






ADMINISTRATION OF AN ENEMA OR SUPPOSITORY

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Introduction












An 'enema' is a liquid for insertion into the rectum that is either absorbed or ejected. A 'suppository' is a medication incorporated within a fatty or glycolgelatin base that is inserted into the rectum (rectal suppository) or the vagina (vaginal suppository); it then melts at body temperature or dissolves, delivering the medication.

It is the responsibility of the GP to determine the need for and to prescribe the relevant enema or suppository. There are various types of enema or suppository:

-  Retention enema, e.g. arachis oil: used to soften faeces and facilitate relief of chronic constipation or for the topical administration of drugs such as steroids
-  Evacuant enema, e.g. sodium: used to promote defecation in acute constipation or to clear the bowel prior to surgery or radiological examination
-  Therapeutic suppositories, e.g. aminophylline
-  Evacuant suppositories, e.g. glycerol: used to soften faeces and facilitate defecation.

Procedure

1. Before delivering an enema or suppository explain the procedure to the individual and give enough information to gain a valid consent. If the individual lacks the capacity to make a decision then follow the Mental Capacity Act 2005 Code of Practice and ensure Best Practice decisions are in place as required, at all times, respecting the individual's dignity and privacy.
 - a) Determine the individual's ability to lie in the left lateral position for anatomical ease of administration.
 - b) Ascertain whether specific toilet needs are required (e.g. commode or bedpan or toilet) to reduce anxiety and avoid unnecessary embarrassment.
 - c) Determine the individual's ability to understand and/or carry out instructions.
 - d) Ascertain whether the individual's bladder is empty; prior to administration of a drug-carrying product the bowel should ideally also be empty in order to prevent the rapid return of the enema or suppository.
 - e) The following equipment is required:
 -  Protective covering for the bed, e.g. incontinence pad, plastic sheet and draw sheet
 -  Appropriate covering for the individual
 -  Prescribed enema (warmed if advised) or suppositories, plus appropriate lubricant
 -  Disposable apron (for nurse/carer)
 -  Disposable gloves (for nurse/carer)
 -  Commode, bedpan or toilet
 -  Tissue/toilet roll
 -  Disposable bag for used/soiled equipment
 - f) **The Procedure**
 -  Gain the individuals' consent before the procedure
 -  Protect the bed to absorb leakages and prevent skin discomfort
 -  Position the individual in the left lateral position with their knees drawn up and buttocks to the edge of the bed

-  Advise the individual, where possible, to retain the enema or suppository for as long as they can in order to maximise its effect
-  Wash and dry hands and wear a disposable apron and gloves
-  Suppositories for evacuant use should be administered using the rounded end first; this stimulates and irritates rectum for faecal expulsion
-  Suppositories for drug administration should be administered using the blunt end first; this reduces irritation of the rectum and facilitates drug absorption
-  Ensure that the individual can access the toilet or call for assistance
-  At all times maintain their dignity and privacy
-  After administration, make the individual comfortable and stay with them if required
-  Ensure hand washing facility for both the individual and the nurse or carer is provided
-  Inspect result for volume, colour and consistency
-  Dispose of waste and used equipment in the appropriate bag
-  Record result on relevant documents and report as required.

| Potential Problems | Action to be taken |
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| Poor result of evacuant enema or suppository | Repeat procedure, following advice from nurse in charge or GP. |
| Pain during procedure | Stop procedure, reassure the individual, inform GP. |
| Pain during defecation | Reassure the individual and refer to nurse in charge or GP. |
| Incorrect lubricant to glycerin suppositories | Dip suppositories in warm water only, as other lubricants inhibit hydroscopic action |
| Individual unable to assume left lateral position | Right lateral, prone and supine positions can be used with great care |

Further Guidelines

NICE guideline- Constipation- Clinical Knowledge summaries, Revised February 15