



GUIDELINE ON THE ADMINISTRATION OF RECTAL MEDICATIONS


Version Number	V4
Date of Issue	July 2017
Reference Number	GARM-07-2017-NB-V4
Review Interval	3 yearly
Approved By Name: Fionnuala O'Neill Title: Nurse Practice Coordinator	Signature:  Date: July 2017
Authorised By Name: Rachel Kenna Title: Director of Nursing	Signature:  Date: July 2017 <small>Rachel Kenna Director of Nursing</small>
Author:	Name: Naomi Bartley Title: Acting Nurse Tutor, CCNE
Location of Copies	On Hospital Intranet and locally in department

Document Review History

Review Date	Reviewed By	Signature
2020		


Document Change History

Change to Document	Reason for Change

Our Lady's Children's Hospital, Crumlin		
Document Name: GUIDELINE ON THE ADMINISTRATION OF RECTAL MEDICATIONS		
Reference Number: GARM-07-2017-NB-V4	Version Number: V4	
Date of Issue: July 2017	Page 2 of 9	

CONTENTS

	Page Number
1.0 Introduction	3
2.0 Definition of Guideline	3
3.0 Definition of terms	3
4.0 Applicable to	3
5.0 Objectives of the Guideline	3
6.0 Guidelines	4
7.0 Special Consideration	4
8.0 Companion Documents	4
9.0 Implementation Plan	4
10.0 Monitoring and / or Audit	4
11.0 References	4
12.0 Bibliography (<i>as necessary</i>)	4
13.0 Appendices (<i>as necessary</i>)	4

Our Lady's Children's Hospital, Crumlin		
Document Name: GUIDELINE ON THE ADMINISTRATION OF RECTAL MEDICATIONS		
Reference Number: GARM-07-2017-NB-V4	Version Number: V4	
Date of Issue: July 2017	Page 3 of 9	

1.0 Introduction

Administering rectal medication is a common nursing procedure which has potential risks (Ford 2010). It is acknowledged that administering rectal medication may be embarrassing or distressing for a child (GOSH 2014). Appropriate explanations should be given to the child/parents. Common medications administered via this route include analgesics, sedatives and anti-emetics (Dougherty and Lister 2011). Rectal medication includes suppositories and enemas, which have local or systemic effects. Safe administration of rectal medication **must** include assessment of the individual child and the medication.

2.0 Definition of Guidelines

Guidelines represent the written instructions about how to ensure high quality services are delivered. Guidelines must be accurate, up to date, evidence-based, easy to understand, non-ambiguous and emphasise safety. When followed they should lead to the required standards of performance.

3.0 Applicable to

All registered nurses and nursing students who are involved in the administration of rectal medications to children.

4.0 Companion Documents

This Guideline should be used in conjunction with:

Our Lady's Children's Hospital Crumlin (2017) *Medication Policy*, Our Lady's Hospital for Sick Children, Dublin.

- Our Lady's Children's Hospital Crumlin (2017) *Reference Guide for Nursing in OLCHC*, Our Lady's Hospital for Sick Children, Dublin
- NMBI (2015) *The Scope of Nursing and Midwifery Practice Framework*, Nursing and Midwifery Board of Ireland
- NMBI (2014), *The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives*, Nursing and Midwifery Board of Ireland
- Our Lady's Children's Hospital (2007) *Guidelines on Rectal Washouts for Infants*, Our Lady's Children's Hospital: Dublin.
- Our Lady's Children's Hospital (2007) *Prevention of Abuse of Children by a Staff Member While in the Care of the Hospital*, Our Lady's Children's Hospital: Dublin.

5.0 Objectives of Guidelines


- To support the safe administration of rectal medications in accordance with evidence-based practice.
- To ensure the optimal efficacy of medications.
- To minimise distress and discomfort and protect dignity at all times.

5.0 Definition / Terms

Suppository: A solid preparation containing medication.

Types of suppositories include:

- Retention: delivers medication (analgesia, antibiotic)

Our Lady's Children's Hospital, Crumlin		
Document Name: GUIDELINE ON THE ADMINISTRATION OF RECTAL MEDICATIONS		
Reference Number: GARM-07-2017-NB-V4	Version Number: V4	
Date of Issue: July 2017	Page 4 of 9	

- 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 (Prednisolone, arachas oil)
- (Dougherty and Lister 2011)
- Others: Specific diagnostic/treatment enemas, barium enema, gastrograffin enema

6.0 Indications for Use of Rectal Route

- When oral route is contra-indicated or presents difficulty in administration
- For a child who is vomiting or vomiting is predicted (Brown 2017)
- To empty the bowel prior to surgery/endoscopy
- Localised treatment (haemorrhoids, anal pruritus)
- Treatment of constipation (after diet/oral laxatives) (Bartley 2012)

7.0 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)

8.0 Contra-indications to Administering Rectal Medications

- Imperforate Anus
- Paralytic Ileus, Colonic Obstruction, low platelet count, post gastrointestinal/gynaecological surgery
- Diarrhoea or impacted faeces
- Children with neutropenia (due to higher risk of infection and rectal trauma)
- Suspicion/history of abuse
- 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**
(GOSH 2014, Dougherty and Lister 2011)

