



**RCNIC MANUAL**

NUMBER: **V-1.10**

PAGE: **1 of 4**

DATE OF ORIGINAL: **7/98**

DATE OF REVIEW: **6/07**

DATE OF REVISION:

**SUBJECT: Congenital Abdominal Wall Defect, Infant with**

**APPROVAL**

**OUTCOME CRITERIA**

I. The patient will become stabilized preoperatively.

**PROCESS CRITERIA**

A. Prevent infection.

1. Position infant on a sterile barrier to prevent contamination of the exposed abdominal contents. Utilize a sterile bowel bag as appropriate.
2. Utilize sterile technique when handling affected area.
3. Utilize procedure room to place silo if patient is stable.

B. Minimize heat loss.

1. Use warmed saline solutions as ordered to moisten the exposed abdominal contents.
2. Use a radiant heat source to keep axillary temperature greater than 36.5 C (97.7 F.)

C. Protect integrity of exposed abdominal contents.

1. If silo not in place, position on side, with supportive device as needed, to keep abdominal contents from kinking and causing possible necrosis.
2. Observe the color of the exposed abdominal contents frequently, looking for any discoloration indicating obstruction and/or inadequate oxygenation.
3. Insert and maintain patency of a double lumen nasogastric tube (Replogle) to prevent any distention and vomiting.

D. Maintain adequate hydration status.

1. Large losses from the abdominal contents may necessitate more than normal maintenance fluids.
2. Monitor blood pressure and perfusion, especially in lower extremities. Hypotension may occur due to large fluid losses.
3. Monitor urine output and report any output less than 2 ml/kg/hr.
4. Monitor gastric losses and administer replacement fluids as ordered.



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E. Maintain adequate ventilation. Refer to Standard of Care for the RCNIC Patient V-1.01.

1. Avoid mask ventilation, as this will increase distention of the exposed abdominal contents.

**OUTCOME CRITERIA**

II. The patient will remain stabilized during reduction of abdominal contents.

**PROCESS CRITERIA**

A. Refer to Standard of Care for Ventilated/Intubated Patient (V-322).

1. Monitor for increased respiratory support needed as silo as reduced.

B. Pain Management

1. Refer to Standard of Care for the RCNIC Patient V-1.01.

C. Maintain integrity of abdominal contents in silastic pouch (silo).

1. Monitor the base of silo for separation of sutures.

2. Maintain the tension of silo to prevent kinking of abdominal contents and to avoid pressure on the lower extremities.

3. Maintain patency of double lumen nasogastric tube.

D. Refer to Standard of Care for the RCNIC Patient V-1.01.

1. Monitor for fluid or blood losses in silo.

2. Monitor blood pressure closely during and after silo reductions or as ordered.

3. Monitor urine output and provide foley care as ordered.

E. Maintain peripheral circulation.

1. Monitor lower extremity pulses, temperature and color.



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2. Protect from skin breakdown.
  - a. Use developmental products as appropriate.
  - b. Keep warm and dry linens under infant.
  - c. Protect infant's skin from any solutions used in silo reduction process, i.e. clean any fluid that is on baby after dressing changes.

**OUTCOME CRITERIA**

III. The patient will remain stabilized after closure of abdominal wall defect.

A. Refer to Standard of Care for Ventilated/Intubated Patient (V-322).

B. Post-op Pain Management

1. Pain management initiated immediately post-op, refer to policy IV-1.02.

C. Maintain integrity of abdominal incision.

1. Monitor abdominal suture line for redness, drainage or separation.

2. Maintain patency of double lumen nasogastric tube.

D. Maintain adequate hydration.

1. Monitor blood pressure as ordered.

2. Monitor urine output as ordered.

E. Maintain peripheral circulation.

1. Monitor lower extremity pulses, temperature and color.

2. Monitor for signs of compartmental syndrome if excessive pressure builds up in abdomen.

F. Promote adequate nutrition.

1. Deliver hyperalimentation via peripheral, PICC or CVC route.



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2. When feedings are initiated, monitor for feeding intolerance as noted by emesis, abdominal distention, diarrhea, constipation and/or bloody stools.

**OUTCOME CRITERIA**

IV. Through interactive educational process, the infant and family will progress to discharge.

**PROCESS CRITERIA**

- A. Ensure that all health care team members keep family up to date on infant's progress.
- B. Include family in the development of the plan of care.
- C. Provide family with required education.
- D. Encourage family to participate in their infant's care.
- E. Ensure that follow-up and resources are provided to the family/guardian.

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