# Guidelines on the Administration of Rectal Medications

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## Introduction
Administering rectal medication is a common nursing procedure which has potential risks (Ford 2010). Common medications administered via this route include analgesics, sedatives, and anti-emetics (Bindler and Ball 2008). Rectal medication includes suppositories and enemas, which have local or systemic effects. Safe administration of rectal medication should include assessment of the individual child and the medication. For rectal washouts, please refer to the guideline for rectal washouts (OLCHC 2007a).

### Objective of the Guideline
To support the safe administration of rectal medications in accordance with evidence-based practice. Receiving rectal medication may be distressing and stressful for a child. This guideline aims to minimise distress, ensure correct administration and optimal efficacy of the medication.

## Definitions/Terms
- **Suppository:** A solid preparation containing medication. Types of suppositories include:
  - Retention: delivers medication (analgesia, antibiotic)
  - Lubricant: stimulates bowel activity, softens stool (Glycerine) (Dougherty and Lister 2011)
- **Enema:** Solution of medication within water or oil. Types of enemas include:
  - Evacuant: intended to be expelled within minutes, along with flatus/faecal matter (phosphate enema, sodium citrate)
  - Retention: intended to be retained for a specific time (Pednisalone, arachis oil) (Dougherty and Lister 2011)
  - Others: Specific diagnostic/treatment enemas, barium enema, gastrografin enema

## Potential Complications Associated with Rectal Medications
- Anxiety, embarrassment
- Local trauma, discomfort (proctitis may develop, Dougherty and Lister 2011)
- Slow/incomplete absorption
- Specific adverse effects of individual medication administered
- Risk of bleeding (in children with bleeding disorders)
- Enemas: discomfort/abdominal cramps/loose stools/electrolyte imbalance (especially with phosphate enemas)

## Contra-indications to Administering Rectal Medications
- Imperforate Anus (GOSH 2012)
- Paralytic Ileus, Colonic Obstruction, low platelet count, post gastrointestinal/gynaecological surgery (Dougherty and Lister 2011)
- Diarrhoea or impacted faeces (GOSH 2012)
- Children with neutropaenia (due to higher risk of infection and rectal trauma)
- Acute exacerbation of inflammatory bowel disease, diarrhoea, dehydration/electrolyte imbalance, rectal trauma, active rectal bleeding, bleeding disorders or any condition that would make child prone to rectal injury or abscess. Consider any pre-existing conditions: Seek medical advice
- Suspicion/history of abuse (GOSH 2012)
- Specific to enemas: inflammatory/ulcerative disorders: avoid micro-enemas and hypertonic saline solutions (Dougherty and Lister 2011)
- Specific to enemas: avoid large fluid volumes when perforation/haemorrhage is a risk (Dougherty and Lister 2011)
### Equipment:
- Rectal Medication
- Child’s chart, prescription sheet
- Non sterile gloves and apron
- Bedpan, toilet or commode (if appropriate)
- Clean Tray
- Disposable incontinence sheet, Tissues/Wipes
- Water-based lubrication gel
- Bravery certificates/stickers for children, if available.

### ACTION: Prior to Procedure

<table>
<thead>
<tr>
<th>ACTION: Prior to Procedure</th>
<th>RATIONALE &amp; REFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rectal medications must be administered as per OLCHC nursing policies/guidelines and individual manufacturer’s instructions. Assess the child’s individual suitability for rectal administration, (see contra-indications above)</td>
<td>To ensure safe administration of medications (OLCHC 2006, ABA 2007)</td>
</tr>
<tr>
<td>Gather equipment required for the procedure</td>
<td>To be adequately prepared</td>
</tr>
<tr>
<td>Explain the procedure to the child/family, allow time for questions. Consider/discuss child/parental preferences.</td>
<td>To improve cooperation and trust (Bartley 2012). In accordance with local guidelines (OLCHC 2007b)</td>
</tr>
<tr>
<td>Ensure privacy for the child</td>
<td>To maintain dignity (OLCHC 2007b)</td>
</tr>
<tr>
<td>Encourage child to empty their bowels prior to administration of rectal medication</td>
<td>To aid absorption of medication (GOSH 2012), avoid medication being expelled prior to its absorption.</td>
</tr>
<tr>
<td>Ensure a bedpan, toilet/commode, nurse call bell is easily accessible during and after the procedure</td>
<td>Administration of rectal medication may stimulate the need for the child to defaecate.</td>
</tr>
<tr>
<td>Decontaminate hands and apply gloves directly before procedure. Use ANNT level 3 throughout procedure.</td>
<td>Prevention of cross infection (OLCHC 2011a, OLCHC 2013, OLCHC 2013a)</td>
</tr>
<tr>
<td>Lie the child on their left side with their knees bent and drawn up towards the abdomen.</td>
<td>To facilitate easy passage into rectum (Dougherty and Lister 2011).</td>
</tr>
<tr>
<td>Place incontinence sheet underneath the child’s buttocks</td>
<td>To prevent soiling of the bed linen and embarrassment (Dougherty and Lister 2011)</td>
</tr>
<tr>
<td>Assess anal area for abnormalities. Seek advice prior to administering medication if abnormalities are detected</td>
<td>To reduce harm (GOSH 2012)</td>
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### ACTION: Administering Rectal Suppositories

