



Acacium Group Community

Administering Enemas (Adults & Children)

Procedure Reference | SOP BOWEL 02

Version | V4.0

Procedure Name	Administering Enemas (Adults & Children)
Purpose of Document	To ensure that the correct preparation, procedure & outcome are achieved by implementing a consistent and systematic approach to administering enemas.
Target Audience	All Nurses & appropriately trained carers
Version	V4.0
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Equality Impact Assessment (EIA) Form	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

Document History			
Version	Date	Changes made/comments	By whom
V1	Dec 2016	Implementation of document history page	KNF/VM
V1	Mar 2017	Review of document	KNF/SJ
V1.1	Feb 2020	Updated to new Community Template	CCR
V2	Mar 2020	3 Yearly Review	Clinical Advisory Group
V2.1	Oct 2020	Update re Rebrand	CC
V3.0	Feb 2023	Review and updated	Clinical Advisory Group
V4.0	Jan 2024	Rebranded	Clinical Advisory Group

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1. Introduction

- 1.1 An enema is the procedure of introducing liquids into the rectum and colon via the anus, to clear the bowel of faecal matter. This should only be performed when necessary.
- 1.2 In certain groups of clients such as spinal injury, spina bifida or multiple sclerosis the need for enema's to be performed may be increased and an integral part of their bowel care regime.
- 1.3 Indications for enema's to be administered include:
- Faecal impaction/loading
 - Incomplete defecation
 - Inability to defecate
 - Neurogenic bowel dysfunction
 - Clients with spinal injury.
- 1.4 Clients are at risk of rectal trauma if these procedures are not performed with care and knowledge. The carer must be aware of any conditions that may contraindicate performance of the enema. Special care should be taken in clients with the following conditions:
- Active inflammation of the bowel e.g. Ulcerative colitis
 - Recent radiotherapy to the pelvic area
 - Tissue fragility due to age/radiation, loss of muscle tone in neurological disease or malnourishment
 - Rectal/anal pain
 - Rectal surgery or trauma
 - Obvious rectal bleeding
 - Spinal injury clients
 - Clients with known allergies e.g. Latex
 - Clients with a history of abuse
- 1.5 Carers should fully document the clinical rationale for undertaking this procedure in the care plan.

2. General

- 2.1 Do not continue with the procedure if the client is unable to tolerate the procedure or asks you to stop.
- 2.2 It is vital to check for allergies, including allergy to latex, soap (lanolin).
- 2.3 Cultural and religious beliefs should be considered prior to performing this procedure.
- 2.4 During the procedure the carer should observe the client for signs of:
- Distress, pain or discomfort
 - Bleeding
 - Autonomic dysreflexia: hypertension, bradycardia, headache, flushing over the spinal injury, sweating, pallor below the level of the spinal injury, nasal Congestion Collapse (RCN 2019)

3. Exclusions and contra-indications

- 3.1 Where there is a lack of valid consent from a client with capacity.

- 3.2 The procedure is not commissioned or the client's doctor has not given specific instructions that this procedure is to take place. All enemas should be prescribed and recorded on the MAR chart. A care plan should be in place if the procedure is required.
- 3.3 The client has recently undergone rectal/anal surgery or trauma Malignancy (or other pathology).
- 3.4 Recent colorectal surgery.
- 3.5 The client gains sexual satisfaction from this procedure. In these circumstances' consultation with Acacium Group is advised, involving the client in that consultation.

4. Aim

- 4.1 Acacium Group is committed to providing high quality nursing services to all clients. This procedure aims to ensure client's in the community setting who require the administration of enemas, do so in a safe and timely manner.

5. Equipment

- Enema
- Incontinence pad
- Appropriate PPE
- Lubricating Gel
- Tissues/ wipes
- Bed protection
- Receiver or yellow bag/waste receptacle
- Bedpan or commode if app
- Hand washing facilities (Alcohol based hand rub or gel does not kill Clostridium Difficile spores)

6. Procedure

6.1 Administering Enema to an Adult Client

	Action	Rationale
1	Check prescription and MAR chart, expiry date of enema and that enema is sealed. See also medication policy. Allow the enema to warm to room temperature	Ensure medication is in date and it has been prescribed correctly
2	Confirm whether there is a need for a chaperone	Client choice and may offer an element of safety for the client and nurse
3	Explain and discuss with client, including risks and benefits and gain consent	Ensure understanding and give consent
4	Ensure privacy	Avoid embarrassment

