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.**

Outpatient: PO metronidazole is sufficient for low suspicion or mild cases

Inpatient:
- *WITH systemic signs*** → IV broad-spectrum antibiotics, including metronidazole
- *WITHOUT systemic signs*** → PO or IV metronidazole (low suspicion or mild cases may be managed with PO)

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

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