

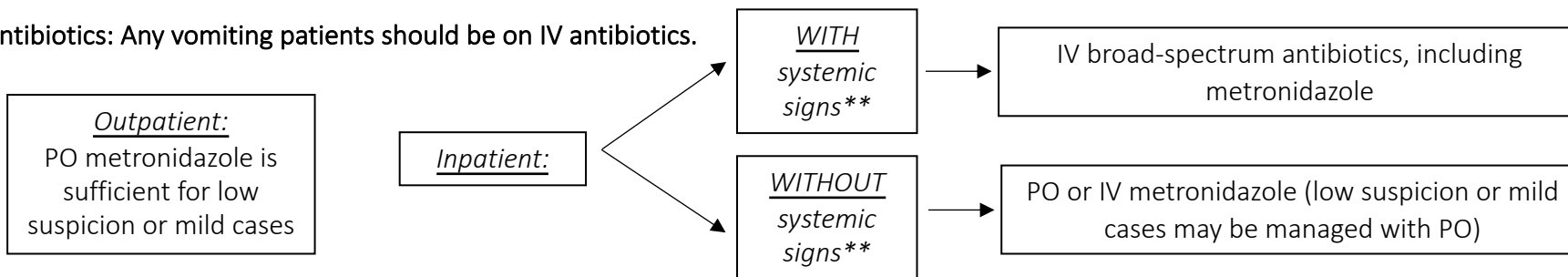
Suspected Hirschsprung's Associated Enterocolitis (HAEC) Treatment Guidelines

Scenario: Patient with known/suspected Hirschsprung's Disease (HD) presents to the ED with GI complaints* and/or fever.

Treatment Principles for Suspected HAEC

- 1). A surgical fellow or attending should personally **see and evaluate** all patients with suspected HAEC at the earliest possible opportunity (*within 1 hour*) and document exam and treatment plan.
- 2). A **rectal exam** should be performed as part of initial exam. If patient is <4 weeks from surgery, rectal exam or dilations should be discussed with the Attending Surgeon prior to performing exam.
- 3). **Rectal irrigations** should be initiated at earliest opportunity (*within 1 hour*) of arrival. Do not delay irrigations to wait for initial abdominal x-ray. Rectal irrigations should be performed by the person most versed in the process; A4S nurses are available to provide support and assistance. Irrigations should be Q8H at minimum (consider more frequent – Q6H or PRN – if severe enterocolitis).
- 4). **Abdominal x-ray** should be obtained on arrival and repeated after the initial irrigation and thereafter as needed to demonstrate adequate decompression.
- 5). Patient should be NPO and started on IVF. If significant abdominal distention, consider replogle.

- 6). **Antibiotics: Any vomiting patients should be on IV antibiotics.**



- 7). **Laboratory tests** that should be considered include: CBC, renal panel, and a venous blood gas (for any patient with systemic signs).
- 8). **Disposition:**
 - Patients without systemic signs**: Admit to the surgical floor.
 - Patient with systemic signs**: Should be evaluated for potential ICU admission.

- 9). All HAEC patients on the surgical floor should have **vitals** with blood pressure measurement every 4 hours.



***GI complaints may include:**

Abdominal distention,
vomiting, no/minimal
stooling, foul-smelling stool,
and/or explosive diarrhea

****Systemic signs include:**

Fever, lethargy, age-adjusted
tachycardia, hypotension,
tachypnea, oliguria

Rectal Irrigation Supplies:

- Silicone foley catheter (16 fr for children ≤1 year; 24 fr for children >1 year)
- 60 cc catheter tip syringe
- Lubricant (water soluble)
- Saline solution
- 2 non-sterile basins (e.g. emesis basin)

Rectal Irrigation Orderset:

Use "Hirschsprung Disease
Rectal Irrigation" orderset to
order subsequent irrigations.

Rectal Irrigation Video:

<https://cchmcstream.cchmc.org/MediasiteEX/Play/545154a603a844e8988ef74cd5b4c1c11d>