

Jaundice

Specific Signs

Distended (often shiny) abdomen

Blood in the stools or gastric contents

Gastric retention (undigested formula)

Localized abdominal wall erythema or induration

Bilious vomitus

When the disease is suspected, the nurse assists with diagnostic procedures and implements the therapeutic regimen. Vital signs, including BP, are monitored for changes that might indicate bowel perforation, septicemia, or cardiovascular shock, and measures are instituted to prevent possible transmission to other infants. It is especially important to avoid rectal temperatures because of the increased danger of perforation. To avoid pressure on the distended abdomen and to facilitate continuous observation, infants are often left undiapered and positioned supine or on the side.

Observe for indications of early development of NEC by checking the appearance of the abdomen for distention (measuring abdominal girth, measuring residual gastric contents before feedings, and listening for bowel sounds) and performing all routine assessments for high-risk neonates.

Conscientious attention to nutritional and hydration needs is essential, and antibiotics are administered as prescribed. The time at which oral feedings are reinstituted varies considerably but is usually at least 7 to 10 days after diagnosis and treatment. Feeding is usually reestablished using human milk, if available.

Because NEC is an infectious disease, one of the most important nursing functions is control of infection. Strict hand washing is the primary barrier to spread, and confirmed multiple cases are isolated. Persons with symptoms of a gastrointestinal disorder should not care for these or any other infants.

Infants who require surgery require the same careful attention and observation as any infant with abdominal surgery, including