Contra-Indications Specific to enemas


- Inflammatory/ulcerative disorders: avoid micro-enemas and hypertonic saline solutions (Dougherty and Lister 2011)
- Avoid large fluid volumes when perforation/haemorrhage is a risk (Dougherty and Lister 2011)

Our Lady's Children's Hospital, Crumlin		
Document Name: GUIDELINE ON THE ADMINISTRATION OF RECTAL MEDICATIONS		
Reference Number: GARM-07-2017-NB-V4	Version Number: V4	
Date of Issue: July 2017	Page 5 of 9	

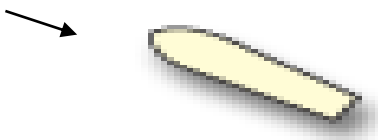
9.0 Guidelines


EQUIPMENT	
Rectal Medication	Clean Tray
Child's chart,	Disposable incontinence sheet, Tissues / Wipes
Non-sterile gloves and apron	Prescription sheet
Bedpan, toilet or commode (if appropriate)	Bravery certificates / stickers for children, if available
Water-based lubrication gel	

ACTION	RATIONALE & REFERENCE
PRIOR TO PROCEDURE	
Rectal medications must be administered as per OLCHC nursing policies/guidelines and individual manufacturer's instructions.	To ensure safe administration of medications (OLCHC 2017, NMBI 2015a, ABA 2007)
Assess the child's individual suitability for rectal administration, (see contra-indications above)	To ensure individualised care (Bartley 2012)
Gather equipment required for the procedure	To be adequately prepared
Explain the procedure to the child/family, allow time for questions. Consider/discuss child/parental preferences.	To improve cooperation and trust (Bartley 2012). In accordance with local guidelines (OLCHC 2007b)
Ensure privacy for the child	To maintain dignity (OLCHC 2007)
Encourage child to empty their bowels prior to administration of rectal medication	To aid absorption of medication (GOSH 2014), absorption of medication is delayed or diminished by the presence of faeces (Brown 2017).
Ensure a bedpan, toilet/commode, nurse call bell is easily accessible during and after the procedure	Administration of rectal medication may stimulate the need for the child to defaecate.
Decontaminate hands and apply gloves directly before procedure. Use ANNT level 3 throughout procedure.	Prevention of cross infection (OLCHC 2013a, OLCHC 2013b)
Lie the child on their left side with their upper knee bent and drawn up towards the abdomen.	To facilitate easy passage into rectum (GOSH 2014) and to relax the anal sphincter (Dougherty and Lister 2011).


Our Lady's Children's Hospital, Crumlin		
Document Name: GUIDELINE ON THE ADMINISTRATION OF RECTAL MEDICATIONS		
Reference Number: GARM-07-2017-NB-V4	Version Number: V4	
Date of Issue: July 2017	Page 6 of 9	

Place an incontinence sheet underneath the child's buttocks	To prevent soiling of the bed linen and embarrassment (Dougherty and Lister 2011)
Assess anal area for abnormalities. Seek advice <u>prior</u> to administering medication if abnormalities are detected	To reduce harm

ACTION	RATIONALE & REFERENCE
ADMINISTERING RECTAL SUPPOSITORIES	
Remove any wrapping, ensure medication is intact	To ensure patient safety
IMPORTANT: Do not cut suppositories	To ensure accurate dosage (Barron and Hollywood 2010)
Lubricate the apex of the suppository with warm water or lubrication gel	To ensure easy insertion (GOSH 2014, Barron and Hollywood 2010). Warm water is recommended for lubrication as gels may affect medication absorption (Brown 2017). Ensure suppository is inserted as per manufacturer's instructions.
	
Encourage the child to take slow deep breaths	To relax the anal sphincter
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)	To ensure the medication is in the correct position (Dougherty and Lister 2011, Barron and Hollywood 2010).
Hold the buttocks together firmly for five - 10 mins, if possible	To retain the medication. This reduces pressure on the anal sphincter, which would stimulate the urge to pass the medication (Brown 2017, Barron and Hollywood 2010)
Encourage the child to hold the suppository for 20 mins.	To allow time for medication to act (Dougherty and Lister 2011)

Our Lady's Children's Hospital, Crumlin		
Document Name: GUIDELINE ON THE ADMINISTRATION OF RECTAL MEDICATIONS		
Reference Number: GARM-07-2017-NB-V4	Version Number: V4	
Date of Issue: July 2017	Page 7 of 9	

