

# This NO POO Stuck Protocol is a Guide – Please Exercise Clinical Judgment When Using

## Exclusion Criteria

- GI obstruction
- Cystic Fibrosis DIOS
- Neuromuscular disease with concern for aspiration
- Profound gut dysmotility/Pseudo-obstruction
- Previous abdominal surgery
- G/J tube
- Hirschsprung disease
- Renal disease
- Metabolic disease
- Abnormal cardiac function
- Neutropenia
- Bone marrow transplant
- Receiving chemotherapy
- Bilious emesis
- Concern for foreign body ingestion
- Absent cremasteric reflex or abnormal rectal tone



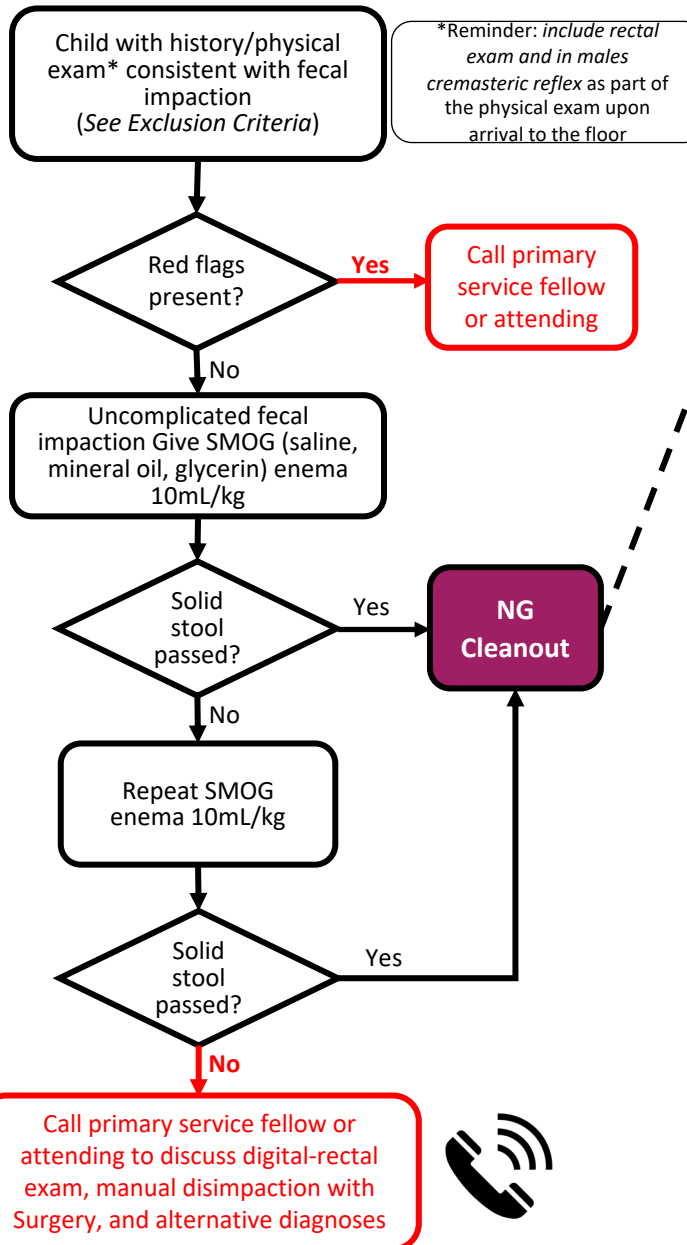
## Red Flags

- First passage meconium > 48hrs of life
- Explosive stool/air with digital exam
- Vomiting
- Blood in stool in absence of anal fissures
- Sacral dimple or tuft of hair on spine
- Perianal fistula
- Severe abdominal distention
- Lower limb weakness
- Urinary retention
- Signs of systemic illness



## Important Reminders

- Go to bedside to assess the patient at least every 4 hours
- Call primary service fellow or attending if exam becomes abnormal or if you are concerned
- Do not order pain medication without an in-person assessment of patient and discussion with fellow/attending
- Document assessments and changes to management



NG Cleanout



Please notify primary service fellow or attending at any time if you are concerned

## 1 Pre-Steps

- Do not start until you review exclusion criteria and red flags
- Diet: Clear liquid diet, nothing red in color
- Medications: Senna\* (first dose to be given prior to or at arrival and then BID during cleanout)
- Nasogastric tube insertion (use order set)
- Peripheral IV insertion
- Consider labs: BMP, Magnesium, Phosphorus
- Vital signs and abdominal checks: q4 hours
- Strict I&Os

Age (yrs)	Senna* Dose	
	Syrup (8.8mg/5mL)	Tablet (8.6mg)
4-5	3.75mL BID	1 tab BID
6-11	7.5mL BID	2 tabs BID
≥12	15mL BID	3 tabs BID

## 2 Ready for NG Cleanout

- Goal: Polyethylene glycol with electrolytes (PEG) 10mL/kg/h (max 400mL/h)
- Titration: Start PEG at 1/3 of goal and increase by 1/3 of goal rate every 2 hours until goal is reached
- Nurse Order: If patient vomits x1, notify resident and hold infusion for one hour. Resident assesses patient to make sure it is safe to restart after the 1-hour break. Resident assessment should include a physical exam.
- Notify on-call resident for adverse reactions, >1 episode of emesis, worsening abdominal exam, abnormal vitals
- IVF Dextrose 5% with Lactated Ringer at maintenance
- Medications: Senna\* BID
- Remember q4 hours assessment of stool output and abdominal exam. **If patient appears ill, abdomen is tensely distended or painful, call Rapid Response and Surgery.**

## 3 Discharge

- Notify primary service fellow or attending when stools are clear x2 to discuss cleanout discontinuation
- Prior to discharge patient/family needs constipation education, home bowel regimen and scheduled out-patient constipation follow-up

Authors: S. Borinsky, MD; F. Sylvester, MD

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No POO STUCK is based off protocols from Children's Hospital of Philadelphia, Children's Hospital of Colorado, Children's Hospital of The King's Daughters, Boston Children's, Johns Hopkins All Children's Hospital, Advocate Children's Hospital, and Duke Children's Hospital, as well as from NASPGHAN 2014 Clinical Guidelines Evaluation and Treatment of Functional Constipation