## Bowel wash

Definition

washing out the colon with large quantities of a solution in order to clear the colon the Factors.

## purpose:

> To clean the colon of Faeces, gas, excess,

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Barium etc.

To dilute and Remove any of the toxic agents that may be present in large intestine.

To keep the individual clean in

Faccal incontinence q to chack diamea.

To Supply heat the Colon or to the pelvie and abdominal organs surrounding the large intestine CTO Relieve Pain and bring about circulatory changes in these organs.

To Reduce Temperature in Hyperpyrexia and Heat Stroke, to apply medications locally.

To supply the body with Fluid

and electrolytes that are absorbed from the intestine.

=> As a preparation For diagnostic examinations a certain surgeries to deahse the Bowel.

## Indication:

\* Mal absorption

\* Small bowel obstruction

\* Inflammation of the small bowel

\* Intestinal Stricture

\* Tumors of the Small intestine

\* POLYPS

\* unexplained gastrointestinal Bleeding.

## contrain dication ;

\* Loose sphincter

\* Painful & bleeding harmorrhoids

\* Fistula in Anus

\* Polypus & diverticulus of the Intestines

\* Painful Skin Lesion around the Amus

used: Solutions \* Plain water \* cold water \* Normal Saline \* Sodium bi-corbonate Solution. 1 to 2%. Antiseptic Solution Such as - silver hitrate: 1:5000; - Pottassium permangahate 1:5000; => Thymol 1:100; alum 1:100; => boric Solution 1 to 2%. = tanic acid 1:100 Amount of solutions used: 2 to 3 litre Temperature of the solution. =) For chansing purpose (40°c) => For thermal effects (43.3 to 46°c) =) For Reducing Temperature (27 to 3200) brehenal Instructions: 1. A cleansing enema should be given 1 hour before the coloh irrigation.

is started, so that the Rectum will be Free of Faecal Metter.

2. The bladder should be emptied

before a colombic irregation to Reduce the intra abdominal pressure.

3. The Temperature of the solution be kept Constant throughout The procedure.

4. Do hot allow air to onter into the intestines dy.

Expelling the air From the tube Note letting the Fluid to Run Completely From the tube.

5. Make sure that the Return Flows is hot blocked.

6. Stop the Procedure Temporarily if the client complaints of Pain.

7. Use a Smooth and Flexible Roctal tube and lubricate it well to Prevent damage to the Roctal Mucosa.

8. Listen to the complaints of the client and Should not ignore any discomfort however Small they may be stop the treatment if the client shows the signs of fatigue and collapse.

9. Allow only 200 to 300 ML of fluid to run into the Rectum at a time Then it Should be drained out completely before introducing the Fluid Second time.

	Articles	Reatold Rosson.
1.	Funnel and tubing with glass conhection.	Andrew T.
2.	Rectal tube placed in a kidney tray	To irrigate the Rectum
3.	Makintosh and towel	To Protect the bed and bed linen.
4.	water soluble jolly or vaseline	to lubricate the

	5.	Rag pieces in a	to apply the	
		Container	lubricant and to clean	
		10.11	the perineum when hecessary.	
	6	Hot and cold water in jugs or any Prescribed Solution in jub.	To inrigate the wastes.	
	7.	Pager bag	To Discard the wester	
	8.	clean tinen as	To changes after the irrigation.	
	9.	Bucket	To Roceive the Return Flow	
	lo.	Toilet tray	To cleah the Periheum.	
9	preparat	tion of the client	and the Unit.	
			Procedure to the	
. (	Procedure and explain how the client can			
		of the client.	Control Can	
	,	a, Explain the		
P	vo cedu-	re and explain	how the client	

can cooperate with you. 3. Provide Privacy with curtains and adequate draping. 4. cover the client with a sheet or bath blanket & FanFold the top covers to the poot end of the bed. 5. Remove the back Rest & ertra Pillows. 6. Place the Makintosh and Towel under the elient to Protect the mattress and the bed clothes. 7. place the client in a left laceral position with the battocks close to the edge of the bed. 8. keep all the Articles Arranged on the bed side locker. 9. keep the bucket on a low stool to Receive the out How of third. 10. Remove the bottom garments. 11. Fold back a small portion of the sheet or the bath blanket to

to expose only the	Anal Region.
Procedure	Rational
wash hands	To Prevent cross infection.
2. Prepare the Solution at the Required Temperature Test the Temperature at the inher as Pect of wrist.	A REMOVE AND A REAL PROPERTY OF THE PARTY OF
3. Attach the tubing and the Rectal tube with the Funnel, pour the Solution in it & check For leakage.	to be in good working condition.
4. Lubricate the tip of the Rectal tupe about 4 inches.	For easy insertion of the tube a To Prevent Friction.
5. Fill the Fuhnel with the Solution 4 expel the air From the tubing by allowing a small amount of fluid to Run into the	Expelling the air From  the Funhel & Tubing  Prevents air entering  into the Colon.

11	,	
	Kidney tray. Pinch the	The Assert Land of the Control of th
	tube.	100 h 100 h 100 h 100 h 100 h
6.	separate the client's buffocks to visualize the Ahus clearly 4 insert the tip 4 inches, while the client exhales a deep breath.	The Rectum is Relaxed when the client breather out and matos the insertion of the tube easier.
7.	Laver the Funhel below the below the level of the Rectum.	any to escape from  the Rectum It will  be seen bubbling through  the Fluid in the Fund
	Raise the Funnel q allow the Fluid to run in, continue to Pour more Fluid into the Funnel, before the Funnel is empty.	expty, Pressing entry
	When 200 to 300 ml of fluid has gone in, pinch the tube	

	if the client develops any discomfort	will Relax the bowels as the Peristallic movement is passed off.
13.	Rectal tube by pulling	Rag Pieces removes the Faecos Evan
14.	the runny	of the articles q environment with 30iled articles.
Afternand and or in	care of the client  1. Tourn the  assist him to  bedran to drain  the Rectum.	the tollet, commode out any Fluid left
hi m	2. Bring the	toilet tray & assist

3. Put on the gavements, change the bed linen if heeded, straighten the sheet and adjust the Position of the comportable.

4. Take all anticles to the Utility
Room, disinfect the Fuhhel, tubing, Catheten and
bucket clean them, day them a Replace them
in to their Proper Places.

5. Tidy up the client's onit 6. wash hands.

7. Record the tupe of Procedure and the Result with date q time in the Nurse's Record.

8. Retwin to the bedside, Evaluate the client's condition a comfort.

Bibliography:

https://www.rch org.all https://www.conestar:com.