easy and comfortable tube insertion.
6. Prime catheter with warm sodium chloride 0.9% solution.
7. Lubricate end of catheter, locate the anus and gently insert to appropriate distance into rectum, not more than 5cm for term infants (or as per advice of Paediatric Surgical SMO).

   Note:

   - Care must be taken not to damage delicate rectal mucosa and hold syringe down to dispel any trapped air
   - Do not use excessive force; if resistance is felt, inform NP/CNS/Registrar.
   - Do not aspirate tube while inserted in rectum to reduce risk of mucosal damage.
8. Instill sodium chloride 0.9% in 10ml aliquots over 1-2 minutes by gravity or by pushing gently on plunger of syringe (there should be no resistance when injecting saline). Contact medical staff if resistance is met or if unsure.
9. Remove syringe and let fluid run into nappy/container.
10. Continue to repeat until the prescribed amount of Sodium Chloride 0.9% solution has been instilled
11. Remove catheter from the rectum and ensure that the infant is clean and dry.
12. Remove gloves and perform hand hygiene
13. Clean area, dispose of waste and perform hand hygiene
14. Note and record results of rectal washout accurately on fluid balance section of Observation sheet and clinical notes.

    Note:

    - No more than 10ml aliquot of warm sodium chloride 0.9% should be instilled at one time.
    - Do not pull back on syringe to aspirate. Allow the Sodium Chloride 0.9% to run out naturally.

TROUBLESHOOTING:

- If sodium chloride 0.9% is not running out naturally, sometimes manipulating the catheter in and out a few centimetres gently and massaging the abdomen may encourage fluid returns to be expelled.
- Check the catheter for any obstruction (thick stool) on removal. To get rid of obstruction, remove the catheter from anus and flush out any obstruction. Change position and ensure gravity drainage
- If there is sodium chloride 0.9% retention or return volume cannot be determined, inform medical and surgical team.
- Monitor for signs of Hirschsprungs Associated Enterocolitis (HAEC) including:
  - Offensive smelling stools
  - Unusual colour of stools
  - Looser consistency, explosive stools
  - Blood in stool

  and report findings to medical team.

2.5 Documentation

- Note any reduction in abdominal distension and/or abdominal decompression in the clinical notes.
- Document the following: colour, consistency and type of substance expelled; i.e. stool/meconium/instilled fluid on fluid balance section of Observation Chart and update patient's clinical notes.

2.6 Potential Complications

1. Reabsorption of sodium chloride 0.9%, especially if most of the solution is not expelled.

   In the case of retention of instilled solution, contact the surgical/neonatal team & record volume of fluid retained
2. Bowel perforation
3. Nausea and vomiting
4. Abdominal discomfort

3 Evidence base

3.1 Bibliography

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3.2 Associated Health NZ Waikato Document

- Neonatal Pain and Sedation - Assessment and Nursing Management in Newborn Intensive Care Unit (NICU) (Ref. 1684).
- Sucrose Oral Liquid for Analgesia in Neonates and Infants (Ref. 2905)