

Gastrografin Challenge Protocol

Updated 2/2024, H. Monahan

Indication: Differentiating partial bowel obstruction (likely to resolve by medical management) and complete bowel obstruction (requires operative intervention).

Contrast: 90 mL Gastrografin, non-diluted.

Requirements:

1. The examination can only be ordered by a GENERAL SURGEON.

2. No patient allergy to iodinated contrast.

3. NG tube for administration of contrast is already placed as aspiration of Gastrografin can cause severe pulmonary edema, respiratory failure and death. **THE GASTROGRAFIN WILL NOT BE RELEASED TO THE FLOOR UNLESS THERE IS VERBAL DOCUMENTATION THAT A NG TUBE IS PLACED.** THE PERSON VERBALLY VERIFYING THE PRESENCE OF THE NG TUBE WILL THEN BE RECORDED BY THE RADIOLOGIC TECHNOLOGIST IN THE CLINICAL INFORMATION FOR THE 2 HOUR ABDOMINAL RADIOGRAPH.

Technologist required documentation:

1. **Verify with the RN or ordering provider** the presence of the NG tube in the patient.
2. The amount of Gastrografin administered.
3. The time the Gastrografin was administered.

Protocol:

1. 90 mL Gastrografin will be sent to the floor. This will be administered by the patient's nurse through the NG tube, followed by flushing the tube with 40 mL of water. The NG tube will be clamped for 2 hours.
2. The patient should remain at least 30 degrees upright for the first hour after administration of Gastrografin, to further decrease the risk of aspiration.
3. Following 2 hours, a supine abdominal radiograph will be performed to ensure contrast has left the stomach.
 - a. If contrast has passed beyond the stomach, a supine abdominal radiograph will be performed 8 hours after contrast administration. **If clinically warranted, the NG tube can be placed back to suction after the two-hour film.**
 - b. If contrast has **NOT** left the stomach, the interpreting radiologist will discuss this finding with the ordering provider and the 8-hour film should be cancelled. **To mitigate the risk of aspiration pneumonitis, it is recommended the NG tube be placed back to suction. This will be communicated to nursing via the ordering provider. The Radiologic Technologist should document the ordering provider's contact information in either the "Notes" on PACS or in the Tech History portion of the exam.**
4. If the contrast has reached the large bowel on the 8 hours radiograph, the study is done.
5. If the contrast has not reached the large bowel at 8 hours, then a follow-up supine abdominal radiograph will be done 24 hours after contrast administration.
6. The study is terminated at this point.