

Oral Contrast Challenge for Bowel Obstruction

What

A functional radiologic exam to help predict the success of conservative measures for the management of small bowel obstruction.

Details

This order panel involves oral or enteric tube administration of 100 mL of Omnipaque-350, an iodexol-based water-soluble contrast (350 mg Iodine/mL concentration) followed by four follow-up abdominal radiographs performed at 6, 12, 18 and 24 hours after the contrast administration.

Radiology does not order or administer the oral contrast. Radiology's role is to interpret the films. Fluoroscopy is not necessary for this protocol. The abdominal XRs may be performed as portable films, or in the Radiology Department, where, depending on body habitus, the image quality may be improved.

Interpretation

The oral challenge is considered successful if oral contrast medium transits into the colon by 24 hours, and/or bowel function returns, at which point, subsequent AXR's can then be discontinued.

Process

Ordering, administering, and documenting the contrast:

- Provider orders the oral contrast challenge
- RN (preferred) administers the contrast at bedside (PO or via NG, GT, J Tube)
- RN documents the administration of contrast in the MAR
- RN contacts the Radiology technologist at pager x 9217 once contrast is given
- Once the tech is alerted to the time the contrast is given they will coordinate and schedule the portable image for 6 hours post administration, 12 hours, 18 hours, etc.
- Images will be in PACS on the Fluoro worklist

References

1. Water-Soluble Contrast Challenge for Suspected Small-Bowel Obstruction: Technical Success Rate, Accuracy, and Clinical Outcomes

<https://www.ajronline.org/doi/pdf/10.2214/AJR.21.26132>

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2. American College of Radiology - ACR Appropriateness Criteria® 2019 Suspected Small-Bowel Obstruction

<https://acsearch.acr.org/docs/69476/Narrative/>