



Acacium Group Community

Administering Suppositories

(Adult and Children)

Procedure Reference | SOP Bowel 03

Version | V3.0

Procedure Name	Administering Suppositories (Adult and Children)
Purpose of Document	To ensure that the correct preparation, procedure and outcome are achieved by implementing a consistent, and systematic, approach to administering suppositories
Target Audience	All nurses and appropriately trained carers.
Version	V3.0
Author	Karen Matthews-Shard
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Review Frequency	3 yearly, or when clinical or operation guidelines change
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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

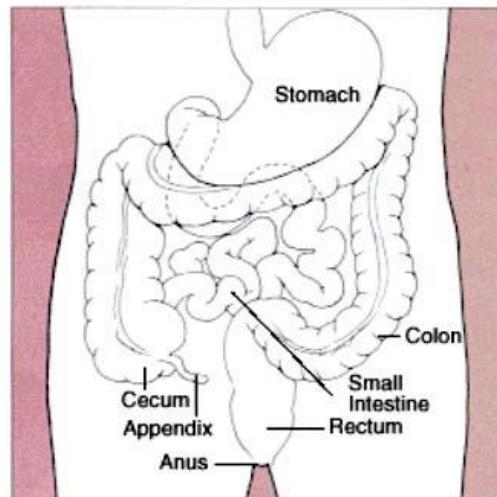
Document History			
Version	Date	Changes made/comments	By whom
V1	May 2017	New SOP	KNF/VM
V1	March 2018	Updated front sheet to include new review frequency date.	KMS/MS
V1.1	Jan 2020	Updated to new comm policy	CCR
V1.2	Mar 2020	Review date realigned with the other BOWEL SOPs	CC
V1.3	Oct 2020	Update re Rebrand	CC
V2.0	Feb 2023	Updated and reviewed	Clinical Advisory Group
V3.0	Jan 2024	Rebranded	Clinical Advisory Group

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1. Introduction

1.1 A suppository is a solid, conical mass of medicinal substance that melts upon insertion into the rectum. Once inserted the temperature of the body will dissolve the suppository from its solid form to a liquid (Higgins D 2007).



1.2 They can be used as an administration route for medication, or as a route to administer a laxative to evacuate the rectum.

1.3 Indications for insertion of suppositories include:

- Administration route for medication
- Treatment of inflammatory bowel conditions
- Evacuation of faecal matter from the bowel
- 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 administering suppositories. Special care should be taken in clients with the following conditions:

- Active inflammation of the bowel e.g. Ulcerative colitis/Crohn's disease/diverticulitis
- 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 follow the client's care plan when completing this procedure.

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 Do not insert a suppository into a faecal mass.
- 2.3 It is vital to check for allergies, including allergy to latex, soap (lanolin).
- 2.4 Cultural and religious beliefs should be considered prior to performing this procedure.
- 2.5 During the procedure the carer should observe the client for signs of:
 - Distress, pain or discomfort
 - Bleeding
 - Trauma
 - Autonomic Dysreflexia (AD)

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, there is no care plan, client's doctor has given specific instructions that this procedure is not to take place.
- 3.3 The MAR chart does not detail the prescribed medication.
- 3.4 The client has recently undergone rectal/anal surgery or trauma Malignancy (or other pathology).
- 3.5 Recent colorectal surgery.

4. Aim

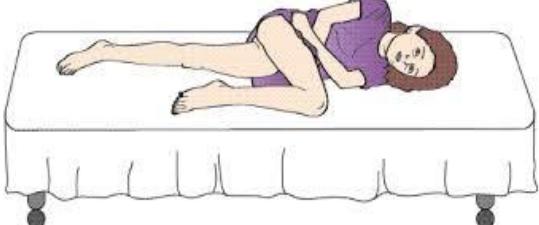
- 4.1 Acacium Group is committed to providing high quality care to all clients. This procedure aims to ensure clients in the community setting who require suppositories, do so in a safe and timely manner.

5. Equipment

- Prescribed suppository
- Incontinence pad
- Appropriate PPE
- Single use disposable apron
- Lubricating Gel
- Tissues/ wipes
- Waste bag
- Access to toilet, bedpan or commode
- Hand washing facilities (Alcohol based hand rub or gel does not kill Clostridium Difficile spores)

6. Procedure

6.1 Procedure for administration in adults

Action		Rationale
1	Confirm whether there is a need for a chaperone.	Client choice where possible and may offer an element of safety for the client and carer.
2	Explain and discuss with client, including risks and benefits and gain consent.	Ensure understanding and give consent.
3	Ensure privacy and prepare a clean and safe environment.	Avoid embarrassment.
4	Remove underwear/ bottom half of clothes but keep client covered until administering suppositories.	To maintain dignity.
5	Where possible and unless stated differently within the clients care plan position the client in left lateral position, with the lower leg straight and with the upper leg flexed towards the waist. Buttocks towards the edge of the bed if possible. 	Allows ease of suppository insertion into the rectum, by following the natural anatomy of the colon. Flexing the knees reduces the discomfort as the finger passes into the anal sphincter.
6	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.
7	Wash hands with bactericidal soap and water, dry hands thoroughly and put on gloves and apron.	Minimise risk of infection.
8	Inform the client you are about to proceed and regain consent.	Assists with client co-operation.
9	Observe anal area prior to the insertion of the finger into the anus 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.