5	Observe clients demeanour, this may include, but is not limited to pulse rate	Provides baseline measurement. Stimulation of the vagus nerve can result in fainting
6	Where possible, position the client in left lateral position with knees flexed, the upper knee lower than the lower knee. Buttocks towards the edge of the bed	Allows ease of insertion into the rectum, by following the natural anatomy of the colon. This eases the passage and flow of fluid into the rectum.
7	Place incontinence pad beneath the hips and buttocks	Reduce potential infection from soiled linen and to avoid embarrassment for the client if soiling occurred during or following the procedure
8	Wash hands with bactericidal soap and water, dry hands thoroughly and put on PPE	Minimise risk of infection
9	Inform the client you are about to proceed	Assists with client co-operation
10	Observe anal area prior to the insertion for evidence of skin soreness, excoriation, swelling, haemorrhoids or rectal prolapse	Swelling may indicate possible mass or abscess. Bleeding, discharge or prolapse must be reported to the GP before the procedure is undertaken
11	Break the seal on the enema, ensure all air is expelled and lubricate the nozzle	Ensure the client is aware and have gained consent. The majority of spinal injury clients will not experience pain but may be uncomfortable.
12	Gently separate the buttocks. Insert the lubricated nozzle via the anus into the rectum slowly	Doing this slowly ensures that if the client has discomfort this is minimised.
13	Gently expel the contents into the rectum. Roll the container from the bottom of the enema towards the nozzle	This reduces backflow and ensures the client gets the full enema
14	Keeping the enema rolled remove the nozzle	This prevents enema solution escaping
15	Observe the client throughout the procedure. STOP if: Anal bleeding occurs client asks you to stop There are any signs of Autonomic Dysreflexia(AD)	To notes signs of complications and prevent further deterioration.
16	When procedure is complete wipe residual from the anal area	Will make the client more comfortable and prevent skin excoriation
17	Make the client comfortable and ask them where possible to retain the Enema for as long as they can manage, at least 15-20 minutes or as per manufacturers advice	To maintain dignity and comfort and to ensure maximum effectiveness
18	Where applicable. ensure the client has access to toilet, commode or bedpan	In case of rapid bowel movement/evacuation following enema

19	Wait with client to monitor the effects of treatment administered, using the Bristol stool chart Appendix B	To monitor the clients bowel function.
20	Document procedure and findings in clients daily records.	To ensure continuity of care

6.2 Administering an enema to a Child Client

Action		Rationale
1	Check prescription, expiry date of enema and that enema is sealed. Check the child's care plan to ascertain the temperature of the enema (room temperature or warmed)	Ensure medication is in date and it has been prescribed correctly
2	A child may require their parents to be present or a chaperone if required.	Clients choice and may offer an element of safety for the client and nurse
3	Explain and discuss with the child if appropriate, or parents/carers if required. Explain in appropriate age language for the child and gain consent.	Ensure understanding and give consent
4	Ensure privacy	Avoid embarrassment
5	Observe clients demeanour, this may include, but is not limited to pulse rate	Provides baseline measurement. Stimulation of the vagus nerve can result in fainting
6	Position the child in left lateral position with knees flexed, the upper knee lower than the lower knee. Buttocks towards the edge of the bed. This may not be possible as the child may not cooperate, allow the child to lie in a position that is comfortable for them, ask parents / carers to assist you in positioning and holding the child	Allows ease of insertion into the rectum, by following the natural anatomy of the colon. This eases the passage and flow of fluid into the rectum
7	Place incontinence pad or nappy beneath the hips and buttocks	Reduce potential infection from soiled linen and to avoid embarrassment for the client if soiling occurred during or following the procedure
8	Wash hands with bactericidal soap and water, dry hands thoroughly and put on PPE	Minimise risk of infection
9	Inform the child and parent you are about to proceed whilst using distraction techniques for the child	Assists with client co-operation

10	Observe anal area prior to the insertion for evidence of skin soreness, excoriation, swelling, haemorrhoids or rectal prolapse	Swelling may indicate possible mass or abscess. Bleeding, discharge or prolapse must be reported to the GP before the procedure is undertaken
11	Break the seal on the enema, ensure all air is expelled and lubricate the nozzle	Ensure the client is aware and have gained consent. The majority of spinal injury Clients will not experience pain but may be uncomfortable
12	Gently separate the buttocks. Insert the lubricated nozzle via the anus into the rectum slowly. Ensuring that you do not go past 2cm	Doing this slowly ensures that if the client has discomfort this is minimised. Minimise the risk of trauma
13	Gently expel the contents into the rectum. Roll the container from the bottom of the enema towards the nozzle	This reduces backflow and ensures the child gets the full enema
14	Keeping the enema rolled remove the nozzle	This prevents enema solution escaping.
15	Observe the child throughout the procedure. STOP if: Anal bleeding occurs Client asks you to stop Any signs of AD	To notes signs of complications and prevent further deterioration.
16	When procedure is complete wipe residual from the anal area	Will make the child more comfortable and prevent skin excoriation.
17	Make the child comfortable and ask them to retain the enema for as long as they can manage, at least 15-20 minutes or as per manufacturer's advice. This may not always be possible in younger children	To maintain dignity and comfort and to ensure maximum effectiveness
18	Ensure the child has access to toilet, commode or nappy where applicable	In case of rapid bowel movement/evacuation following enema
19	Wait with child to monitor the effects of treatment administered, using the Bristol stool chart . See Appendix B	To monitor the clients bowel function
20	Document procedure and findings in clients notes/care records	To ensure continuity of care

7. Associated Policies / SOPs

Policies

CLIN 06 Consent

CLIN 03 Medication Management

SOPs

SOP BOWEL 01 Manual Evacuation

SOP BOWEL 03 Administration of suppositories

SOP BOWEL 04 ACE – Antegrade Continence Enema

8. References

- NICE (National Institute for Clinical Effectiveness) 2007: Faecal incontinence: The management of faecal incontinence in adults, Clinical Guideline CG49
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- Spinal Injuries Association (SIA) 2009, Bowel Management factsheet
- <https://www.gosh.nhs.uk/teenagers/your-condition/tests-and-treatments/enema>
- Nice Constipation in children and young people: diagnosis and management Updated July 2017
- Guidance for Using and Enema. Kings College University Hospital Aug 2019
<https://www.kch.nhs.uk/Doc/pl%20-%20579.3%20-%20guidance%20for%20using%20an%20enema.pdf>








Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group

Appendix B: Bristol Stool Chart

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid