

Stomach washout in New Born Intensive Care Unit (NICU)

Procedure Responsibilities and Authorisation

| | |
|--|---------------------|
| Department Responsible for Procedure | NICU |
| Document Facilitator Name | Richard Pagdanganan |
| Document Facilitator Title | ACNM |
| Document Owner Name | Chantelle Hill |
| Document Owner Title | CNM |
| Target Audience | Nurses |
| <p>Disclaimer: This document has been developed by Waikato District Health Board specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at their own risk and Waikato District Health Board assumes no responsibility whatsoever.</p> | |

Procedure Review History

| Version | Updated by | Date Updated | Summary of Changes |
|---------|-----------------|--------------|--------------------|
| 03 | Tricia Ho | March 2011 | 3-yearly review |
| 04 | Joyce Mok | June 2014 | 3-yearly review |
| 05 | Joyce Mok | Dec 2017 | 3-yearly review |
| 06 | Kimmy Fulgencio | Oct 2021 | 3- yearly review |

Stomach washout in New Born Intensive Care Unit (NICU)

1 Overview

1.1 Purpose

To outline the procedure for stomach washout to remove substance, e.g. mucous, blood or meconium, to aid milk digestion and promote early gastric feeding.

1.2 Scope

Waikato District Health Board (DHB) staff working in NICU.

1.3 Patient / client group

Infants in NICU.

1.4 Definitions and acronyms

| | |
|------------------------|---|
| CNS | Clinical Nurse Specialist |
| NNP | Neonatal Nurse Practitioner |
| Stomach washout | A gastric tube is inserted into the stomach to instil sterile water to withdraw gastric content and remove substances that interfere with milk tolerance. |

2 Clinical management

2.1 Roles and responsibilities

NNP/CNS/Registrar

Review the baby to determine whether a stomach washout is indicated.

Nurses

Inform NNP/CNS/Registrar to ensure baby is reviewed and appropriate care is provided.

2.2 Competency required

- Registered nurses who have completed Level II orientation and achieved competency.
- Enrolled nurses who have completed Level II orientation and achieved competency and under the direction and delegation of a registered nurse.

2.3 Equipment

- Appropriate size feeding tube, e.g. Fr 6 or 8
- 5ml syringe
- pH test strip

| | | | | | | | |
|---|------|----------|----|-------------|-------------|--------------|-------------|
| Doc ID: | 4380 | Version: | 06 | Issue Date: | 31 OCT 2021 | Review Date: | 31 OCT 2024 |
| Facilitator Title: | ACNM | | | Department: | NICU | | |
| IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING | | | | | | | Page 2 of 4 |

Stomach washout in New Born Intensive Care Unit (NICU)

- 5 x 10ml ampoules of sterile water warmed to room temperature
- Plastic container

2.4 Procedure

2.4.1 Preparation

- Explain procedure to parents to allay anxiety and keep them informed.
- Perform hand hygiene.
- Prepare equipment.
- Perform hand hygiene and put on gloves.

2.4.2 Inserting gastric tube

If infant does not have a gastric tube insitu:

- Position infant on right side with head of bed elevated to allow easy passage of gastric tube
- Stabilise infant's head; swaddling may help with infant's toleration of the procedure.
- Measure tube placement from ear to nose or corner of mouth, then midway between xiphisternum and umbilicus to ensure correct placement of the gastric tube in the stomach.
- Lubricate the tip of the gastric tube with some of baby's saliva.
- Pass the tube gently via the nose/mouth in a downward motion and insert the tube into the stomach to the measured length.
- Confirm correct tube placement by checking gastric aspirates with pH test strip.
- Secure feeding tube with tape.

NB

- Never force the tube in.
- If the infant starts coughing or choking, or becomes cyanosed or apnoeic, remove the tube immediately.

Any signs of respiratory compromise indicate the likelihood that the tube has entered the trachea.

2.4.3 Performing stomach washout

- Remove the plunger of a 5ml syringe and connect to the gastric tube.
- Instil 5ml of warmed sterile water by gravity into the stomach.
- Remove the syringe and re-attach plunger to the syringe.
- Attach the syringe to the tube, then slowly and gently withdraw the stomach content.

| | | | | | | | |
|---|------|----------|----|-------------|-------------|--------------|-------------|
| Doc ID: | 4380 | Version: | 06 | Issue Date: | 31 OCT 2021 | Review Date: | 31 OCT 2024 |
| Facilitator Title: | ACNM | | | Department: | NICU | | |
| IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING | | | | | | | Page 3 of 4 |

Stomach washout in New Born Intensive Care Unit (NICU)

- Disconnect the syringe from gastric tube and discard stomach content into plastic container. The return should be approximately 5ml.
- Repeat washout until the gastric return is relatively clear to ensure substances which may interfere with milk tolerance are removed.

2.4.4 After stomach washout

- Leave gastric tube insitu if infant requires tube feeding, 4-hourly aspiration, or for gastric decompression (venting).
- Remove gastric tube if infant is breastfeeding or bottle feeding.
- Reposition infant comfortably.
- Give milk feed as ordered.
- Document on feed chart and clinical notes and report findings to NNP/CNS/Registrar.

2.5 Potential complications

- Gastric perforation
- Aspiration

2.6 After care

- Dispose of equipment into appropriate containers.
- Perform hand hygiene.

3 Evidence base

3.1 Bibliography

- Gardner, S.L. et al. (ed.) (2015). *Merenstein & Gardner's handbook of neonatal intensive care*, 8th edition. Elsevier: St. Louis, Missouri.
- Kenner, C. (ed.) (2020). *Comprehensive neonatal nursing care*. 6th edition. New York, New York: [Springer Publishing Company](#)

3.2 Associated Waikato DHB Documents

- Waikato DHB NICU Nursing Procedure: [Enteral Feeding in Newborn Intensive Care Unit \(NICU\)](#) (4945)

| | | | | | | | |
|---|------|----------|----|-------------|-------------|--------------|-------------|
| Doc ID: | 4380 | Version: | 06 | Issue Date: | 31 OCT 2021 | Review Date: | 31 OCT 2024 |
| Facilitator Title: | ACNM | | | Department: | NICU | | |
| IF THIS DOCUMENT IS PRINTED, IT IS VALID ONLY FOR THE DAY OF PRINTING | | | | | | | Page 4 of 4 |