

<p>Status: Standard Procedure: specifies the procedures to be followed, only in exceptional circumstances should these not be followed.</p>	<p>Policy No: CLSP 30 Revision No: Date Approved: 01/03/11 Review Date: 01/03/13</p>
<p>Title: Standard Procedure for the Administration of an Enema to a Cheshire Ireland Service User</p>	
<p>Written by: Clinical Practice Project Group</p>	
<p>Approved by:</p>	
<p>Cross Reference: CLG 19, CLG 20, CLG 21, BPH O2</p>	

1.0 Purpose

The purpose of this standard procedure is to ensure the safe administration of enemas to Cheshire service users.

2.0 Scope

All Cheshire services where service users may require an enema administered by Cheshire Ireland staff.

3.0 Responsibility

- It is the responsibility of all staff who administer enemas to follow this standard procedure.
- It is the responsibility of service managers to ensure staff are familiar with the standard procedure and to monitor compliance.
- In line with the Best Possible Health Care Plan, each individual has an up to date continence assessment care plan.

4.0 Definitions

Enemas are small or large amounts of fluid introduced into the lower rectum stimulating bowel action. Fleet enema (most commonly used type) is a saline laxative enema. It works by pulling water from the body into the bowel, which helps to soften the stool and cause a bowel movement.

Enemas should not be given if you are on a sodium-restricted diet or have a history of stomach or bowel problems as it can cause bowel perforation.

5.0 Procedure

Equipment

- Choice of enema product as prescribed by G.P.
- Check manufacturers guidelines for administration of the enema
- KY jelly/gauze swab
- Disposable incontinence pad
- Warm water
- Disposable gloves/apron

Procedure for administration of enema

- Check the expiry date of the enema product.
- Ensure privacy for the procedure.
- Explain the procedure to the user of the service.
- Ask the service user to empty their bladder.
- Ensure the bedpan/toilet/commode is available.
- Wash and dry hands thoroughly.
- Apply disposable gloves and apron.
- Place the service user on the left side with knees bent, the upper leg higher than the lower. The left side is preferred for this procedure because of the position of the rectum. However, this position is not essential - for example it should be avoided if the service user has a left-sided weakness.
- Place the incontinence pad under the buttocks.
- Remove the top off the nozzle.
- Put KY jelly on swab and lubricate the nozzle.
- Expel excessive air from the bottle.
- Ask the service user to breathe normally and try to relax.
- Separate the buttocks and gently insert the nozzle into the anal canal to a depth of 10-12cms.
- Slowly introduce the fluid, rolling the pack up to prevent backflow until the pack is empty.
- Engage with the service user to identify any discomfort, this may be caused by introducing the fluid too quickly. Slow down the procedure or stop if necessary.
- Slowly remove the nozzle and ask the service user to try to retain the fluid for about 10 minutes before evacuating the bowel.
- Dry the perineal area.
- Ensure the service user has access to the call system and the toilet/ assist where necessary (Cross Ref: CLG 19, CLG 20, CLG 21).
- Remove and dispose of all equipment.

- Wash and dry hands thoroughly.
- Record the procedure and its effect in the service user's Best Possible Health Bowel Record Chart. Ensure that the procedure and its result are documented using the Bristol Stool Chart.
- Record the administration of the enema in the Medication Administration Chart.
- Report any adverse reactions observed and record in Best Possible Health Daily Continuation Sheet/to lead clinical person/line manager/G.P.

5.1 Troubleshooting Guidelines:

In the event of staff member being unable to insert the nozzle:

- Add more KY jelly.
- Ask the user of the service to relax, take deep breaths and bear down.
- Readjust position of knees.

In the event of staff member being unable to advance the nozzle:

- Insert the nozzle more slowly.
- Withdraw the nozzle a little and expel a little fluid and advance again.

Special caution must be shown if the service user has any of the following:

- Inflammatory bowel disease (e.g. Crohn's disease or ulcerative colitis).
- Any anorectal condition, which may cause pain or bleeding e.g. anal fissure, severe haemorrhoids (third or fourth degree haemorrhoids).
- Autonomic dysreflexia.
- Anticoagulant therapy.
- Blood in faeces, weight loss, abdominal pain.
- Changes in the frequency, colour and consistency of the stools.

If resistance is still met, stop the procedure or the rectum may accidentally be perforated. (Bowel perforation is an extremely rare, but serious and potentially lethal complication.)

The symptoms of bowel perforation:

- High fever and nausea
- Severe abdominal pain that worsens with movement
- Intense vomiting
- Contact G.P./Accident & Emergency Department immediately if service user develops any of these symptoms.

6.0 References

Mallett, J. & Dougherty, L. (2000). *The Royal Marsden Hospital Manual of Clinical Nursing Procedures*, Blackwell Publishing, Oxford.

Nicol, M., Bavin, C., Bedford-Turner, S., Cronin, P. & Rawlings-Anderson, K. (2004). *Essential Nursing Skills*. Mosby, United Kingdom.

Robertson, B. & O’Kell, S. (1995). *Study Guide for Health and Social Care Support Workers*, First Class Books Pub., Bristol.

Kyle, G. (2007) Bowel Care Part 4, *Administering an Enema*, Nursing Times.

Bowel Care, Spinal Injuries Ireland.

7.0 Appendices

Neurogenic Bowel Care Plan Record

Date	Aperients	Date	Rectal medication	Breakfast	Digital stimulation	Bristol stool chart	signature
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