

Pediatric Gastroenterology and Pediatric Surgery Bowel Preparation Algorithm

PEDIATRIC BOWEL PREP Order Set [963] Nov. 2023

Pediatric Candidates: Children requiring direct admission for bowel cleanout, children requiring clean out prior to colonoscopy, and/or as preparation for surgical procedures.

Step 1

Pediatric GI Patient: Concern for rectal impaction?

Yes:

- Obtain KUB to assess for rectal fecal mass
- Consider bisacodyl suppository and/or Fleet enema.
- If unresponsive to above, discuss rectal NS flushes with PGI attending EMR Order: "Prior to Clean Out for Rectal Impaction."

Move to Step 2 and review Reminders.

No: **Move to Step 2 and review Reminders.**

Pediatric Surgery Pre-Op Patient:

- Order Reglan every 6h ATC with Golytely Prep

Move to Step 2 and review Reminders.

Step 2

Pediatric GI Patient OR Pediatric Surgery Pre-Op Patient:

- Majority of the clean out should occur during day (should start by 10AM day prior to procedure OR as soon as child is admitted).
- Decide on initial Route - ORAL with bisacodyl and Miralax/Gatorade vs. NG Tube and Golytely.
- Order a clear liquid diet during clean out with special tray request and NO red or purple liquids (i.e., Gatorade, Jello, Popsicles).
- Consider patient's age and patient's ability to cooperate and finish first dose of Miralax within 4 hours.
- Discuss Oral vs NG Tube option with patient and family and

Move to Step 3 Oral option OR Step 3 NG Tube Option and review Reminders.

Step 3 (Oral Option)

Patient and family agree to Oral Route to be completed within 4 hours and have been given clear goals of the expected timing of the intake.

- <7 years or <30 kg: 5 mg bisacodyl, then 119 grams (7capfuls) Miralax in 32 oz of Gatorade (min PO 8oz/hr).
- >7 years or >30 kg: 10 mg bisacodyl, then 238 grams (14 capfuls) Miralax in 64 oz of Gatorade (min PO 16 oz/hr).

If unable to swallow pills, substitute bisacodyl with either Senna liquid or bisacodyl suppository.

If after 2 hours of starting Miralax, patient is not taking adequate PO Miralax volume to meet goals of a successful cleanout, place NG tube to avoid further delay.

Move to Step 3 (NG Tube Option) OR Step 4 End Goal and review Reminders.

Step 3 (NG Tube Option)

Patient and family agree to NG tube route as first line **OR** the child failed the oral option attempt.

1. Order IV placement and start maintenance IVF.
2. Order “bedside enteral tube placement” enteral feeding tube placement (NOT sump tube).
3. If needed, order procedural anxiolysis for NG Tube placement (IV or IN Midazolam).
4. Confirm NG Tube placement (using decision algorithm 8018(3)):
-Gastric pH testing ≤5 with POC bodily fluid order OR KUB.
Place misc. patient care order “OK to use NG Tube” once KUB interpreted.
5. Order Golytely (4L for most; 2L for children <4 years).
Advance rate as tolerated to rate of 20 mL/kg/hr (max pump rate 400 mL/hr).
6. Consider BMP 24 hours after initiating Golytely to assess electrolytes.

Move to Step 4 End Goal and review Reminders.

Step 4 (End Goal)

- Achieve stool COLOR and CONSISTENCY of chicken broth. IF not CLEAR **Consider re-ordering medications (a second round of step 3 Oral or Step 3 NG tube) to achieve clear stools OR make decision with family to move from Oral to NG route.**
- Order NPO/pre-procedural diet at midnight on day of procedure including Miralax/Golytely administration.
- Bowel prep medications require NPO 6 hours prior to procedure.

Reminders

- Anticipate stool output to start within a few hours of starting clean out. Inform team if no stool output.
- Nausea, abdominal discomfort, cramping and/or vomiting may occur.
- Pause clean out for team to assess patient if there are concerns.
- PRNs for symptom management (e.g., Zofran, heating packs, ibuprofen, acetaminophen).

Resident/PNP and patient's nurse discuss patient's progress (i.e., ability to take PO volume, stool output consistency and volume) throughout the shift and prior to evening/morning sign-out/change of shift.

Consider re-ordering medications (a second round of step 3 Oral or Step 3 NG tube) to achieve clear stools OR make decision

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