HEALTH HOLDING

HAFER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN HOSPITAL

Department:	Nursing		
Document:	Internal Policy and Procedure		
Title:	Administration of an Enema		
Applies To:	All Nursing Staff		
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1. PURPOSE:

1.1 Promote defecation and evacuation of faeces from the colon for patients with impaction.
1.2 Bowel preparation for diagnostic test or surgery to empty the bowel of fecal content.
1.3 Introduce medication such as lactulose to reduce bowel bacteria count; kayexalate enema is given to reduce serum potassium level.

2. DEFINITONS:

2.1 **Enema** is the introduction of solution by insertion of rectal tube to the rectum for diagnostic and treatment purposes.

3. POLICY:

3.1 Nursing staff should give enema to patient with a written order from the physician.

4. PROCEDURE:

4.1 Assess the patient's bowel habits like loose bowel movement, usage of laxatives and bowel patterns. Enema should not be given if there is suspicion of bowel obstruction or appendicitis.
4.2 Check the physician's order.
4.3 Explain the procedure to the patient, relieve fear and obtain cooperation.
4.4 Verify the patient by two identifiers (four names for Saudi/ complete name for Non-Saudi and the medical record number).
4.5 Observe the ten rights of medication administration.
4.6 Wash hands and wear gloves.
4.7 Kinds of enema:
  4.7.1 Medicated enemas such as enema contain lactulose or kayexalate.
  4.7.2 Fleet enema
  4.7.3 Normal saline enema
  4.7.4 Plain water enema
4.8 Assess physical condition such as haemorrhoids, mobility and external sphincter control.
4.9 Provide privacy by closing the bedside curtain or close the door.
4.10 Place the patient on Sim's position (on left side with right knee flexed), allow enema solution to flow by gravity along the natural curve of the sigmoid colon and rectum.
4.11 Place the incontinence pad under the patient's buttock and cover the patient with blanket, to protect bed linen from soiling and wetness and to prevent exposure of body unnecessarily.
4.12 Place bed pan or commode in position at bedside for the patient who cannot ambulate to the toile or whom they have difficulty in sphincter control, allow easy and quick accessibility.
4.13 Remove plastic cover over the tubing nozzle and lubricate with water soluble jelly, even pre-packed enema tubing need more lubricant, for easy and smooth application and prevents trauma to the mucus membrane.

4.14 Apply disposable gloves and gown.
4.15 Separate buttocks and locate rectum.
4.16 Instruct patient that you will insert rectal tube and take slow deep breath.
4.17 Insert tubing 3-4 inches or 7.5 to 10cm for adult patients, prevent tissue trauma of rectum.
4.18 For children insert tubing 1-2 inches or 2.5-5cm.
4.19 Slowly instil the solution using a clamp and the height of the container should be from 12-18 inches (35-45cm) to adjust flow rate if using an enema can. Rapid infusion can cause colon distention and cramping.
4.20 Lower the container or clamp tubing if patient complaints of cramps.
4.21 Withdraw rectal tubing after all enema solution has been instilled.
4.22 Instruct patient to hold the solution as long as possible and that a feeling of distension may felt.
4.23 Discard supplies used, in an appropriate waste receptacle (medical waste).
4.24 Maintain personal hygiene and minimizes patient embarrassment
4.25 Assist patient on to the bedpan in bed if bedridden or bedside commode if there is urgency and no sphincter control or to the toilet if ambulatory and with good sphincter control when urge to defecate occurs.
4.26 Observe the amount of fluid, fecal content, color and nature of feces.
4.27 Remove gloves and wash hands.
4.28 Document the type of enema given, the volume and the result and the presence or absence of abdominal distension on the nurse's note.

5. MATERIALS AND EQUIPMENT:

5.1 Pre packed enema or an enema can with tube, nozzle and clamp
5.2 Xylocaine jelly 2%
5.3 Disposable gloves
5.4 Plastic apron
5.5 Incontinence pad
5.6 Bedpan
5.8 Wash cloth and towel
5.9 Toilet tissue
5.10 Blanket

6. RESPONSIBILITIES:

6.1 Nurse

7. APPENDICES:

7.1 N/A

8. REFERENCES:

8.1 Jean Smith Temple and Joyce Young Johnson, Nurses Guide to Clinical Procedures, 5h Edition, Lippincott William And Wilkins, Page no:529-534.
8.2 MOH GNR Elimination GNR -10-001

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Bashayer Alshammari	CNE Educator		January 08, 2025
Reviewed by:	Ms. Teflah Alsahali	CNE Coordinator		January 13, 2025
Reviewed by:	Ms. Rasha Anwar	Nursing QM&PS Supervisor		January 15, 2025
Reviewed by:	Mr. Abdulelah Ayed Almutairi	QM&PS Director		January 16, 2025
Approved by:	Mr. Sabah Turayhib Al Harbi	Director of Nursing		January 22, 2025