

Royal Hospital for Women (RHW)
NEONATAL BUSINESS RULE
COVER SHEET



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SUMMARY	To guide clinicians in safely performing rectal washouts in neonates
Key Words	Rectal washouts, Hirschprung disease, colonic irrigation

Rectal Washouts on a Neonate

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1 BACKGROUND

Rectal wash out (colonic or rectal irrigation) is a widely used method to decompress the rectum and colon in Hirschsprung's disease.¹

2 RESPONSIBILITIES

2.1 Staff

2.1.1 Sydney Children's Hospital (SCH) Surgical team – documenting the indication, type and size of catheter, type and volume of irrigant solution, frequency of the procedure, and performing and educating the procedure to NICU team and families as appropriate.

2.1.2 NICU Medical – To document the indication, frequency and volume of irrigant solution and monitor clinical course.

2.1.3 Nursing – To assist the proceduralist, monitor as per the medical team's instructions.

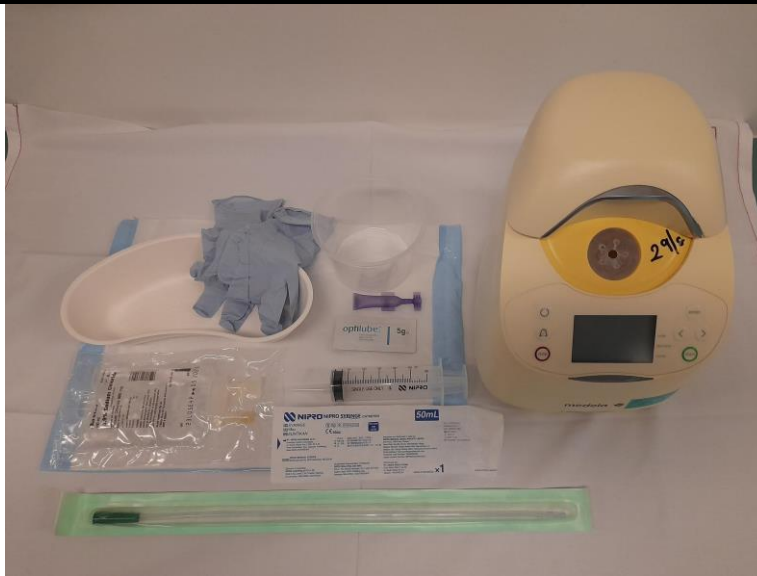
2 PROCEDURE

3.1 Equipment (Picture 1)

- Self-Cath (Nelaton) urine catheter 14 Fg (12 – 18 Fg) as requested by surgical team
- Sodium Chloride 0.9% 100 mL
- 50 mL catheter syringe
- Water based lubricant
- Blue inco-pad
- Non-sterile gloves
- Milk warmer
- Kidney dish x 2
- Blue tray
- Expressed Breast Milk (EBM) or Sucrose 24%

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Picture 1

3.2 Clinical Practice

- Surgical team to explain procedure and obtain verbal consent from parent/carer.
- Surgical team to write the medical orders for rectal washouts on eRIC, including:
 - Volume of sodium chloride 0.9% (not exceeding 20 mL/kg per procedure)
 - Frequency
 - Catheter size and insertion length
 - Proceduralist/s able to perform rectal washout
- Bedside nurse to:
 - Gather equipment and bring to bedside
 - Warm sodium chloride 0.9% 100 mL solution in milk warmer
 - Place a blue inco-pad underneath the neonate
 - Administer EBM or sucrose 24%
 - Position neonate on their back with legs in the frog position
 - Swaddle upper half of neonate to keep warm
- Proceduralist to:
 - Perform hand hygiene and don non-sterile gloves.
 - Select appropriately sized Self-cath urine catheter for use.
 - Draw up 20 mL/kg of warmed sodium chloride 0.9% into 50 mL catheter syringe.
 - Insert the lubricated tip of 14 Fr (green hub) catheter into the rectum for 5 – 10 cm. Occasionally 12 or 16 Fr catheter is used.
 - Allow natural decompression to occur.
 - Gently move the catheter back and forth.
 - Attach the 50 mL catheter syringe and instill the sodium chloride 0.9% solution 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.
 - Remove syringe, without dislodging catheter, and let fluid run into the neonate's nappy or a kidney dish.
 - Do not pull back on the syringe to aspirate.

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- Repeat the procedure, 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).
 - Remove the catheter from the rectum.
 - Discard equipment and perform hand hygiene.
 - Record results of bowel washout (volume, colour, consistency, degree of abdominal decompression) in eRIC.
 - Advise the frequency of future washouts.
- NICU team to contact the surgical team if any of the following occur:
 - Sodium chloride 0.9% retention – record the estimated 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

3.3 Documentation

- eRIC

3.4 Education Notes

- Rectal wash out (colonic or rectal irrigation) is a widely used method to decompress the rectum and colon in Hirschsprung's disease.¹
- Sodium chloride 0.9% is the fluid of choice for rectal irrigation, as it is considered safe, effective, readily available, and cost effective.¹
- Hyperchloremic metabolic acidosis has been reported following large volumes of sodium chloride 0.9% due to potential absorption of fluid from intestines.²

3.6 CBR Implementation Plan

The revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The staff are asked to respond to an email or sign an audit sheet in their clinical area to acknowledge they have read and understood the revised CBR. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access

3.7 Related Policies/procedures

- RHW NCC Nursing CBR- N-PASS Neonatal Pain and Sedation Score
- NSW Health Guideline Breastmilk: Safe Management GL2023_021
- NSW Government and Clinical Excellence Commission Infection Prevention and Control Practice Handbook 2020

3.8 References

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1. Bokova E, Prasade N, Janumpally S, Rosen JM, Lim IIP, Levitt MA, et al. State of the art bowel management for pediatric colorectal problems: hirschsprung disease. Children. 2023;10(8):1418.
2. Visch R, van Zwol A, van der Steeg H, Fuijkschot J, Nusmeier A. Extreme hyperchloremic metabolic acidosis following retrograde colonic irrigations in a neonate: a case report. Journal of Pediatric Surgery Case Reports. 2023;93:102638.

4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017 044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6 NATIONAL STANDARDS

- Standard 2 Partnering with Consumers
- Standard 3 Preventing and Controlling Infections
- Standard 5 Comprehensive Care
- Standard 6 Communicating for Safety
- Standard 8 Recognising and Responding to Acute Deterioration

7 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
4.7.2019	1	M Bertinetti (SCH Surgical Fellow), C Wu (SCH Sugreon), SCH Surgical Team, RHW NCC LOPs committee
28.8.2024 12.9.2024	2	S Bolisetty (Neonatologist), C Wu (Paediatric Surgeon). Endorsed by NCC CBR Committee
23.9.24	2	RHW BRGC