ACTION	RATIONALE & REFERENCE
ADMINISTERING A RECTAL ENEMA	
<p>Warm enema fluid to room temperature by immersing into a jug of warm water</p> <p>Test the temperature of the enema fluid on the forearm prior to administration</p> <p>Lubricate the nozzle of the enema/tube with lubrication gel</p> <p>Squeeze the enema to prime the nozzle / tube</p> <p>Separate the buttocks and slowly insert the nozzle / tube into the anal canal (check manufacturer's instructions)</p> <p>If you continue to feel resistance, stop and contact the medical team for advice</p> <p>Retention Enema: Allow fluid to enter slowly, maintain bedrest with foot of bed elevated by 45 degrees for the length of time prescribed</p> <p>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.</p> <p>Withdraw the nozzle or tubing slowly, continuing to squeeze the enema</p>	<p>To prevent mucosal damage (Dougherty and Lister 2011)</p> <p>To ensure patient safety</p> <p>To prevent mucosal trauma (Dougherty and Lister 2011)</p> <p>To expel air (Dougherty and Lister 2011)</p> <p>The enema needs to pass the anal canal and enter the rectum (Dougherty and Lister 2011). Slow and gentle administration will prevent damage to the colon (Barron and Hollywood 2010)</p> <p>To prevent harm and ensure patient safety Individual patient assessment is vital</p> <p>To assist in retaining the enema (Dougherty and Lister 2011). (Unless medically contra-indicated)</p> <p>To prevent backflow Slow administration assists retention of medication (Dougherty and Lister 2011)</p> <p>To prevent a reflex emptying of the rectum (Dougherty and Lister 2011)</p>

Our Lady's Children's Hospital, Crumlin		
Document Name: GUIDELINE ON THE ADMINISTRATION OF RECTAL MEDICATIONS		
Reference Number: GARM-07-2017-NB-V4	Version Number: V4	
Date of Issue: July 2017	Page 8 of 9	

ACTION	RATIONALE & REFERENCE
AFTER THE PROCEDURE	
Encourage the child to retain the medication for as long as possible, prior to emptying bowels	To assist effectiveness of the medication (GOSH 2014)
Clean away any lubricating jelly from the peri-anal region	Prevents irritation, ensures comfort (Dougherty and Lister 2011)
Remove gloves and decontaminate hands.	Prevention of cross infection (OLCHC 2013a, OLCHC 2013b)
Dispose of equipment appropriately.	To ensure safety of children and staff (OLCHC 2014, OLCHC 2015)
Ensure the child is reassured and comfortable after the procedure. Praise the child after the procedure.	To ensure positive outcomes (Barron and Hollywood 2010).
Record the administration of medication as per hospital policy.	To reduce the risk of medication errors and support accountability and professional practice (NMBI 2015b).
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.	To evaluate the effects of the medication/ procedure (Barron and Hollywood 2010).

10.0 Implementation Plan

Communication and Dissemination

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

8.0 Evaluation and Audit


The administration of rectal medications may be included within hospital medication audits.

9.0 References

An Bord Altranais (2007) *Guidance to Nurses and Midwives on Medication Management*, An Bord Altranais, Dublin.

Barron C. and Hollywood E. (2010) Drug administration. In *Clinical Skills in Children's Nursing* (Coyne I., Neill F. and Timmins F., Eds.), Oxford University Press, Oxford, 147- 181.

Bartley N. (2012) *Administration of Rectal Suppositories in Children*, World of Irish Nursing, Vol 20, (5), 41-42

Our Lady's Children's Hospital, Crumlin		
Document Name: GUIDELINE ON THE ADMINISTRATION OF RECTAL MEDICATIONS		
Reference Number: GARM-07-2017-NB-V4	Version Number: V4	
Date of Issue: July 2017	Page 9 of 9	

Brown T.L. (2017) Pediatric variations of nursing interventions. In *Wong's Essentials of Pediatric Nursing*, 10th Edn. (Hockenberry M. J., Wilson D. and Rodgers C.C.). Elsevier, Missouri, 575- 635.

Dougherty L. and Lister S. (2011) *The Royal Marsden Hospital Manual of Clinical Nursing Procedures*, 8th Edition, Wiley-Blackwell, Oxford.

Ford L., Maddox C., Moore E. and Sales R. (2010) The safe management of medicines for children. In *Practices in Children's Nursing: Guidelines for Community and Hospital* 3rd edn, (Trigg E and Mohammed TA., Eds), Churchill Livingstone, Edinburgh, pages 45-74.

Great Ormond Street Hospital (2014) *Suppository Administration* <http://www.gosh.nhs.uk/health-professionals/clinical-guidelines/suppository-administration> last accessed 25 May 2017.

NMBI (2015a) *Standards for Medicines Management for Nurses and Midwives* (Draft), Nursing and Midwifery Board of Ireland.

NMBI (2015b) *Recording Clinical Practice. Professional Guidance*, Nursing and Midwifery Board of Ireland.

Our Lady's Children's Hospital (2017) *Medication Policy*, OLCHC, Dublin.

Our Lady's Children's Hospital (2015) *Safety Statement*, OLCHC, Dublin.

Our Lady's Children's Hospital (2014) *Waste Management Policy*, OLCHC, Dublin.

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

Our Lady's Children's Hospital (2013b) *Hand Hygiene Guideline*, OLCHC, Dublin

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

Copyright and Disclaimer @2017. Our Lady's Children's Hospital Crumlin, Dublin 12. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means without the prior written permission of the copyright holder. Every effort has been made to ensure that the information provided is accurate and in accord with standards accepted at the time of printing.