<table>
<thead>
<tr>
<th>Reference (include title, author, journal title, year of publication, volume and issue, pages)</th>
<th>Evidence level (I-VII)</th>
<th>Key findings, outcomes or recommendations</th>
</tr>
</thead>
</table>
- 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 | - Mean IAP in critically ill children is 7 +/- 3 mm Hg  
- Minimum optimal volume needed to accurately measure IAP by the intravesical method in children is 3 mL.  
- Recommend that 3 mL be the standard instillation volume for IAP measurement by the intravesical method in children.  
- IAP >10 mm Hg should be considered elevated in children. |
- 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 |
- Paediatric studies included  
- No recommendations possible regarding monitoring of abdominal perfusion pressure |

Key definitions:
- Sustained intra-abdominal pressure greater than 20 mm Hg in adults associated with new organ failure or dysfunction
- Defined normal pressures for children

Described techniques for obtaining accurate IAP measurements
Identified measures for decreasing IAP