

# SESLHD GUIDELINE COVER SHEET

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<b>KEY TERMS</b>	Gastrografin™ Adhesional Small Bowel Obstruction Nasogastric tube
<b>SUMMARY</b>	Details the role the nurse must undertake in the administration of Gastrografin™ caring for a patient with Adhesional Small Bowel Obstruction.

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**Administration of Gastrografin™ in the treatment of Adhesional Small Bowel Obstruction**

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## Section 1 - Background

A clinical guideline is a set of recommendations based on systematic identification and synthesis of the best available scientific evidence to make clear recommendations for the care health professionals provide (NHMRC, 2011). It is fundamental that guidelines are based on the best available evidence at the time as agreed by expert stakeholders.

The administration of Gastrografin™ in the treatment of Adhesional Small Bowel Obstruction (ASBO) guideline has been created to provide an evidence based reference for managing patients across SESLHD. The aim of the Guideline is to standardise the role the nurse must undertake in caring for a patient requiring Gastrografin™ in the treatment of Adhesional small bowel obstruction.

The purpose of the Guideline is as follows:

- Reduce clinical error
- Provide evidence based best practice guideline
- Limit unwarranted variation in clinical practice
- Improve patient safety
- Provide support for new and transitioning staff regardless of facility.

Small bowel obstruction is one of the most common surgical emergencies and main causes of hospital admission. It is the most prevalent cause leading to bowel related surgical procedures. Almost 75% of the obstruction cases are considered to be the consequence of post surgical adhesion. <sup>4</sup>

Their conclusions listed:

Water soluble contrast followed by an abdominal radiograph after at least four hours can accurately predict the likelihood of resolution of a small bowel obstruction.

Gastrografin™ reduces the duration of hospital stay in patients with adhesive small bowel obstruction that do not require surgery <sup>3</sup>

**NOTE: The use of Gastrografin™ in Adhesional Small Bowel Obstruction is considered to be an 'Off-Label' use. Its has been approved by the SESLHD Quality Use of Medicines Committee for this reason.**

**Please refer to Prescribing Protocol SESLHDPR/570 Meglumine Diatrizoate and Sodium Diatrizoate (Gastrografin®) in Adult Adhesional Small Bowel Obstruction (See References).**

## Section 2 - Principles

- Provides appropriate nursing care and understanding of the administration of Gastrografin™ in the setting of an Adhesional small bowel obstruction.
- This rule applies to inpatients of South Eastern Sydney Local Health District (SESLHD).

## Section 3 - Definitions

**Gastrografin™** or Meglumine Diatrizoate and Sodium Diatrizoate is an oral water soluble contrast medium. It acts like an X-Ray dye when X-Rays of the gastrointestinal tract are being taken.



### Adhesional Small Bowel Obstruction

Adhesions are 'band-like' scar tissue that forms between two surfaces inside the body and cause them to stick together.

An Adhesional Small bowel obstruction happens when your small intestine is partly or completely blocked by scar tissue. This is usually associated with previous abdominal surgery or can be a congenital defect.

The blockage prevents food, fluids, and gas from moving through the intestines in the normal way. The blockage may cause severe pain that comes and goes (colicky) in nature.

## Section 4 - Responsibilities

- Registered Nurse caring for the Adhesional Small Bowel Obstruction patient
- Medical Officer in prescribing order for the administration of Gastrografin™ in accordance with [prescribing protocol SESLHDPR/570](#). Ordering of post administration Abdominal X-Ray and follow up of Abdominal X-Ray
- Ensure Medical Officer has diagnosed patient with Adhesional Small Bowel Obstruction (Abdominal X-Ray or CT Abdomen)
- Decision to administer Gastrografin™ has been made by Consultant Surgeon
- Ensure Gastrografin has been appropriately prescribed via eMeds or NIMC (100mls via nasogastric tube or orally)
- Check right dose, right route, right patient, allergies to medications or contrast dyes
- Explain procedure to patient. Ensure there is equipment at bedside in case of vomiting pre and post administration of Gastrografin™.

