**Initial Evaluation**

* Thorough history and physical exam
* Prior surgeries and prior SBO
* Inspect for hernias and perform a rectal exam
* CBC, Chem 7, lipase, lactate
* CT abdomen
* IV contrast (no PO contrast)

**Immediate Surgery If:**

* Concern for bowel ischemia
* Abdominal sepsis
* peritonitis

**Inclusion**

* Prior history of abdominal surgery
* SBO obstruction on CT

**Exclusion**

* Disseminated cancer
* Intra-abdominal infection
* Bowel ischemia
* Incarcerated hernia
* Pregnancy

**Conservative Management**

* NG tube decompression
* Foley Catheter
* IV fluids
* Head of bed>30 degrees
* Abdominal exam at least every 4 hours
* Daily CBC and Chem 7

**Omnipaque Protocol**

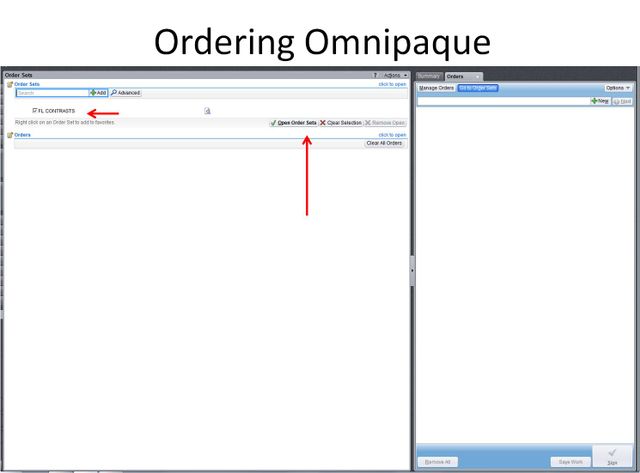
* At least 2 hours of NG decompression first
* Within 8 hours of admission physician administers 100mL UNDILUTED oral water soluble contrast Omnipaque (2 bottles)
* Clamp NG for 1 hour
* KUB at 8 hours and IF needed at 24 hours

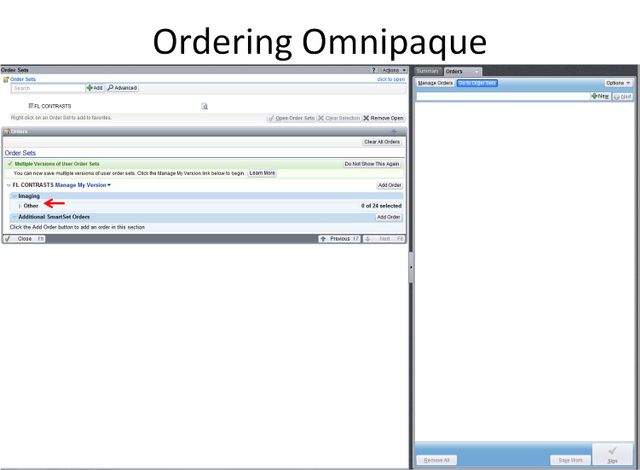
We will now be stocking a small amount of Oral Contrast ( OmniPaque) for SBO’s coming  into the Emergency Department. (relevant to PGY3 ED seniors and moonlighters)

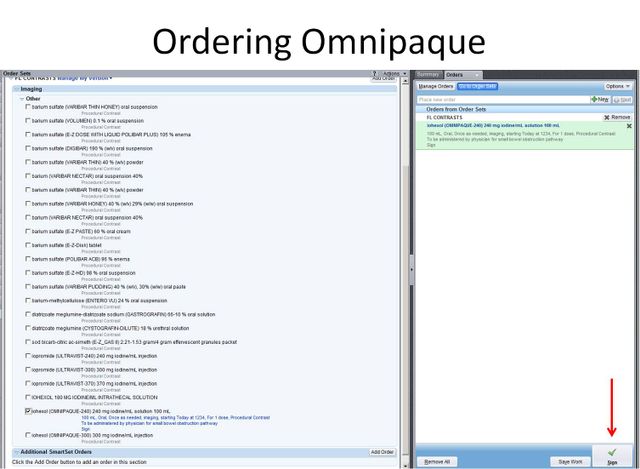
**HOW TO ENTER ORDERS**

**Ordering Omnipaque**

* Order Sets
* “FL contrast”
* Imaging “other”
* Iohexol Omnipaque 240
* 100mL/OraL
* Type “to be administered by physician for small bowel obstruction pathway” in the comments section







**Ordering KUB**

* Orders
* KUB
* AP only
* Today/Time (8 hours after contrast and again at 24 if needed)
* “for small bowel obstruction pathway”

