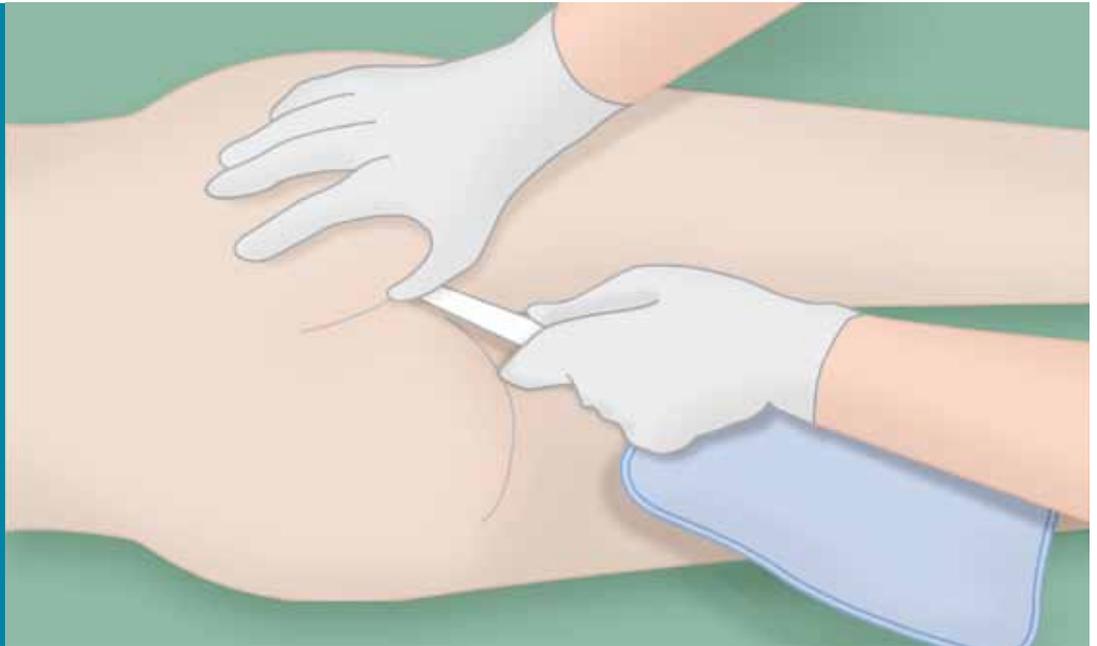


ENEMA ADMINISTRATION

Before giving an enema, the nozzle is slowly inserted into the patient's anus



WHAT IS IT?

- An enema is a quantity of fluid infused into the rectum through a tube passed into the anus.
- Enemas must be prescribed.
- Enemas can be used for a number of reasons: to alleviate constipation; to clean the lower bowel prior to surgery and to administer medication.

TYPES OF ENEMA

- Evacuant – minutes after administering this type of enema the fluid is usually returned with faecal matter. The enema fluid contains either phosphates or sodium citrate.
 - Retention – these enemas are intended to be retained in the bowel to soften and lubricate the faeces. They contain either olive or arachis (peanut) oil and should be given overnight for best results.
 - Medication – these are used to administer drugs and should be retained for as long as possible.
- Note:** Having an enema can be both embarrassing and exhausting for the patient. Psychological support is very important.

EQUIPMENT

- Disposable apron.
- Disposable gloves.
- Disposable wipes/toilet tissue.
- Disposable incontinence sheets to protect the bed.
- Water-soluble lubricant.
- Prescribed enema.
- A bin bag for disposable items.
- Also, a bedpan, commode or access to toilet is required.

Note: Make sure that you have all the equipment ready before you administer the enema. Ensuring you are prepared means you will not have to leave the patient unnecessarily during the procedure.

BEFORE AN ENEMA

- Explain the procedure to the patient.
- The screens should be fully drawn around the bed or the cubicle door should be closed.
- Warm the enema in a jug of hot water to a temperature of 40.5–43.3°C (Mallett and Dougherty, 2000). Test with bath thermometer.
- Check if the patient needs to empty his or her bladder before the procedure.
- Ensure that the bedpan, commode or toilet is ready.
- Wash hands and put on disposable apron and gloves.

ADMINISTERING THE ENEMA

- Help the patient to the correct position – on the left side with knees flexed and buttocks to the edge of the bed.
- Place disposable incontinence sheets under the patient's buttocks.
- Lubricate the nozzle of the enema.
- Ensure that there is no air in the fluid and insert the nozzle slowly into the anus to a distance of about 7.5cm into the rectum (Jamieson et al, 2002).
- Slowly administer the fluid – rolling the bag up to ensure that there is no back flow.
- Remove the tube when fully administered.
- Wipe the anus dry.
- Leave incontinence sheet under the patient's buttocks.
- Reposition the patient to a comfortable position.
- Reassure the patient before leaving and ensure that they know the location of the bedpan, commode or toilet.
- Dispose of equipment.
- Document in patient's records that the enema was administered remembering to chart the results.

REFERENCES

- Jamieson, E.M. et al (2002) *Clinical Nursing Practice*. Edinburgh: Churchill Livingstone.
- Mallett, J., Dougherty, L. (2000) *The Royal Marsden Hospital Manual of Clinical Nursing Procedures*. Oxford: Blackwell Science.
- McFerran, T.A. (ed) (1998) *Oxford Mini Dictionary for Nurses*. Oxford: Oxford University Press.

WEBSITES

British National Formulary:
www.bnf.org

Xrefer (web reference engine):
www.xrefer.com

FURTHER READING

Walsh, M. (ed) (2002) *Watson's Clinical Nursing and Related Sciences*. Edinburgh: Ballière Tindall.

The information given serves as a general reference. Nurses should consult their individual trust policies on clinical procedures.