

Reference (include title, author, journal title, year of publication, volume and issue, pages)	Evidence level (I-VII)	Key findings, outcomes or recommendations
De Keulenaer BL ¹ & Regli A, Malbrain ML. (2011) Intra-abdominal measurement techniques: is there anything new? Am Surg. Jul; 77 Suppl 1:S17-22.	V	<ul style="list-style-type: none"> • The intravesicular or "bladder" technique remains the gold standard • IAP should be measured every 4 to 6 hours in patients with risk factors for IAH. • Putting patients in the semi recumbent position changes the IAP measurement significantly. • The role of prone positioning in unstable patients with IAH remains unclear. PEEP has a small effect on IAP.
Ejike J, Bahjri K, Mathur M. (2008). What is the normal intra-abdominal pressure in critically ill children and how should we measure it? Critical Care Medicine. 36(7):2157-2162	IV	<ul style="list-style-type: none"> • Mean IAP in critically ill children is 7 +/- 3 mm Hg • Minimum optimal volume needed to accurately measure IAP by the intravesicular method in children is 3 mL. • Recommend that 3 mL be the standard instillation volume for IAP measurement by the intravesicular method in children. • IAP >10 mm Hg should be considered elevated in children.
Ejike, J.C., Kadry, J., Bahjri, K. et al. Semi recumbent position and body mass percentiles effects on intra-abdominal pressure measurement in critically ill children. Intensive Care Med (2010) 36: 329. https://doi.org/10.1007/s00134-009-1708-9	IV	<ul style="list-style-type: none"> • PICU population • Elevation of the HOB increases the measured IAP significantly • Despite recommendations that head of bed is elevated in intubated patients to prevent ventilator associated pneumonia, IAP should be measured with the patient supine
Kirkpatrick A, Roberts D, Waele J, Jaeschke R, Malbrain M, et al (2013). <i>Intra-abdominal hypertension and the abdominal compartment syndrome: updated consensus definitions and clinical practice guidelines from the World Society of the Abdominal Compartment Syndrome</i> . Intensive Care Medicine 39:1190-1206	III	<ul style="list-style-type: none"> • Reviewed consensus definitions and guideline • Paediatric studies included • No recommendations possible regarding monitoring of abdominal perfusion pressure

<p>Newcombe, J., Mathur, M. & Ejike, J. (2012) Abdominal Compartment Syndrome in Children. Dec; Vol. 32 (6), pp. 51-61; Publisher: American Association of Critical-Care Nurses</p>	<p>VI</p>	<p>Key definitions:</p> <ul style="list-style-type: none"> • sustained intra-abdominal pressure greater than 20 mm Hg in adults associated with new organ failure or dysfunction • defined normal pressures for children <p>Described techniques for obtaining accurate IAP measurements Identified measures for decreasing IAP</p>
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