

Retention Enema Medication Administration

Site Applicability

PHC – MSJ and SPH Acute Care Units

Practice Level

RNs, RPNs

LPNs with additional education

Need to Know

1. If medication comes pre-packaged, read manufacturer's instruction for use as well as review the Parental Drug Therapy manual (PDTM) .
2. If medication needs to be prepared (reconstituted or diluted), follow the instructions in the PDTM prior to administration or follow the prescriber's order. Make sure prescriber specifies: Dose, volume and retention time.
3. Ensure patient has emptied their bladder prior to the enema to reduce discomfort.
4. Do not administer enemas right after meal consumption.
5. Potential contraindications for an enema:
 - Appendicitis
 - Abdominal pain
 - GI obstruction
 - Bowel Surgery, including ostomy
 - Rectal prolapse
 - Ulcerative colitis
 - Anorectal malformation
 - Rectal bleeding/fissures
 - Seizure risk
 - Myocardial infarction, arrhythmia

Equipment and Supplies

1. Cleansing Enema Set with pre-lubricated tip
2. Medication prepared as per PDTM, clinical pharmacist and/or prescriber order
3. Dri flow (blue) pad
4. Personal Protective Equipment (PPE): Gloves, gown, mask, goggles, face shield.
5. Extra lubricant
6. Plastic clamps and IV pole (optional)
7. Wash cloth, towels, skin care lotion

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

Procedure

Steps

1. Gather equipment
2. Explain procedure to the patient
3. Ask the patient to empty their bladder, if necessary, before the procedure
4. Assist the patient to the left lateral position (unless contraindicated), with the knees drawn up towards the chest, while lying flat if tolerated
5. Place the Dri flow pad under the patient.
6. Perform hand hygiene and don gloves and PPE
7. Gently part the buttocks and observe the perineal and perianal areas. Assess for any abnormalities e.g. hemorrhoids, skin breakdown
8. If requested by physician, perform rectal assessment by gently inserting a lubricated gloved finger into the rectum
9. Prime enema tube with ordered solution to avoid introducing air into colon and clamp it.
10. Gently introduce the lubricated end of the enema tube into the anus and into the rectum, about 5 to 10 cm. Make sure to inform the patient at all times about your actions
11. Elevate the container no more than 30 to 45 cm above the rectum. This will allow the solution to flow for up to 15 minutes depending on the volume. Hold tubing in place with one hand. May use IV pole if having difficulty holding bag with one hand. Lower the height of the container if the fluid leaks around the catheter.
12. Cover the patient and advise to retain contents while remaining lying down for prescribed amount of time.
13. Remove gloves, dispose of equipment appropriately, wash hands
14. Make sure patient is covered, call bell within reach to call for assistance.
15. After designated retention time, ask if patient they require assistance to the bathroom or bedside commode or if they prefer bedpan.
16. Document all care provided

Documentation

Document all assessments and interventions:

- On the 24 hour Patient Care Flow Sheet/Clinical Pathway Documentation
 - Last BM, Bowel sounds
- On the Interdisciplinary Progress Notes:
 - Assessment, reason why retention enema ordered, interventions and response to medication administration
 - Specific patient/family teaching provided

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

3. Medication administration record (MAR)
 - Record medication, dosage, route, time and initials
 - Record any changes to medication orders

Patient and Family Education

- Explanation of events leading to the decision to administer enema
- Explain the procedure of a retention enema to the patient and family
- Explain the importance of retaining the medication for the length of time prescribed.
- Explain to the patient that discomfort might occur and reassure that feeling of fullness/ urge to evacuate is to be expected.
- Explain that staying in required position should decrease these sensations and allow for quicker medication absorption.
- Instruct patient to call in they require assistance to the bathroom/commode or require a bedpan prior to the end of designated retention time.

Related Documents

1. [Elsevier Clinical Skills: Assessment Abdomen, Genitalia and Rectum](#)
2. [Elsevier Clinical Skills : Medication Administration \(Rectal\)](#)
3. [Elsevier Clinical Skills: Enemas](#)
4. CRNBC Web Module – [Medication Administration](#)
5. CRPNBC [Scope of Practice: Standards, Limits and Conditions](#)
6. LPNBC [Scope of practice: Standards, Limits, Conditions](#)

References

1. Peate, I. (2015). How to administer an enema. *Nursing Standard*,30(14), 34-36.
doi:10.7748/ns.30.14.34.s43
2. Perry, A.G.,& Potter, P.A. (2014) Clinical nursing skills and techniques (8th ed.) (pp. 852-856). St. Louis, MO: Mosby.
3. BC Children's Hospital Policy and Orders. Enema Administration. Retrieved from
<http://policyandorders.cw.bc.ca/resource-gallery/Documents/BC%20Children's%20Hospital/CC.12.35%20Enema%20Administration.pdf>
4. Sarasota Memorial Hospital Nursing Procedure. Enemas- Irrigating and Retention. Retrieved from
http://home.smh.com/sections/services-procedures/medlib/nursing/NursPandP/spe17_enemas_051917.pdf

Persons/Groups Consulted:

Nurse Educator, Medication Management and Safety, PHC
Practice Consultants, PHC
Nurse Educator, ICU, PHC
Clinical Resource Nurses, PHC

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

Developed By:

Lyubov Veverytza, Nurse Educator, Professional Practice, PHC

Approved By: Professional Practice Standards Committee**Date of Creation/Review/Revision:**

June 2018