

UCH TACS SBO Protocol

- Volume resuscitation with intravenous (IV) isotonic fluid administration and nasogastric tube (NGT) decompression.
- Laboratory data complete blood cell count, basic metabolic panel, and lactate levels.
- Presentation with symptoms of peritonitis or symptoms of ischemic bowel such as localized abdominal tenderness associated with fever, tachycardia, and leukocytosis undergo operative management as soon as they are adequately resuscitated.
- CT scan with IV contrast obtained if renal function is ok.
- CT findings of mesenteric edema, pneumatosis, perforation, closed-loop obstruction, or swirl sign with free fluid, the patient may warrant early operative exploration.
- In the absence of these signs, the patient is monitored with serial abdominal examinations.*
- Following gastric decompression overnight or for a minimum of 6 hours, the patient is evaluated for aspiration risk factors including paraesophageal hernia, hiatal hernia, chronic obstructive pulmonary disease, or other cause of pulmonary insufficiency requiring home oxygen therapy, age greater than 65 years, or advanced frailty.
- Patients who present bed bound, with limited independent functional status, or require assistance for primary activities of daily living are examples of those deemed frail.
- Patients who are not at increased risk for aspiration received 80-mL Gastrografin followed by 40-mL sterile water via NGT. The NGT is clamped following the administration of Gastrografin and remained clamped unless the patient developed nausea or increasing abdominal pain, at which time the NGT is returned to suction.
- Abdominal plain films are then taken 12, and 24 hours following contrast administration.
- When contrast reaches the colon and the patient passes flatus or has a bowel movement, the diet can be advanced if appropriate.
- Increased abdominal pain, development of peritonitis, progressive nausea, worsening fever and leukocytosis, or failure to pass contrast to the colon after 24 hours are considered indications for surgery.
- If the patient's symptoms resolve before GV administration, the NGT is removed and a feeding challenge performed.
- Failure to pass contrast to the colon after 24 hours will be considered when deciding to continue non-operative management for up to 72 hours

*For patients with concerning findings for possible ischemia who do not go to OR for immediate operation, consider foley to guide resuscitation and complete blood cell count, basic metabolic panel, and lactate levels BID.