

MCJCHV Adhesive Small Bowel Obstruction Clinical Pathway

Inclusion Criteria
 -Age > 4 yrs
 -History of abdominal surgery
 -Clinical signs of bowel obstruction
 -Imaging evidence of small bowel obstruction on CT scan

Exclusion Criteria
 -Peritonitis
 -Clinical suspicion of strangulation
 -Known malignancy causing obstruction
 -No prior abdominal surgery
 -Known or suspicion for non-adhesive small bowel obstruction (incarcerated hernia, volvulus, etc.)

Begin

Patient with suspected **adhesive SBO**

2-view AXR, **CT scan** confirming SBO

***Appropriate NGT tube size by age:**

	Wt (kg)	NGT Size (Fr)	Suggested
Newborn/Infant	3 - 9	5 - 8	8
Toddler	10 - 11	8 - 10	10
Small Child	12 - 14	10	12
Child	15 - 18	10 - 12	14
Child	19 - 23	12 - 14	16
Large Child/Adult	>24	12 - 18	18

Signs of strangulation, peritonitis, known active malignancy, non-adhesive SBO

NGT decompression with appropriate size tube* for at least 4 hours

Initial management
 NGT decompression
 IVFs
 Clinical reassessments q 4hr*

To OR as indicated

Most studies will take place between 8a-5p

Discussion among Peds Radiology attending and Surgeon

aSBO Water-soluble Contrast Challenge

EPIC order: "Peds Non-Fluoro SBFT"

Transport to Radiology suite
 Continuous monitoring as clinically indicated

Patient stable for transfer?

Study to be done at **BEDSIDE**

Nursing staff may administer contrast per Radiology instructions

SCOUT Film
 Confirm NGT in stomach

Age	Dose
4-10 yrs	150 mL Omni 300
10 yrs	200 mL Omni 300

Administer **Omnipaque**
 Clamp NGT for 2 hours

If emesis within 2 hrs, nursing staff to contact surgical team to evaluate if NGT returns to suction early

Immediate post-contrast film following administration (in fluoro or on floor)

Serial abdominal exams performed and documented by surgical team q4hr

*At any time, should fever, tachycardia or peritonitis ensue surgical intervention should be considered

Consider 4 hour film per radiologist's discretion

8 hour post-contrast AXR film

Radiologist to review
 Contrast reaches the cecum?

D/C NGT advance diet as clinically appropriate

24 hour post-contrast AXR film

Radiologist to review
 Contrast reaches the cecum?