10	Lubricate the end of the suppository with lubricating gel. Holding the suppository between index finger and thumb, locate the anus and gently insert suppository into the rectum with your index finger, advancing it 2 - 4cm.	Lubrication reduces surface friction and aids insertion.
11	Observe the client throughout the procedure. STOP if: Anal bleeding occurs Client asks you to stop Any signs of AD	To note signs of complications and prevent further deterioration.
12	When procedure is complete wipe residual lubricating gel from the anal area.	Will make the client more comfortable and prevent skin excoriation.
13	Make the client comfortable and where possible, ask them to retain the suppository for 20 minutes or as per manufacturers advice.	To maintain dignity and comfort and to ensure maximum effectiveness.
14	If the suppository is used to evacuate the rectum, ensure the client has access to the toilet, commode or bedpan as applicable to empty the bowel. If the client is unable to sit on the toilet/bedpan an incontinence sheet can be placed under them. If given for medication purposes – wipe off excess lubricating jelly and replace the clients underwear or clothes.	In case of rapid bowel movement/ evacuation following suppositories. Ensure dignity is maintained
15	On completion of procedure remove and dispose of PPE. Wash hands with bactericidal soap and water, dry hands thoroughly.	To prevent cross infection and environmental contamination. Minimise risk of infection.
16	If suppository was given for evacuation of bowels, wait with client to monitor the outcome of treatment administered. If suppository was given as a medicine monitor client for effectiveness of medication given.	To monitor effectiveness of the suppository.
17	Document procedure and findings in daily records, bowel charts, using the Bristol stool chart (Appendix B) and sign MAR chart.	To ensure continuity of care.

6.2 Procedure for administration in children

Action		Rationale
1	Confirm if a chaperone is needed.	Client choice and may offer an element of safety for the client and nurse.
2	Give full explanation of the procedure to the client and parent/carer(s), including risks and benefits and gain consent.	To ensure understanding and gain consent.
3	Ensure privacy and prepare a clean and safe environment.	Ensure dignity is always maintained.
4	Remove the clients nappy or underwear or ask the to do this themselves if possible.	
5	Ask client to lie on their left-hand side with knees bent up to their abdomen unless stated differently in the care plan. Infants can lie on their back with feet and legs held up.	Allows ease of suppository insertion into the rectum, by following the natural anatomy of the colon. Flexing the knees reduces the discomfort as the finger passes into the anal sphincter.
6	Wash hands with bactericidal soap and water, dry hands thoroughly and put on gloves and apron.	Minimise risk of infection.
7	Inform the client you are about to proceed.	Assists with client co-operation.
8	Observe anal area prior to the insertion of the finger into the anus for evidence of skin soreness.	
9	Lubricate the end of the suppository with lubricating gel. Holding the suppository between index finger and thumb, locate the anus and gently insert suppository into the rectum with your index finger. The suppository should be fully inserted into the rectum.	Lubrication reduces surface friction and aids insertion.
10	Observe the client throughout the procedure. STOP if: Anal bleeding occurs Client asks you to stop Any signs of AD	To note signs of complications and prevent further deterioration.
11	When procedure is complete wipe residual lubricating gel from the anal area.	Will make the client more comfortable and prevent skin excoriation.

12	Make the client comfortable and ask them to retain the suppository for as long as possible.	To maintain dignity and comfort and to ensure maximum effectiveness.
13	If the suppository is used to evacuate the rectum, ensure the client sits on the toilet, commode or bedpan to empty the bowel. If the client is unable to sit on the toilet/bedpan either a nappy can be put on or an incontinence sheet placed under them. If given for medication purposes – wipe off excess lubricating jelly and replace the clients nappy or underwear.	
14	On completion of procedure remove and dispose of gloves and apron. Wash hands with bactericidal soap and water, dry hands thoroughly.	To prevent cross infection and environmental contamination. Minimise risk of infection.
15	If suppository was given for evacuation of bowels, wait with client to monitor the outcome of treatment administered. If suppository was given as a medicine monitor client for effectiveness of medication given.	To monitor effectiveness of suppository.
16	Document procedure and findings in daily records, bowel charts, using the Bristol stool chart (Appendix B) and sign MAR chart.	To ensure continuity of care.

7. Associated Policies / SOPs

Policies

CLIN 06 Consent

CLIN 14 Health Records Management

CLIN 03 Medication management

SOPs

SOP Bowel 01 Manual Evacuation of Faeces

SOP Bowel 02 Administration of Enemas

SOP Bowel 04 ACE

SOP Bowel 05 Digital Rectal Stimulation

8. References

- GOSH clinical guidelines <http://www.gosh.nhs.uk/>
- Higgins, D. (2007) Bowel care Part 6 – Administration of a suppository. Nursing Times; 103: 47: 26-27

- <http://www.mhra.gov.uk/home/groups/par/documents/websiteresources/con051947.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