

# HNE AREA Intensive Care

Approved For: JHH ICU and HDU

## Neostigmine for prolonged colonic ileus

**Trade Name:**

**Presentation:**

**Indications:** Prolonged colonic ileus in intensive care patient(alternative to colon-lytely)  
Colonic pseudo-obstruction

**Administration;** 1/ 2.5(two point five)mg in 100ml saline infused over 1(one ) hour  
2/ ALTERNATIVE REGIME for ICU patients  
5mg in 50ml NaCl 0.9%, commence at 4ml/hr(0.4mg/hr). If no stools produced after 8 hours the infusion rate is doubled for maximum of 24hrs (median time to defaecation is 6 hrs)

**Dose**

**Precautions** An AXR must be performed prior to using neostigmine.

This is to demonstrate faecal loading and gas in all colonic segments, and to exclude bowel obstruction.

The decision to use neostigmine should be made by the intensivist or fellow only.

**Contraindicated in:**

Low cardiac output state/shock/inotropes

Bowel obstruction

Recent GIT suregry

Significant bradycardia/AV block

Significant Bronchospasm

**Compatibilities:** References:

1/ neostigmine resolves critical illness related colonic ileus in intensive care patients with multiple organ failure a prospective, double-blind, placebo controlled trial. J I van der Spoel et al, Int Care Med(2001)27:822-827

2/ treatment of acute Colonic Pseudo-obstruction with neostigmine. H Paran et al, J Am Coo Surg vol 190(2000)315-318

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Created: 01-Jun-02 by Dr B McFadyen Reviewed: 01-Jun-02 by Guideline to be reviewed before : 01-Jun-09

These guidelines are intended for and to be used only by experienced critical care staff under direct supervision of Hunter Health Area Intensive Care Specialists in designated Hunter Health Area Critical Care Areas. The Authors will not be responsible for inappropriate use of these guidelines