

# Nursing Care for Patients with Open Abdomen: Protocol Proposal Based on an Integrative Review



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## Objective

To review the scientific literature in order to propose a nursing care protocol for patients with open abdomen, providing evidence-based nursing practices that address the complexity of this condition.

## Methods

This is an integrative literature review conducted in the PubMed and Scielo databases, using the descriptors “open abdomen” and “nursing care”. The acronym PICO was applied to develop the research question. Articles published in the last 5 years were included, with the exception of two articles of thematic relevance. Quantitative and qualitative studies, reviews and case reports were analyzed. After screening by title and abstract, 11 articles were selected for critical analysis.

## Results

The analysis revealed a scarcity of publications that specifically address nursing care for patients with open abdomen. Only one study, from 2011, directly proposes a nursing care protocol. Three articles mention the role of nurses, highlighting challenges related to care in the face of complications such as fistulas and hemodynamic instability. The others address clinical aspects, adjuvant therapies (such as negative pressure therapy) and multidisciplinary management. Based on the guidelines of the World Society of Emergency Surgery (WSES) and Abdominal Compartment Society (WSACS), a protocol was developed with specific guidelines for nursing practice, including monitoring of intra-abdominal pressure, prevention of complications and interventions aimed at patient safety and comfort.

## Conclusion:

The current literature presents relevant gaps regarding the systematization of nursing care for patients with open abdomen. This study contributes by proposing a care protocol based on international guidelines and critical analysis of the available scientific production, aiming to support clinical practice and promote academic production on the subject.

**Keywords:** Open abdomen; Nursing care; Care protocol; Evidence-based nursing.

## CARE PROTOCOL FOR PATIENTS WITH OPEN ABDOMEN

### 1. Measure: ACS/IAH

Nursing Care: Monitor IAP; calculate APP; assess bowel sounds; SNG if needed; position  $\geq 30^\circ$ ; monitor elimination; avoid constrictive dressings.

Justification: IAP changes affect hemodynamics; early detection improves prognosis.

Guidelines: WSES, WSACS

### 2. Measure: Hydroelectrolytic Balance

Nursing Care: Monitor urine output ( $<0.5\text{ml/kg/h}$ ); balance; weight; edema; use fistula collector; assess drainage.

Justification: Fluid shift impairs perfusion; fistulas cause electrolyte loss.

Guidelines: WSES, WSACS

### 3. Measure: Body Temperature Control

Nursing Care: Measure and report temp  $>37.7^\circ\text{C}$  or  $<36^\circ\text{C}$ .

Justification: Heat loss with open abdomen; fever indicates infection.

Guidelines: WSES

### 4. Measure: Nutritional Support

Nursing Care: Start support in 24–48h; suspend enteral if high-output fistula or GI discontinuity.

Justification: Nutrition influences healing and recovery.

Guidelines: WSES

### 5. Measure: Patient Mobility

Nursing Care: Consult medical team; reposition as tolerated; use preventive measures against pressure injuries.

Justification: Early mobility improves outcomes and reduces complications.

Guidelines: WSES

### 6. Measure: Fistula and Frozen Abdomen Prevention

Nursing Care: Avoid bowel handling; isolate fistula; monitor drainage.

Justification: Fistulas increase morbidity and hospitalization.

Guidelines: WSES

### 7. Measure: Dressings

Nursing Care: Aseptic technique; protect perilesional skin; assess drainage; seal for TPN.

Justification: Dressings prevent contamination and promote healing.

Guidelines: WSES

### 8. Measure: Infection Prevention

Nursing Care: Hand hygiene; aseptic care; monitor for infection signs.

Justification: Prevents complications and shortens hospital stay.

Guidelines: WSES

### 9. Measure: DVT Prevention

Nursing Care: Apply compression therapy; encourage mobilization; monitor anticoagulant prescription.

Justification: Prevents PE and reduces cost.

Guidelines: WSES

### 10. Measure: Pain Control

Nursing Care: Follow pain protocol; administer and reassess analgesia.

Justification: Comfort improves clinical response.

Guidelines: WSES

*I have no conflict of interest*