

RECTAL WASHOUT IN THE NEWBORN CARE CENTRE

This Local Operating Procedure is developed to guide safe clinical practice in Newborn Care Centre (NCC) at The Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this Local Operating Procedure.

Using this document outside the Royal Hospital for Women or its reproduction in whole or part, is subject to acknowledgement that it is the property of NCC and is valid and applicable for use at the time of publication. NCC is not responsible for consequences that may develop from the use of this document outside NCC.

1. AIM

- To safely decompress the bowel and deflate the abdomen

2. PATIENT

- Newborns with the following conditions:
 - Hirschsprung's Disease
 - Meconium Plug
 - Meconium Ileus
 - Distal bowel obstruction
 - Faecal impaction

3. STAFF

- Medical and nursing staff

NOTE:

Initial washout should be performed successfully by surgical team

4. EQUIPMENT

- Self-Cath (Nelaton) urine catheter (12 – 18 FG as prescribed by surgical team)
- 0.9% sodium chloride
- 60 ml Terumo catheter tip syringe
- Water based lubricant
- Blue inco-pad
- Non-sterile gloves
- Milk warmer
- Kidney dish x 2
- 24% sucrose

NOTE:

Surgical team to document clinical need for all rectal washouts following patient review

5. CLINICAL PRACTICE

Procedure:

1. Medical orders for bowel washouts must be written clearly on the Medication Chart by the surgical team.
2. Orders should include:
 - Volume of 0.9% sodium chloride (not exceeding 20 ml/kg per procedure)
 - Frequency
 - Catheter size and insertion length
3. Explain procedure to parents.

RECTAL WASHOUT IN THE NEWBORN CARE CENTRE cont'd

4. Warm 0.9% sodium chloride saline solution in milk warmer.
5. Position infant, usually on his/her back with legs in the frog position.
6. Place a blue inco-pad underneath the infant.
7. Swaddle upper half of neonate to keep warm.
8. Administer 24% sucrose.
9. Perform hand hygiene and don non-sterile gloves.
10. Select appropriate sized Self-cath urine catheter for use.
11. Draw up 20 ml/kg warm 0.9% sodium chloride into Terumo 60 ml catheter tip syringe.
12. Lubricate tip of catheter with water based lubricant and gently insert into the rectum.

NOTE:

Length is determined by surgeons but general guide is approximately 5 cm

13. Allow natural decompression to occur.
14. Attach the catheter tip syringe and instil 0.9% sodium chloride in 10 ml aliquots over 1-2 minutes (there should be no resistance when injecting the solution). Do not use excessive force if there is resistance. Inform medical staff if unsure.
15. Remove syringe, without dislodging catheter, and let fluid run into the infant's nappy or a kidney dish.
Do not pull back on the syringe to aspirate.
16. Repeat the steps 14 & 15 above, advancing the rectal tube each time until the effluent is clear and the abdomen is decompressed, or until the 20mL/kg target is reached (or unless otherwise documented by surgical team).
17. Contact the surgical team if any of the following occur:
 - 0.9% sodium chloride retention – record the amount of saline retained and consider checking blood electrolytes
 - Perforation
 - Bleeding
 - Failure of two successive washouts
 - Resistance to flush
 - Abdominal wall discolouration
 - Deterioration in clinical status
18. Remove catheter from the rectum.
19. Discard equipment and perform hand hygiene.
20. Note and record results of bowel washout (volume, colour, consistency, degree of abdominal decompression) on observation chart and in eMR.
21. The frequency of washouts is determined according to the effectiveness of decompression of the bowel.

6. DOCUMENTATION

- eMR
- Medication Chart
- Neonatal Observation Chart
- NICUS database

7. RISK RATING

- Low

LOCAL OPERATING PROCEDURE
NEONATAL SERVICES DIVISION

Approved by Quality & Patient Safety Committee
July 2019

RECTAL WASHOUT IN THE NEWBORN CARE CENTRE cont'd

8. NATIONAL STANDARD

- Standard 1 Clinical Governance
- Standard 2 Partnering with Consumers
- Standard 5 Comprehensive Care
- Standard 6 Communicating for Safety
- Standard 8 Recognising and Responding to Acute Deterioration

9. ABBREVIATIONS AND DEFINITIONS OF TERMS

NCC	Newborn Care Centre		
-----	---------------------	--	--

10. REFERENCES

Rectal Washout. Great Ormond Street Hospital Clinical Guidelines. Johnson.H. Feb 2015
www.gosh.nhs.uk/health-professionals/clinical-guidelines/rectal-washout
 Neonatal Bowel Washout. Royal Children's Hospital Melbourne Clinical Guidelines.
www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Bowel_washout_rectal/
 Bowel Washouts and Enemas SCHN Practice Guideline 2018.
www.schn.health.nsw.gov.au/_policies/pdf/2014-9079.pdf

11. AUTHOR

Primary	4.7.2019	M Bertinetti (SCH surgical fellow), C Wu (SCH surgeon), SCH surgical team, RHW NCC LOPs Committee
---------	----------	---

REVISION & APPROVAL HISTORY

July 2019 Primary document created and approved by RHW Quality Committee

FOR REVIEW: 2024