



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

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

- 1.1 To provide guidelines in administering rectal medications.
- 1.2 To relieve pain, vomiting and fever for patients.

2. DEFINITIONS:

- 2.1 **Rectal medication** is the insertion of medication via the rectum for absorption through mucous membrane of rectum.

3. POLICY:

- 3.1 Administration of rectal suppository has to be correctly administered by the nursing staff.

4. PROCEDURE:

- 4.1 Check the Physician's written order.
- 4.2 Assess the patient's bowel habits. Abdominal girth if there is distension. Suppositories should not be given if there is suspicion of bowel obstruction.
- 4.3 Identify the patient using 2 identifier (four names for Saudi or Complete name for Non-Saudi and Medical Record Number).
- 4.4 Observe the ten rights of medication administration.
- 4.5 Wash hands and put on gloves.
- 4.6 Prepare medication.
- 4.7 Provide privacy and explain procedure to the patient/ care giver.
- 4.8 Place patient on left lateral position. Place incontinent pad under buttocks. Allows for the suppository to flow along the natural curve of rectum.
- 4.9 Lubricate rounded tip on medication with jelly.
- 4.10 Gently spread buttocks with non-dominant hand.
- 4.11 Instruct the patient to take slow deep breath, through mouth, for relaxation of sphincter muscles, facilitating insertion.
- 4.12 Insert the suppository into rectum as gently as far as possible using the index finger, until the closure of anal ring is felt, to ensure complete administration of the suppository.
- 4.13 Remove finger and wipe excess lubricant from skin and allow buttock to fall back together, to promote patient's comfort.
- 4.14 Cleanse area with tissue and discard supplies on black bag.
- 4.15 Instruct patient to squeeze buttocks together for 3-4 minutes and to remain in position for 15-20 minutes. Decreases urge to release suppository.
- 4.16 Remove and discard gloves and incontinent pad.
- 4.17 Assist patient on the bedpan or to the bedside commode when urge to defecate occurs, to prevent soiling.
- 4.18 Document accurately the type of suppository, time and results on the nurse's notes to provide information whether it has been successful in defecating and evacuating feces with impaction.

5. MATERIAL AND EQUIPMENT:

- 5.1 Disposable gloves
- 5.2 Water soluble lubricant
- 5.3 Disposable bag
- 5.4 Tissue paper
- 5.5 Suppositories (e.g. adol, glycerine, dulcolax)

6. RESPONSIBILITIES:

- 6.1 Nurse

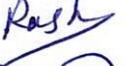
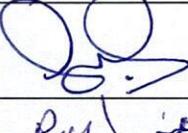
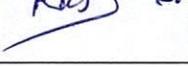
7. APPENDICES:

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:236-238

9. APPROVALS:

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