

PROCEDURE FOR <u>ADULT</u> WHOLE BOWEL IRRIGATION FOR DECONTAMINATION POST POISONING

Patient meets indication/s for WBI <u>AND</u> Has been discussed with a Clinical Toxicologist <u>AND</u> Has no contraindications*

INDICATIONS: High risk ingestion of metal or slow release (SR) preparations for example:

Calcium channel blockers: Verapamil, Diltiazem

Metals: Iron, Lead, Potassium

"Massive" SR ingestions with potential for severe toxicity: as advised by Clinical Toxicologist

Body packers/ stuffers

PROCEUDRE: INTUBATED PATIENT

Insert Nasogastric Tube
AND
Confirm Correct position on CXR

Ensure Patient at least 45° head up AND

Consider insertion of bowel management device, i.e. Flexi-seal

AND

Administer Metoclopramide 10mg IV TDS if no contraindications

Commence Macrogol 3350 solution

1-1.5L first hour then 1L/hr ongoing

Monitor for Complications every 15min

Vomiting

Abdominal Distention

Sluggish or absent bowel sounds

Document hourly amount given and assessment for contraindications

PROCEDURE: NON-INTUBATED PATIENT

Insert Nasogastric Tube
AND
Confirm Correct position on CXR

Ensure patient in upright position AND

Either place on a commode OR in close proximity to bathroom (ensure can mobilize safely)

Administer Metoclopramide up to 10mg IV TDS PRN if complaining of nausea and no contraindications

Commence Macrogol 3350 solution

1-1.5L first hour then 1L/hr ongoing

Monitor for Complications every 15min

Nausea and/or vomiting*
Abdominal Distention
Sluggish or absent bowel sounds
Decreasing Level of Consciousness
Pulmonary Aspiration

Document hourly amount given and assessment for contraindications

CONTINUE WBI UNTIL:

Rectal effluent clear AND No tablets visible in effluent

CEASE WBI IMMEDIATELY AND SEEK FURTHER ADVICE FROM CLINICAL TOXICOLOGIST VIA NSW POISONS INFORMATION CENTRE (13 11 26) IF ANY OF THE FOLLOWING CONTRAINDICATIONS* OCCUR:

Un-protected airway
Un-cooperative or combative patients
Decreased or absent bowel sounds
Abdominal Distention

Vomiting

Decreasing level of consciousness in patient with unprotected airway

New onset hemodynamic instability

ADMINISTRATION:

Macrogol 3350 powder with electrolytes (approx. 52-59g/L plus electrolytes i.e. ColonLYTELY®, Glycoprep®, Movicol® or equivalent) give 1 to 1.5 L in the first hour, THEN 1 L/hour orally or via orogastric or nasogastric tube.

Examples of macrogol preparations and reconstitution instructions

Brand Instructions for Recommen

| Brand | Instructions for | Recommended |
|-----------------------|----------------------------|--------------------------|
| (weight of sachet) | reconstitution per product | reconstitution for Whole |
| | information | Bowel Irrigation |
| ColonLYTELY® (68.58g) | 1 sachet in 1L water | 2 sachets in 2L water |
| Glycoprep C® (70g) | 1 sachet in 1L water | 2 sachets in 2L water |
| Glycoprep® (200g) | 1 sachet in 3L water | 1 sachet in 3L water |
| Movicol® (13.7g) | 1 sachet in 125mL water | 8 sachets in 2L water |
| Movingen® (A and B) | Δ + R sachets in 11 water | Δ+B sachets in 21 water |

Note: Macrogol 3350 is also known as Polyethylene Glycol (PEG)