<table>
<thead>
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</tr>
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<tbody>
<tr>
<td>Remove any wrapping, ensure medication is intact</td>
<td>To ensure patient safety</td>
</tr>
<tr>
<td><strong>Do not cut suppositories</strong></td>
<td>To ensure accurate dosage (Barron and Hollywood 2010)</td>
</tr>
<tr>
<td>Lubricate the apex of the suppository with lubrication gel</td>
<td>To ensure easy insertion (Barron and Hollywood 2010). Ensure suppository is inserted as per manufacture’s instructions.</td>
</tr>
<tr>
<td>Separate the buttocks and insert the suppository into the child’s rectum, just past the internal sphincter. Insert the pointed end /apex first (check manufacturer’s instructions)</td>
<td>To ensure the medication is in the correct position (Barron and Hollywood 2010)</td>
</tr>
<tr>
<td>Encourage the child to hold the suppository for 20 mins.</td>
<td>Allows time for medication to act (Dougherty and Lister 2011)</td>
</tr>
</tbody>
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### ACTION: Administering a Rectal Enema

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>Warm enema fluid to room temperature by immersing into a jug of warm water</td>
<td>To prevent mucosal damage (Dougherty and Lister 2011)</td>
</tr>
<tr>
<td>Test the temperature of the enema fluid on the forearm prior to administration</td>
<td>To ensure patient safety</td>
</tr>
<tr>
<td>Lubricate the nozzle of the enema/tube with lubrication gel</td>
<td>To prevent mucosal trauma (Dougherty and Lister 2011)</td>
</tr>
<tr>
<td>Squeeze the enema to prime the nozzle/tube</td>
<td>To expel air (GOSH 2012)</td>
</tr>
</tbody>
</table>
| Separate the buttocks and slowly insert the nozzle/tube | The enema needs to pass the anal canal and enter the
into the anal canal (check manufacturer’s instructions)

Fig 1: Administration of enema

Retention Enema:
Allow fluid to enter slowly, maintain bedrest with foot of bed elevated by 45 degrees for the length of time prescribed

Evacuant Enema:
Allow fluid to enter slowly by rolling the enema pack from the bottom of the pack to the top, until the pack is empty.

Withdraw the nozzle or tubing slowly, continuing to squeeze the enema

If you continue to feel resistance, stop and contact the medical team for advice

Individual patient assessment is vital

Slow and gentle administration will prevent any damage to the child’s colon (Barron and Hollywood 2010)

To assist in retaining the enema (Dougherty and Lister 2011). (Unless medically contra-indicated)

To prevent backflow (Dougherty and Lister 2011)

Avoids loss of fluid, prevents backflow into bottle (GOSH 2012)

ACTION: After The Procedure

<table>
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<tr>
<td>To assist effectiveness of the medication (GOSH 2012)</td>
</tr>
<tr>
<td>Prevents irritation, ensures comfort (Dougherty and Lister 2011)</td>
</tr>
<tr>
<td>Prevention of cross infection (OLCHC 2011a, OLCHC 2013a)</td>
</tr>
<tr>
<td>To ensure the safety of all staff and patients (OLCHC 2011)</td>
</tr>
<tr>
<td>Praise provides positive outcomes (Barron and Hollywood 2010). Enemas cause peristalsis and the child may have abdominal cramps (GOSH 2012).</td>
</tr>
<tr>
<td>To reduce the risk of medication errors and support accountability (ABA 2002).</td>
</tr>
<tr>
<td>To evaluate the effects of the medication/procedure (Barron and Hollywood 2010).</td>
</tr>
</tbody>
</table>

Encourage the child to retain the medication for 10-20 minutes or as long as possible, prior to emptying bowels

Clean away any lubricating jelly from the peri-anal region

Remove gloves and decontaminate hands.

Dispose of equipment appropriately.

Ensure the child is reassured and comfortable after the procedure. Praise the child after the procedure.

Record the administration of medication as per hospital policy.

Observe the child after the procedure for the effectiveness of the medication and any adverse effects. If the medication is expelled immediately post administration or the child passes a bowel motion, report to medical staff and document in nursing notes.

Companion Documents

Our Lady’s Children’s Hospital (2007a) Guidelines on Rectal Washouts for Infants, Our Lady’s Children’s Hospital: Dublin.

Our Lady’s Children’s Hospital (2007b) Prevention of Abuse of Children by a Staff Member While in the Care of the Hospital, Our Lady’s Children’s Hospital: Dublin.


Implementation Plan

Communication and Dissemination

- Guidelines will be posted on hospital Intranet
- Hard copies of the guidelines will be included in the Nurse Practice Guideline Folder/Nursing
REFERENCES


Our Lady’s Children’s Hospital (OLCHC) (2011a) Standard Precautions, OLCHC, Dublin

Our Lady’s Children’s Hospital (2007a) Guidelines on Rectal Washouts for Infants, Our Lady’s Children’s Hospital: Dublin.

Our Lady’s Children’s Hospital (2007b) Prevention of Abuse of Children by a Staff Member While in the Care of the Hospital, Our Lady’s Children’s Hospital: Dublin.

Our Lady’s Children’s Hospital (2013) Aseptic Non-Touch Technique, OLCHC, Dublin.

Our Lady’s Children’s Hospital (2013a) Hand Hygiene Guideline, OLCHC, Dublin


Diagrams:

http://health.yahoo.net/search?q1=Enema+Administration&st=photos last accessed 28/04/11