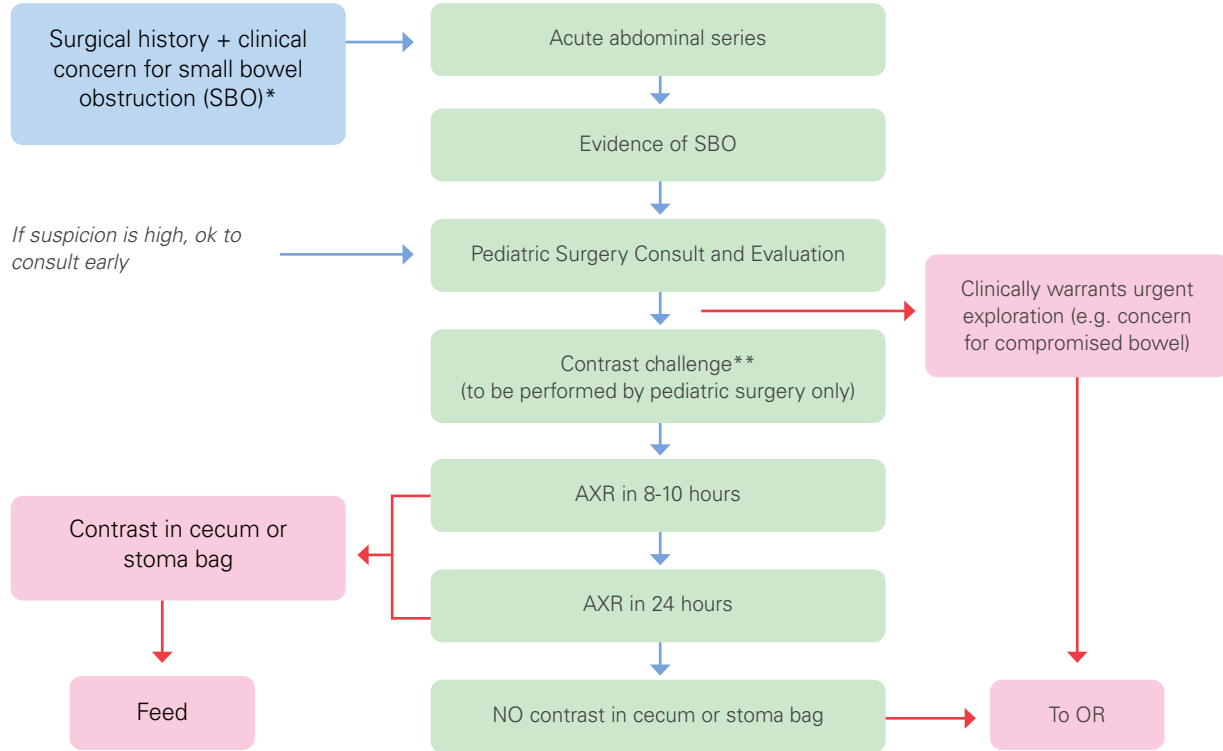


# Clinical Guideline

## Adhesive Small Bowel Obstruction

### Pediatric Acute Care

 This guideline should not replace clinical judgment.



**\*Concerning symptoms:**

- Vomiting (especially bilious)
- No stool or flatus
- Abdominal distension
- Abdominal pain

**Concerning signs:**

- Tachycardia, hypotension
- Abdominal distension, firmness, tenderness, guarding, rebound

**\*\*Contrast agent and dosing:**  
(full strength) Omnipaque 240

Age (years)	Total Volume
<1	5 mL/kg (max 100 mL)
1-4	100 mL
5-10	150 mL
>10	200 mL

**Administration of omnipaque (to be done by Ped Surg):**

- If an NG tube has already been placed, administer through this, keep clamped afterwards (until worsening symptoms or emesis, then return to low continuous suction)
- Otherwise, attempt to give via oral route
- If the patient does not initially tolerate or is not able / cooperative, then place NG tube
- If the patient vomits a large volume of contrast after giving it, do not attempt again. Obtain baseline film to see how much contrast remains.

# Adhesive Small Bowel Obstruction

## Executive Summary

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### Children's Hospital of Richmond at VCU Adhesive Small Bowel Obstruction Workgroup

Pediatric Surgery (Owner): Jason Sulkowski, MD

Pediatric Emergency Medicine: Judith Barto, MD

### Approved (February 2024)

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### References:

#### Guidelines Reviewed:

Rubalcava NS, Bence CM, Jensen AR, et al. Contrast Challenge Algorithms for Adhesive Small Bowel Obstructions Are Safe in Children: A Multi-Institutional Study. *Ann Surg.* 2023;277(4):e925-e932. doi:10.1097/SLA.0000000000005159

Linden AF, Rajji MT, Kohler JE, et al. Evaluation of a water-soluble contrast protocol for nonoperative management of pediatric adhesive small bowel obstruction. *J Pediatr Surg.* 2019;54(1):184-188. doi:10.1016/j.jpedsurg.2018.10.002