

PROTOCOL FOR: Feeding Intolerance/Abdominal Distention

DESIRED PATIENT
OUTCOME:

1. Abdominal distention will not produce respiratory distress.
2. Appropriate nutritional intake will be maintained.
3. Abdominal distention will be relieved.
4. Pain and discomfort will be minimized.

CLINICAL
ASSESSMENT
AND CARE:

1. Abdominal girth and bowel sounds every 1 to 2 hours initially, then every 4 to 8 hours as condition improves.
 - a. *Report distention, elevated girth, and change in bowel sounds.*
2. Assess abdomen and report increased distention, redness or shininess, tenseness, bowel loops, bluish discoloration or tenderness.
3. Glucose meter reading every 4 to 8 hours until stable.
4. Strict I & O with urinalysis and specific gravity as ordered.
 - a. *Report persistent vomiting.*
 - b. *Report abnormally frequent stools with mucous or large water loss.*
5. Guaiac stools as ordered.
 - a. *Report guaiac positive stools.*
6. Vital signs with BP minimum every 4 hours.
 - a. *Report temp instability or other changes in vital signs.*
7. Pain assessment a minimum of every 4 hours.
8. If feeding, check aspirates before feeds or every 4 hours if on continuous feeds.
 - a. *Report bilious, coffee ground, or bloody aspirates.*
 - b. *Report aspirates > 50% of feeding volume.*
9. Document amount, color, and consistency of NG or Replogle drainage.
10. Assess for and report other systemic signs of illness such as lethargy, increased apnea or respiratory distress.
11. Assure patency of Replogle or NG tube as per procedure.
12. Change NG tube according to type of tube used.
13. Irrigate NG/Replogle tube as ordered per physician.

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APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 6/89

REVISION DATES: 4/90, 6/91, 9/92, 12/94, 6/97, 12/97, 6/99, 10/00, 1/03

REVIEWED DATES: 12/08