Children's Health Ireland

Crumlin | Temple Street | Tallaght | Connolly

Children's Health Ireland Nursing Practice Guideline:

Administering Rectal Medications

Area of use:	All of organisation ☒	CHI at Connolly ☐	CHI at Crumlin ☐
		CHI at Tallaght ☐	CHI at Temple Street ☐
Lead author & title:	Naomi Bartley, Registered Nurse Tutor, Centre of Children's Nurse Education, CHI		
Approved by & title:	Nursing Documentation Approval Committee		
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Contents

1.0 Guideline statement 3
2.0 Scope 3
3.0 Procedures 3
4.0 Guidelines 4
5.0 Glossary of acronyms, terms and definitons 7
6.0 Monitoring, Audit and Evaluation 7
7.0 Key Stakeholders 7
8.0 Communication and Training 8
9.0 References 8

1.0 Guideline statement

Medications may be administered via the rectal route and such medications are usually in the form of suppositories and enemas. Common medications administered via this route include analgesics, anti-pyretics, sedatives and anti-emetics (Brown 2017). While administering rectal medication may be a common nursing procedure, there are potential risks and contraindications and this procedure may be embarrassing or distressing for a child. This guideline aims to support the safe administration of rectal medications in accordance with evidence-based practice and minimise distress and discomfort for the child, protecting dignity at all times. This guideline should be used in conjunction with the local medication policy.

2.0 Scope

2.1 All full-time, part-time and fixed term registered nurses employed by Children's Health Ireland are covered by this guideline.

2.2 Nursing students on placement are covered by this guideline.

3.0 Procedures

3.1 Indications for Use of Rectal Route

- When the oral route is contra-indicated or unsuitable, such as a child who is vomiting or unconscious (Anderson and Herring 2019, Hua 2019)
- When swallowing difficulties exist (Barrott *et al.* 2020)
- To empty the bowel prior to surgery/diagnostic procedures (Hua 2019)
- For a child with altered neurological status or no venous access (Anderson and Herring 2019)
- Local treatment of constipation (Bartley 2012)
- When oral medication is unpalatable or unstable if administered orally (Barrott *et al.* 2020)

3.2 Potential Complications Associated with Rectal Medications

- Absorption of medication may be irregular, delayed reduced or impeded if faeces are present in the rectum (Anderson and Herring 2019)
- Medication may be expelled prior to its absorption (Anderson and Herring 2019)
- Anxiety, embarrassment
- Discomfort (Hua 2019)
- Risk of bleeding (in children with bleeding disorders)
- Enemas: discomfort/abdominal cramps/loose stools/electrolyte imbalance

3.3 Contra-indications to Administering Rectal Medications

- Imperforate Anus
- Paralytic Ileus, Colonic Obstruction
- Low platelet count, post gastrointestinal/gynaecological surgery (Martin *et al.* 2020)
- Children with neutropenia, thrombocytopenia, immunosuppression (due to higher potential for infection) (Anderson and Herring 2019)

3.4 Contra-Indications Specific to Enemas

- Imperforate Anus (Martin *et al.* 2020)
- Paralytic Ileus, Colonic Obstruction (Martin *et al.* 2020)
- Inflammatory/ulcerative conditions of the large colon (Martin *et al.* 2020)
- Post gastrointestinal/gynaecological surgery (Martin *et al.* 2020)
- Dehydration (Anderson and Herring 2019)
- Avoid if perforation/haemorrhage is a risk
- Avoid phosphate enemas as they may cause diarrhoea, metabolic acidosis and electrolyte imbalance (Brown 2017)
- Only isotonic solutions should be administered to children as hypotonic solutions may cause fluid overload (Anderson and Herring 2019)

Note: Enemas should be administered by nurses who have the relevant skills and knowledge (Martin *et al.* 2020)

