

Work Flow, Orders, Communication and Documentation

1) Team discussion is had to ensure safety criteria is met and parents are informed.

Typical discussion includes that the baby is stooling appropriately, no concerns for pathology and checking the latest x-ray for radiology confirmation of normal bowel gas pattern. RN confirms no skin concerns on the trunk.

Parents are provided information regarding the rationale for the belly band and things to keep an eye out for including skin issues, change in digestion or breathing that is atypical. Handout is provided.

As this is an adjunctive therapy, nursing and parents are given permission to remove it with any concerns and to notify therapy if it is removed with the reason. This is atypical as parents tend to see improved comfort and RNs tend to see improved stooling and decreased distension. However, if the baby has a change in status that is a concern such as appearing to breathe faster, an acute change in abdominal or GI assessment, or develops a skin issue, it is appropriate to remove the support and consult with medical team and therapy before continuing.

2) Ordering

Provider enters a therapy order to start abdominal support or modifies existing therapy support if therapy is already involved.

3) Anthropometrics: Measure Infant Abdominal Circumference and Torso Length

AC (abdominal circumference) is measured 1 cm above the umbilicus on the exhale.

Torso length is the distance between the xiphoid process and the midline point between the ASISs (anterior superior iliac spines).

4) Select appropriate size and trim as needed. Supply 2 to the bedside with Quick Reference Handout.

Length of the band is 4 cm beyond the AC to allow for overlap.

5) Nursing communication

(This may be a non-physician order after physician order is added to PT or OT order for abdominal support initiation. This allows the therapist to provide any individualized instructions to the bedside staff. Check your facility process for the equivalent in your setting.)

Example Nursing Communication:

Please place and wear belly band per instructions. Continuous wear is recommended while on CPAP. Take nightly abdominal circumference 1cm above the umbilicus. Hold the

tape to allow the baby to breathe in and out and read on the exhale. If weaned from CPAP to high flow or room air, please continue 3 on 3 off wear until therapy can re-assess. If RN or parent concerns arise for GI, skin, respiratory or other issues, please remove, notify therapy with reason for removal and await team discussion before continuing. Thank you.

6) Open an LDA or equivalent flowsheet for nursing to track wear and skin.

For Example:

Brace/Orthotic/Orthosis 03/03/23 1200 abdominal binder trunk				
Brace/Orthotic/Orthosis - Properties...	Placed: 3/3/2023 1200	Type: abdominal binder	Orientation: upper	Location: trunk
Wearing Status	on	on	on	on
Wearing Schedule	on at all times	on at all times	on at all times	on at all times
Settings				
Skin Condition	skin is intact; no redness...	skin is intact; no redness...	skin is intact; no redness...	skin is intact; no redness...
Perfusion	able to move digits distal t...	able to move digits distal t...	able to move digits distal t...	able to move digits distal t...

7) Start Tracking Sheet

Chart progress at least weekly.

8) Monitor with bedside staff and superusers for fit and to ensure there are always 2 bands at the bedside.