

**WBI is not routinely used and consideration of use should be discussed with a toxicologist**

## Indications

### *Consider in life-threatening ingestions of:*

Modified release preparations including:

- Calcium channel blockers (verapamil, diltiazem), venlafaxine

Metals: - Potassium chloride, iron, lead

Body packers and body stuffers

Large ingestions of drugs not well bound to activated charcoal

WBI is likely most effective if started within 4 hours of ingestion

## Contraindications

- Uncooperative or combative patient
- Unprotected airway or the potential for an unprotected airway
- GI dysfunction – vomiting, ileus (absent bowel sounds)
- Haemodynamic instability

## Preparation of macrogol 3350 (PEG-ES) preps for WBI:

| Brand (amount per sachet) | Preparation of WBI            |
|---------------------------|-------------------------------|
| Movicol (13.7g)           | 8 sachets in 2 L water        |
| Moviprep (A and B)        | A plus B sachets in 2 L water |
| Glycoprep (200g)          | 1 sachet in 3 L of water      |
| Glycoprep C (70g)         | 2 sachets in 2 L water        |
| ColonLYTELY (68.58g)      | 2 sachets in 2 L water        |

## Technique

Use an iso-osmotic preparation such as Polyethylene Glycol Electrolyte Solution (PEG-ES)

A single dedicated nurse is required for optimal and safe performance of the procedure

Ensure no contraindication to WBI

Consider securing airway if drowsy

Insertion of NGT or OGT is usually required even in awake patients (confirm placement via CXR)

Administer PEG-ES via the NGT at a rate of up to 1- 2L/hour (children: up to 25 mL/kg/hour)

Elevate head of bed to ensure the patient is in an upright position

Non-intubated patients must be alert and cooperative and may be seated on commode

If intubated – elevate head of bed to 45 degrees

Administer pro-kinetic antiemetic such as metoclopramide 10-20 mg IV

Perform regular abdominal examinations and cease if distention or no bowel sounds

## Therapeutic Endpoint

- Until rectal effluent is clear – may take several hours
- AXR may be useful to assess effectiveness of WBI for radio-opaque substances such as iron or potassium salts

## Complications

- Vomiting, aspiration (can pool in oropharynx, even in intubated patients)