4.0 Guidelines

4.1 Equipment

- Rectal Medication
- Child's chart, prescription sheet
- Non sterile gloves and apron
- Bedpan, toilet or commode (if appropriate)
- Clean Tray
- Disposable incontinence sheet, Tissues/Wipes
- Water-based lubrication gel
- Bravery certificates/stickers for children, if available

ACTION	RATIONALE & REFERENCE
Prior to Procedure	
Assess the child's need for rectal medication to be given, (see contra-indications above)	To ensure individualised care (Bartley 2012)
Explain the procedure to the child/family, giving the rationale for why rectal medication is required. Allow time for questions. Consider/discuss child/parental preferences.	To improve cooperation and trust (Bartley 2012).
Ensure informed consent is obtained	Consent is required prior to any invasive procedure (Anderson and Herring 2019)
Gather equipment required for the procedure	To be adequately prepared
Ensure privacy for the child	To maintain dignity
Encourage child to empty their bowels prior to administration of rectal medication	The absorption of medication may be delayed or diminished by the presence of faeces (Brown 2017).
Ensure a bedpan, toilet/commode, nurse call bell is easily accessible during and after the procedure	Administration of rectal medication may stimulate the need for the child to defaecate.
Decontaminate hands and apply gloves/apron directly before procedure.	To prevent transmission of healthcare-associated infections (HIQA 2017)
Administering suppositories:	To ensure comfort (Anderson and Herring 2019)
Lie the child on their side, with upper leg flexed, or lie prone	To facilitate easy delivery of fluid into the rectum, to ensure less discomfort for the child (Martin *et al.* 2020)

Administering an enema: Lie the child on their left side, buttocks near the side of the bed, knees flexed, upper knee bent and drawn up towards the abdomen.	
Place an incontinence sheet underneath the child's buttocks	To prevent soiling of the bed linen and embarrassment (Martin *et al.* 2020)
Assess anal area for any abnormalities. Seek advice prior to administering medication if abnormalities are detected	To reduce harm
Administering Rectal Suppositories	
Remove any wrapping, ensure the medication is intact Avoid cutting suppositories. Use medication strength closest to the prescribed dose and ensure it is prescribed. Do not cut suppositories.	To ensure patient safety To ensure accurate dosage (Anderson and Herring 2019)
Lubricate the apex of the suppository with warm water 	To ensure comfort for the child (Medicines for Children 2021) Warm water is recommended for lubrication as gels may affect medication absorption (Anderson and Herring 2019).
Encourage the parent/carer to stay close to the child's face and give reassurance. Explain to the child what you are doing and encourage the child to take slow deep breaths	To relax the anal sphincter
Separate the buttocks and insert the suppository into the child's rectum, just past the rectal sphincters (approx. 2 cms)	To ensure the medication is in the correct position (Anderson and Herring 2019, Medicines for Children 2021)
Insert the pointed end/apex first (check manufacturer's instructions)	Ensure suppository is inserted as per manufacturer's instructions. To relieve pressure on the sphincter, avoiding the impulse to expel the suppository (Anderson and Herring 2019).
Hold the buttocks together firmly (but not with too much force) to prevent the suppository from passing out of the rectum for five - 10 minutes, if possible. After the procedure, encourage the child to hold the suppository for 15-60 minutes.	To ensure the medication is retained long enough to be absorbed (Medicines for Children 2021)

