

## Lesson 63: Instilling a Commercially Prepared Disposable Enema

### I. Introduction

An enema is the introduction of a solution into the rectum and sigmoid colon. The enema serves to remove feces and/or flatus.

### II. Common Purposes Include

- A. To remove feces in episodes of constipation and/or impaction.
- B. To remove feces and cleanse the rectum and colon in preparation for an examination.
- C. To remove feces prior to a surgical procedure.

### III. Types of Enemas

- A. There are various types of enemas with some requiring the instillation of 1000 to 1500 ml of fluid. However, the QMA may only instill a commercially prepared enema which contains approximately 120 ml (4 oz.) of fluid. The action of the commercially prepared disposable enema is to increase water absorption in the small intestine by osmotic action; a laxative effect that occurs due to increased peristalsis and water retention.
  - i. Sodium biphosphate (Fleet's Enema) is a saline laxative commonly ordered to be administered.

### IV. Procedure

- A. The QMA should always refer to the instructions accompanying the commercially prepared enema, however, the general procedure is as follows:
  1. Review the physician's order to verify the prescribed solution to be administered.
  2. Perform INITIAL STEPS.
  3. Assist the resident to put on a facility gown to minimize the effects of soiling personal clothing if necessary.
  4. Properly position the resident and provide for the resident's privacy during the procedure.
  5. Ask the resident if he/she has had problems retaining an enema in the past.
  6. Put on gloves.
  7. Place linen saver pads under the resident's buttocks.
  8. Have the bedpan or commode nearby.
  9. Remove the cap from the commercially prepared enema, insert the pre-lubricated tip of the enema into the resident's rectum pointed toward the navel and squeeze the bottle to instill the solution at a slow steady rate until all is instilled.
  10. Instruct the resident to hold the solution for as long as possible for the best results.
  11. Remove the enema tip; replace the used enema unit in its original container and discard.
  12. Warn the resident about potential adverse reaction of abdominal cramping.
  13. Instruct resident to notify QMA when he/she must defecate to allow the QMA to assess the results.
  14. Perform FINAL STEPS.
  15. If the resident has not had any effect from the enema within an hour, the QMA must notify the nurse.
  16. When documenting the administration of the enema and effect of the procedure in the resident's clinical record, include color, consistency and amount of results.

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| <b>NOTES:</b> |
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