Enema Administration

An enema is the administration of a solution into the rectum. The solution is collected in the rectum and sigmoid colon and is primarily used to lubricate the colon and promote defecation by promoting peristalsis. In other cases, administration of medication can be done, such as, Lactulose, Kayexalate, or antibiotics. This is primarily done when the patient is unable to take it orally.

PLAY PICMONIC

Types

Tap Water/Soapsuds

Tap Water and Soapsuds

Tap water is a hypotonic solution and should not be repeated due to the possible development of water toxicity or circulatory overload. Tap water can be used to stimulate defecation. Soapsuds (castile soap) can be added to tap water to stimulate peristalsis.

Normal Saline

Normal Saline-sail

Normal saline is one of the safest solutions that can be used to stimulate defecation. There is no risk of water toxicity because it has the same osmotic pressure as the intestinal fluid.

Hypertonic Solution

Hiker-tonic

Also known as a “Fleet Enema.” The hypertonic solution draws water into the intestines, which promotes defecation. However, this should not be given to patients that are dehydrated, due to the intestines pulling water out of the system.

Medication

Medication-bottle

Kayexalate enemas can be given to treat dangerously high potassium levels, while Lactulose can be given for hyperammonemia. Vancomycin can be given for severe infections of C. Diff, and neomycin to sterilize the bowel before surgery.

Oil Retention

Oil-derrick

This enema helps lubricate the rectum and colon. The feces also absorb the oil, making it softer and easier to pass.

Administration

Procedure Education

Procedure Educator

It is important to educate the patient on the need for the enema, and to voice if there is any discomfort during the administration. Inform the patient that the enema is most effective when the solution dwells in the colon for as long as possible (greater than 15 mins), and the feeling of distension is normal.

Wear PPE

Wearing PPE

PPE will vary with each patient. Standard precautions should always be used. If there is an infection process or any chance of spray, additional PPE should be used.

Put Patient in Sims Position

Playing The Sims in Sim's Position

Place the patient in a left side-lying Sims’ position. This gives the enema a downward flow into the sigmoid colon, improving retention. If the patient has poor sphincter tone, place the bedpan under the patient.

Insert Tip

Inserting Head-of-tube

The length of insertion will depend on the patient, typically between 2-4 inches. To prevent trauma to the rectum, insert the tip slowly, and do not advance if the patient complains of pain.

Start Flow Slowly

Holding low for Slow Flow

A rapid infusion will result in the rectum to contract and push out the infusing enema, and can cause pain to the patient. Raise the height of the enema bag slowly (12-18 inches above the patient) to allow for a continuous flow. Do not raise the bag above 18 inches as the enema may flow too quickly causing the patient discomfort.

Stop With Discomfort

Stop-sign with Discomfort

Some discomfort from colon distention is normal. However, if the patient’s discomfort increases, stop the enema immediately by lowering the enema bag (or clamp the line). Allow the patient to relax, and resume the flow slowly only when the patient permits. Some orders may involve directions, such as "Continue enema until no fecal matter present, stool is clear, etc." It is important to note that patients may only receive up to 3 consecutive enemas before danger of fluid and electrolyte imbalance.

Potential for Vagus Response

Vegas-sign bearing down

It is important to remember that stimulation of the vagal nerve can occur with enemas. Vagus stimulation results in a drop in heart rate. In a severe response, the patient can become dizzy or faint.