



## GIT abnormality

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

NURSING INSTRUCTION	NURSING ACTION
1. DIAPHRAGMATIC HERNIA	<ul style="list-style-type: none"> <li>▪ This is a surgical emergency!</li> <li>▪ Do not ambubag via face mask</li> <li>▪ Ensure bowel is decompressed by inserting size 8 NGT and place on low continuous suction</li> <li>▪ Intubate if required in order to maintain O<sub>2</sub> saturation and assist respiration. May benefit from oscillation ventilation</li> <li>▪ Use low pressures and accept lower saturations due to hypoplastic lung</li> <li>▪ Prevent and observe for pneumothorax</li> <li>▪ Keep nil per mouth. Commence IV therapy</li> <li>▪ Prepare for surgery or transfer</li> </ul>
2. GASTROSCHISIS	<ul style="list-style-type: none"> <li>▪ This is a surgical emergency!</li> <li>▪ Prevent and treat: shock, hypothermia and dehydration</li> <li>▪ Handle bowel as little as possible. <u>Do not</u> apply gauze or sterile drape</li> <li>▪ Place bowel in sterile plastic bag. Pour 10ml saline into bag. Secure packet to abdomen using transparent dressing (eg Opsite®)No air should get in as this will dry the bowel.</li> <li>▪ Keep bowel on top of abdomen –prevent compression.</li> <li>▪ Observe perfusion / colour of bowel closely</li> <li>▪ Insert size 8 NGT and place on free drainage.</li> <li>▪ Keep nil per mouth. Commence IV therapy</li> <li>▪ Prepare for surgery or transfer</li> </ul>
3. OMPHALOCOELE	<ul style="list-style-type: none"> <li>▪ If ruptured manage as above.If contained, cover lesion with cling wrap or transparent dressing</li> <li>▪ Insert size 8 NGT and place on free drainage. Keep nil per mouth. Erect IV line</li> <li>▪ May be associated with Beckwith-Wiedemann syndrome. Examine carefully for cardiac abnormalities and monitor glucose closely.</li> <li>▪ Prepare for surgery or transfer</li> </ul>
4. OBSTUCTION (e.g. atresia or volvulus)	<ul style="list-style-type: none"> <li>▪ Be alert to early warning signs, e.g. polyhydramnios, bile stained aspirates, abdominal distension or failure to pass meconium</li> <li>▪ Exclude meconium plug. May require rectal saline washing to pass plug.</li> <li>▪ Keep nil per mouth. Insert size 8 NGT and place on free drainage. Aspirate regularly to prevent air or fluid distension</li> <li>▪ Obtain abdominal and lateral x-rays as ordered. Observe for “double bubble” sign on X-ray (duodenal atresia)</li> <li>▪ Prepare for and assist with barium swallow as ordered</li> <li>▪ Monitor abdominal girth 6 hrly</li> <li>▪ Provide IV fluids</li> <li>▪ Prepare for surgery or transfer</li> </ul>

