ADMINISTRATION OF AN ENEMA

AIM

- The administration of a substance in liquid form into the rectum for the evacuation of faeces. Information provided on disposable/ microlax, tap water and retention (oil infusion) enemas.

KEY POINTS

1. Enema use is not recommended as a first line choice for constipation.¹ See also Clinical Guideline Section C: Bowel Care, Administration of Aperients and Administration of Rectal Suppositories.

2. Use of an enema is contraindicated in:
   - Neutropaenia² or thrombocytopenia
   - Paralytic ileus or intestinal obstruction³
   - Recent colorectal or gynaecological surgery¹, ³
   - Recent anal or rectal trauma
   - Severe colitis, inflammation or infection of the abdomen³
   - Toxic megacolon
   - Undiagnosed abdominal pain¹
   - Diarrhoea¹
   - Chemotherapy, immuno-compromise,² or recent irradiation therapy to the pelvic area.

3. Prolonged retention of the enema should be avoided, particularly following the administration of a phosphate enema. Hyperphosphataemia may cause serious complications.²

4. The enema should be administered at room temperature.

5. Specific consideration should be given before commencing rectal saline laxatives in the following situations:
   - Cardiovascular disease (e.g. heart failure)¹, ²
   - Electrolyte / fluid disturbance³
   - Medications (e.g. diuretics)
   - ACE inhibitors²
   - NSAIDs
   - Angiotensin II antagonists
   - Elderly²

DISPOSABLE / MICROLAX ENEMA

Softens stools by drawing fluids from intestinal walls with a hypertonic rectal stimulant that increases peristalsis.³

EQUIPMENT ³

6. Lubricant
7. Incontinence sheet
8. Disposable gloves
9. Toilet tissue
10. Commode at bedside or easy accessibility to toilet
11. Bag for rubbish
12. Disposable enema as ordered, at room temperature (or place in lukewarm water in package).

PROCEDURE

1. Explain the procedure, obtain verbal consent and ensure the woman’s privacy.
2. Wash hands & put on non sterile gloves.
3. Place a protective sheet under the woman’s buttocks.
4. Place the woman in the left lateral position with her knees flexed.
5. Remove the cap of the enema and lubricate the tube.
6. Insert the enema into the rectum, squeeze the container gently until the fluid is dispelled and discard the container. For comfort, if required, use toilet tissue to remove external lubricant.
7. Instruct the woman to remain in the left lateral position and retain fluid for 10 minutes (if possible).
8. Remove gloves, wash hands, and document administration / result / any complications in the woman’s medical record.

TAP WATER ENEMA

Expands the bowel, and draws fluids and electrolytes out of the body into the stool.

EQUIPMENT

- Jug with warmed water
- Rectal catheter
- Lubricant
- Enema can with attached tubing and clamp/or re-useable plastic container with tubing and clamp on shelf

PROCEDURE

1. Explain the procedure to the woman, obtain verbal consent and ensure privacy.
2. Place the woman in the left lateral position with her knees flexed, cover her with a blanket.
3. Place the continence sheet (bluey) under her buttocks.
4. Attach the rectal catheter to the tubing using the connection.
5. Put on gloves; lubricate 5-10cms along catheter.
6. Expel all the air from tubing and catheter then clamp the tubing.
7. Lubricate the anus.
8. Gently insert the catheter into the rectum 7-10 cms.
9. Elevate the filled enema can and hold 40cms above the level of the mattress.
10. Release the clamp and allow the fluid to run in until the required amount has been used.
11. Clamp the catheter and gently remove it.
12. The woman should remain in the left lateral for the prescribed time (if possible).
13. Leave the bed pan / commode close by or ensure easy toilet access.
14. Dispose of and decontaminate equipment and wash hands.
15. Document the administration and the result obtained.

RETENTION ENEMA (OIL INFUSION)

Aims to soften a very hard stool.
EQUIPMENT

- As for tap water enema & 200-250ml of warmed olive oil (at body temperature to avoid cramping).

PROCEDURE

1. As for tap water enema.
2. The temperature of the oil should not exceed 38°C.
3. The enema should be retained up to an hour.¹,³
4. The foot of bed should be raised slightly according to the woman’s condition.
5. Sign the medication chart, and document the administration and the result obtained.
6. It may be followed by a cleansing enema³.

REFERENCES


Do not keep printed versions of guidelines as currency of information cannot be guaranteed.
Access the current version from the WNHS website