ACTION	RATIONALE & REFERENCE
Administering a Rectal Enema	
Prior to procedure (as above) Check the manufacturer's instructions for the product and prepare as indicated	To prevent harm and ensure patient safety
Warm enema fluid to room temperature by immersing into a jug of warm water	To prevent mucosal damage (Martin *et al.* 2020)
Test the temperature of the enema fluid on the forearm prior to administration	To ensure patient safety
Lubricate the nozzle of the enema/tube with lubrication gel	To prevent mucosal trauma (Martin *et al.* 2020)
Squeeze the enema to prime the nozzle/tube and expel excessive air.	Introducing air causes distension/discomfort (Martin *et al.* 2020)
Encourage the parent/carer to stay close to the childs face and give reassurance to the child. Explain to the child what you are doing.	Parents and carers can minimise the stress/discomfort experienced. Deep breathing helps to relax the anal sphincter.
Separate the buttocks and slowly insert the nozzle / tube into the anal canal	The enema needs to pass the anal canal and enter the rectum.
If you continue to feel resistance, stop and **contact the medical team for advice**	Individual patient assessment is vital
Retention Enema: Allow fluid to enter slowly, maintain bedrest with foot of bed elevated by 45 degrees for the length of time prescribed	To reduce peristalsis, assist in retaining the enema (Martin *et al.* 2020)
Evacuant Enema: Allow fluid to enter slowly by rolling the enema pack from the bottom of the pack to the top, until the pack is empty.	To prevent backflow (Martin *et al.* 2020)
Withdraw the nozzle or tubing slowly.	To avoid introducing air (Martin *et al.* 2020)
After the procedure, encourage the child to hold the enema for 10-15 minutes, lying on the bed.	To allow the medication to take effect (Anderson and Herring 2019, Martin *et al.* 2020, Medicines for Children 2021).
If the child passes faeces within 15 minutes of administration, you may need to administer another Seek medical advice.	To ensure the medication is administered (Medicines for Children 2021)
ACTION	**RATIONALE & REFERENCE**
After The Procedure	
Clean away any lubricating jelly from the peri-anal region	Prevents irritation, ensures comfort (Martin *et al.* 2020).
Remove gloves/apron and decontaminate hands. Dispose of equipment appropriately.	Prevention of cross infection ensuring safety of children and staff

Ensure the child is reassured and comfortable after the procedure. Praise the child after the procedure. Record the administration of medication as per hospital policy. Observe the child after the procedure for the effectiveness of the medication and any adverse effects. If the medication is expelled immediately post administration or the child passes a bowel motion, report to medical staff and document in nursing notes.	To ensure positive feelings following this procedure. To reduce the risk of medication errors and support professional practice (NMBI 2015, NMBI 2020) To evaluate the effects of the medication/ procedure

5.0 Glossary of acronyms, terms and definitions

Suppository: A solid preparation containing medication. Types of suppositories include:

- Retention: delivers medication (analgesia, antibiotic)
- Lubricant: stimulates bowel activity, softens stool (Glycerin)

Enema: solution of medication within water or oil. Types of enemas include:

- Evacuant: intended to be expelled within minutes, along with faecal matter (phosphate enema) (Martin *et al.* 2020)
- Retention: intended to be retained for a certain length of time (Prednisilone, arachis oil) (Martin *et al.* 2020)
- Others: Specific diagnostic/treatment enemas, barium enema, Gastrograffin enema

6.0 Monitoring, Audit and Evaluation

This PPPG will be reviewed and updated at least every three years by the document author/owner, or earlier if required due to updated guidance, evidence or legislation. Compliance with key principles or procedures described within this PPPG should be audited on an annual basis.

7.0 Key stakeholders

The following key stakeholders were involved in developing and/or reviewing this document:

Name	Title	Department
Naomi Bartley	Nurse Tutor	Centre of Children's Nurse Education
Caroline O Connor	NPDC	CHI Temple Street
Fionnuala O' Neill	NPDC	CHI Crumlin
Warren O Brien	NPDC	CHI Crumlin
Jennifer Phelan	CPC	University Hospital Waterford
June circulated widely to CNEFs across CHI, approved in March by NPC, reapprove at CHI NPC July 23		

8.0 Communication and Training

All approved PPPGs will be available on the Qpulse system and CHI website. Heads of Department and Line Managers must ensure that their staff are aware of all PPGs relevant to their role and have access to same. Where required, training should be provided on the contents of this PPPG.

9.0 References

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