# Prescribing Protocol

**SESLHDPR/570**  
**Meglumine Diatrizoate & Sodium Diatrizoate (Gastrografin®) in Adult Adhesional Small Bowel Obstruction**

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<th>Areas where applicable</th>
<th>Adult inpatients</th>
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## Indication for use
Adult Adhesional Small Bowel Obstruction

## Clinical condition
Adult Adhesional Small Bowel Obstruction, supported by evidence from:
- Bloods: including Lactate  
- Abdominal X-Ray  
- Surgical / Abdominal History  
- Abdominal Examination by Surgical team  
- Previous Adhesional Small Bowel Obstructions

## Contra-indications
- Allergy or hypersensitivity to Iodine or any ingredients of Gastrografin®  
- Previous reaction to Contrast  
- Manifest hyperthyroidism  
- Hypovolaemia or dehydration

## Precautions
- Pregnancy or Breastfeeding  
- Thyroid Conditions (Goitre / Hyperthyroidism)  
- Interleukin - previous treatment up to several weeks  
- Beta Blockers (causes resistance to treatment with beta agonists if required)  
- Severe Heart Disease (increases susceptibility to outcomes of hypersensitivity)  
- Possibility of aspiration or broncho-oesophageal fistula (not for undiluted oral administration)  
- History of allergic disorders or asthma  
- Ensure adequate hydration

## Place in Therapy
Second line therapy  
*First Line Therapy – Nil By Mouth and Insertion of Nasogastric Drainage Tube*

## Dosage
Gastrografin® 100 mL either orally or via nasogastric tube

## Duration of therapy
Single administration over approximately 5 minutes via nasogastric tube or approximately 20 minutes orally  
Up to 1 hour of intermittent observation to monitor for side effects

## Important Drug Interactions
- Interleukin – increased risk of delayed reactions  
- Beta blockers – resistant to treatment of anaphylaxis/hypersensitivity reactions with beta-agonists

## Administration instructions
- Do not administer undiluted orally in patients with suspected possibility of aspiration or broncho-oesophageal fistula.  
- If the patient is able to tolerate oral therapy, give 100 mL over approximately 20 minutes. Dilution with an equal volume of water is recommended in elderly or cachectic patients.  
- Via nasogastric tube, give 100 mL as slow push over 3 to 5 minutes.
### Monitoring requirements

**Safety Effectiveness**

- Monitor patient for anaphylaxis (rare) and aspiration.
- General observations of blood pressure, heart rate, respiration rate, temperature should also be included during this period.
- Be aware of potential dehydration - maintain adequate hydration.
- The patient should be observed by nursing staff over the time period until the Abdominal X-Ray takes place approximately 4 - 8 hours post administration.
- Patient is able to tolerate treatment without any adverse reactions.
- Efficacy is assessed via an abdominal X Ray post administration.

### Management of complications

- Discontinue administration immediately if anaphylaxis or aspiration occurs
- Aspiration - Activate PACE Call
- Anaphylaxis - Activate PACE Call or Code Blue as determined by severity
- Treating Surgical Team to be contacted immediately
- Vomiting, nausea or diarrhoea – supportive treatment may be required

### Basis of Protocol/Guideline:

- Abbas et al (2008) - Systematic Review (Cochrane)
- Cersoli et al (2015) - Systematic Review and Meta-analysis
- Safamanesh et al (2013) - Cross Sectional descriptive study
- Gastrografin Product Information 1 July 2013 (TGA)

### Groups consulted in development of this guideline

- POWH Acute Surgery Surgeons including:
  - Upper Gastrointestinal Surgeons x 3
  - Colorectal Surgeons x 3 & Fellow x 1
  - Oncology Surgeons x 3
- POWH Pharmacy

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### GOVERNANCE

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