CareVille
CARE TAILORED TO YOU

Administration of an Enema or a Suppository Policy

CM01

Date: [ ]

Date Written	
Author(s)	
Version	
Date Signed Off	
Reviewed by	

Review Data

Initial Production

Name	Role/Department	RACI	Date

R = Responsible for writing the policy; **A** = Accountable; **C** = Consulted; **I** = Informed

Change History

Version	Date	Details of Change	Author

Emergency Contact Details

Name	Email	Mobile

CQC Fundamental Standards

Regulation Number	Regulation Details
Regulation 12: Safe care and treatment	Care and treatment must be provided in a safe way for service users including the proper and safe management of medicines.

Key Lines of Enquiry

KLOE	How this applies to Administration of an Enema or a Suppository
Safe	Ensuring that medication is provided safely and as prescribed promotes the overall safety of the service.
Caring	Ensuring that the dignity of the service user is maintained at all times supports the delivery of a caring service.

Related Documents

This policy should be read in conjunction with our:

- CM17 - Dignity and Respect Policy
- HS12 - Hand Washing Policy
- HS01 - Health and Safety Policy
- CM24 - Infection Control Policy
- CM25 - Medication Administration Policy

Policy Aims

The aim of this policy is to ensure that;

- the administration of enemas and suppositories by all Careville Ltd. staff is carried out to a high professional standard,
- It is in line with best practice and in a way that preserves the dignity and safety of the Service User.
- Furthermore, the policy aims to ensure consistency of practice and of quality of care.

Enemas and Suppositories may be used during the provision of home care by Careville Ltd nursing staff for the purposes of **facilitating bowel evaluation** or for **administering medication**. The priorities in all cases are to promote Service User **comfort, dignity and safety**, ensure due regard for **cleanliness and infection prevention** and control and ensure the correct preparation and, where appropriate, medication is administered.

Key Question: When should an enema/suppository not be administered?

The administration of enemas should be avoided in patients following colonic surgery or patients with injury or obstruction, as the risk of perforation may be increased. This risk may also be raised in patients who have undergone gynecological surgery or radiotherapy.

Enemas should also be avoided in cases of paralytic lieus as the peristaltic movement of the colon is lost. Absorption of enema fluid/solutes may occur and this must be considered in all patients.

Small-volume concentrated enemas may be contraindicated in cases of ulcerative and inflammatory conditions.

Uses of Enemas/suppositories

Enemas/suppositories for bowel evacuation

There are two different types of enema/suppository for bowel evacuation, although they are very similar;

1. Some enemas/suppositories are given to produce an immediate effect, which is to lubricate, thus facilitating the passage of feces. The administration of a fluid into the rectum may also induce peristaltic contraction of the rectal walls.

2. Retention enemas, while producing the same effects, are intended to remain in the rectum for a longer period of time penetrating and thus lubricating the feces further. Retention enemas tend to be oil based.

Enemas/suppository as a method of drug administration

Medicines can be administered rectally in enema/suppository form. This may be carried out for local effect, **such as steroids and agents that reduce in ammation** in the colonic mucosa. In addition, **drugs may be absorbed for systemic effect** by the vascular network surrounding the rectum.

The risks associated with enema/suppository administration are considered to be low but can be detrimental and in some cases, may be fatal. **Expert advice should be sought from specialist practitioners in any of the circumstances stated above**.

Procedure

Warming the enema solution to body temperature may be beneficial as heat stimulates the rectal mucosa. It is recommended that a solution temperature of **40.5-43.3 degree Celsius for non-oil-based enemas**. Cold solutions should be avoided as they may cause cramping.

Advising the Service User to empty her or his bladder before the procedure may reduce the feeling of discomfort.

Preparation

The equipment required to perform an enema or administer a suppository is as follows:

- Gloves and disposable apron;

- Incontinence pads;
- Lubricating solution;
- Jug with water, warmed to the desired temperature;
- Water thermometer;
- Bedpan/commode;
- Prepared solution.

Administration

Obtain informed consent, identifying allergies and any contradictions

Provide a full explanation and the procedure to the Service User and offer reassurance

Assess Service User privacy and dignity and take steps to maximise both

Ascertain prescription details if required

Wash hands and wear plastic apron

Check the enema/suppository for expiry and intactness. Warm the solution to desired temperature.

Position the patient on the left side, lying with the knees drawn to the abdomen. This eases the passage and flow of the fluid into the rectum. Gravity and the anatomical structure of the sigmoid colon also suggest that this will aid enema distribution and retention.

Position an 'incontinenec' sheet underneath the patient

Assess the area and perform a digital rectal examination if this has not already been carried out.

For Enemas

- Break the enema seal. Lubricate the nozzle. Air should be expelled.
- Gently separate the buttocks, identifying the anus.
- Insert the lubricated nozzle into the rectum slowly to a depth of approximately 10cm (in adults).
- Gently expel the contents into the rectum, rolling the container from the bottom up to reduce back flow.
- Keeping the container rolled/compressed withdraw the container

For Suppositories

- Remove the wrapping
- Lubricate the end of the suppository
- Insert into the rectum, to a depth where it is beyond the sphincter musculature

In all cases

- Attend to peri-anal hygiene.
- Ask the Service User to retain the enema/suppository for as long as required or suggested in the manufacturer's recommendations, providing a commode as indicated (Fig 5).
- Dispose of any waste, remove apron, wash hands.
- Document the procedure accurately, completing MAR record if required.
- Ensure effect is noted and documented accurately.
- Ensure administration is only done by staff trained to do so.
- Record administration in the relevant care plan.

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Key Points to Take Away

- Enemas and Suppositories may be used during the provision of home care by Careville Ltd. nursing staff for the purposes of facilitating bowel evaluation or for administering medication.
- There are two different types of enema/suppository for bowel evacuation, although they are very similar; a retention enema, or an enema for immediate effect.
- Medicines can be administered rectally in enema/suppository form. This may be carried out for local effect,
- It is recommended that a solution temperature of 40.5-43.3o C for non-oil-based enemas. Cold solutions should be avoided as they may cause cramping.
- Advising the Service User to empty her or his bladder before the procedure may reduce the feeling of discomfort.
- The correct preparation and administration procedure MUST be followed in order to reduce any risk to the Service User.

Authorisation and Signature

This Policy is the authorised version agreed by the Directors of CarevilleLtd. All employees are expected to follow this policy and failure to do so could result in disciplinary action.

Director's Signature

Director