**For Nasogastric Tube Administration:** Ensure the placement of nasogastric tube has been checked by Medical Officer.

Using catheter tip 50ml syringe; draw up 50mls of Gastrografin and insert into nasogastric tube. Do not exert pressure, allow to be administered without force. Draw up and administer second 50mls of Gastrografin via nasogastric tube.

**Immediately spigot or clamp the nasogastric tube with a 'G Clamp'.** Inform Medical Officer of administration, so that an Abdominal X-Ray can be ordered in four to six hours post administration.

**For Oral Administration:** Ensure patient is in an upright position. Pour Gastrografin into cup and ask patient to drink at a pace they are able tolerate.

**Ensure patient has an antiemetic prescribed via intravenous or intramuscular route; along with an antiemetic bag; in the event of vomiting pre and post administration of Gastrografin™.**

**NOTE: Aspiration can occur and the patient should be monitored during the post administration period.**

## Section 5 – Observations and Nutrition

### OBSERVATIONS:

<u>Observation</u>	<u>Frequency</u>	<u>Duration</u>
General	20 mins post administration	Then hourly until X-Ray attended
Respiration Rate	20 mins post administration	Then hourly
Heart Rate	20 mins post administration	Then Hourly
SaO2	20 mins post administration	Then Hourly
Blood Pressure	Routine	
Temperature	Routine	

- Monitor patient for any signs or symptoms of an adverse drug reaction
- Monitor patient for any signs relating to aspiration

**NOTE: Inform Medical Officer if noticeable changes occur in the aforementioned observations.**

### NUTRITION

- Patient to remain Nil By Mouth (NBM) until the post Gastrografin™ Abdominal X-Ray has been attended and patient has been reviewed by Surgical / Medical Team.

## Section 6 – Variances

### VARIANCES

- In the Event of Aspiration or Adverse Drug Reaction
- Under SESLHD PACE Criteria; Code Blue is activated.



## Section 7 – Documentation and References

### Documentation

- SESLHD Fluid Balance Chart
- SESLHD Health Care Record (Continuation Notes) or via Electronic Medical Records (eMR). Detailed documentation needs to be provided by the nurse caring for Adhesional Small Bowel Obstruction patient regarding general observations.
- Medication chart

### References

#### External References

1	Abbas S, Bissett IP, Parry BR (2007) "Oral water soluble contrast for the management of adhesive small bowel obstruction (Review)". Cochrane Library. Issue 3
2	Ceresoli M, et al (2016) "Water-soluble contrast agent in adhesive small bowel obstruction: a systematic review and meta-analysis of diagnostic and therapeutic value". The American Journal of Surgery. Vol 211 Pages: 114-1125
3	Gastrografin - Consumer Medicine Information (2015) MIMS. September
4	Safamanesh S, Pazouki A, Tamannaie Z et al (2013) "Evaluation of gastrografin therapeutic role in the management of small bowel obstruction". Journal of Minimally Invasive Surgical Sciences. Vol 2(1) Pages: 90-93

#### Ministry of Health References

- [NSW Ministry of Health Policy - PD2017\\_013 Infection Prevention and Control Policy](#)
- [NSW Ministry of Health Policy - PD2013\\_043 Medication Handling in NSW Public Health Facilities](#)

#### SESLHD References

- [SESLHDPR/283 Patient with Acute Condition for Escalation \(PACE\): Management of the Deteriorating Adult and Maternity Inpatient](#)
- [SESLHDPR/336 Documentation in the Health Care Record](#)
- [SESLHDPD/182 Medicine: Off label use of registered medicines and use of unlicensed medicines](#)
- [SESLHDPR/570 Meglumine Diatrizoate and Sodium Diatrizoate \(Gastrografin®\) in Adult Adhesional Small Bowel Obstruction](#)

### Revision and Approval History

Date	Revision no:	Author and approval
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September 2018	DRAFT	Processed by Executive Services prior to submission to SESLHD Quality Use of Medicine Committee and SESLHD Clinical and Quality Council for endorsement

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