

responsibility for the child's care. Refer the family to community agencies that provide support and practical assistance. The Oley Foundation* is a nonprofit research and education organization that assists persons receiving enteral nutrition and home TPN.

Procedures Related to Elimination

Enema

The procedure for giving an enema to an infant or child does not differ essentially from that for an adult except for the type and amount of fluid administered and the distance for inserting the tube into the rectum (Table 20-9). Depending on the volume, use a syringe with rubber tubing, an enema bottle, or an enema bag.

TABLE 20-9
Administration of Enemas to Children

Age	Amount (ml)	Insertion Distance
Infant	120 to 240	2.5 cm (1 inch)
2 to 4 years old	240 to 360	5 cm (2 inches)
4 to 10 years old	360 to 480	7.5 cm (3 inches)
11 years old	480 to 720	10 cm (4 inches)

An isotonic solution is used in children. Plain water is not used because, being hypotonic, it can cause rapid fluid shift and fluid overload. The Fleet enema (pediatric or adult sized) is not advised for children because of the harsh action of its ingredients (sodium biphosphate and sodium phosphate). Commercial enemas can be dangerous to patients with megacolon and to dehydrated or azotemic children. The osmotic effect of the Fleet enema may produce diarrhea, which can lead to metabolic acidosis. Other potential complications are extreme hyperphosphatemia, hypernatremia, and hypocalcemia, which may lead to neuromuscular irritability and coma.

Nursing Tip

If prepared saline is not available, the nurse can make some by adding 1 tsp of table salt to 500 ml (1 pint) of tap water.