NEC Signs and Symptoms of NEC – Table for NICU Nurses

Category W	Vhat to Look For	Critical Thinking / Why It Matters
Abdominal - I	Firmness or tenderness	Indicates bowel inflammation,
Assessment - I	Discoloration	ischemia, or gas trapping—classic
	Visible loops or separation of	early signs of NEC
	bdominal wall	
	Large-volume green (bilious)	Suggests bowel injury or obstruction;
	mesis	blood = mucosal injury; bile =
-	Bloody stool	possible obstruction or slowed
Vital Signs -	Drolonged conillary refill (>2	motility Reflects poor perfusion, systemic
	Prolonged capillary refill (>3 econds)	Reflects poor perfusion, systemic response to infection, or
	Tachycardia from pain or	dehydration; servo detects thermal
	ehydration	instability before we do
	Low blood pressure	
	Change in temperature	
Respiratory/Metabolic - I	Increase in A/B/D events	Increasing metabolic demand and
-1	Respiratory acidosis	poor perfusion impact gas exchange
-	Metabolic acidosis	and glucose control—classic signs of
- 0	Glucose rising then	systemic stress
	ropping	
	Lethargy	"Not acting right" should never be
	Decreased tone	ignored—neuro changes often
	Poor feeding	accompany early systemic decline
	Pain cues (cry, facial xpression)	
	Worsening blood gases	NEC diagnosis confirmed by imaging;
	Abdominal X-ray:	labs support systemic infection or
	neumatosis, portal venous	inflammation
	as, free air	
	Sudden increase in	
in	nflammatory markers (CRP,	
W	VBC)	
	Use objective signs:	Builds clinical credibility and ensures
	Abdomen is firm and dusky,	clear, effective escalation to the
	ap refill is 4 sec, baby had	team
	ilious emesis"	Do woodusto opeiat and advanta
-	Abdominal X-ray	Be ready to assist and advocate—
	Blood cultures, CBC, CRP	your awareness of next steps
	Reningie in Intermittent	
el e	Replogle to intermittent	prepares the team and improves
	Replogle to intermittent uction NPO + IV fluids	outcomes

