




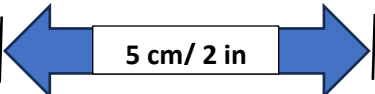





CHECKLIST: MEDICATION ADMINISTERED RECTALLY

Safety considerations:

- Perform hand hygiene.
- Check room for additional precautions.
- Introduce yourself to resident.
- Confirm resident ID using two patient identifiers (e.g., name, date of birth, picture in PCC, recognition).
- Explain to resident what you are there for.
- Plan medication administration to avoid disruption.

STEPS	ADDITIONAL INFORMATION
1. Follow the MSJ Bowel Care Protocol, if 72 hours without bowel movement (BM), suppository to be given, 4 days without BM, Fleet enema to be given.	Micro enema is no longer available.
2. Ensure that you have water-soluble lubricant available for medication administration.	Lubricant reduces friction as suppository enters rectal canal.
3. Explain the procedure to the resident.	Wait for consent if resident able to give same.
4. Raise bed to working height. <ul style="list-style-type: none"> • Position resident on left side with upper leg flexed over lower leg toward the waist (Sims position). • Provide privacy and drape the patient with only the buttocks and anal area exposed. • Place a drape underneath the resident's buttocks. 	Positioning helps prevent injury to caregiver administering medication. This protects resident's privacy and facilitates relaxation. Drape protects linens from potential fecal drainage.
5. Perform hand hygiene, then apply clean non-sterile gloves.	Gloves protect the caregiver from contact with mucous membranes and body fluids.  <p style="text-align: right;">Apply non-sterile gloves</p>
6. Assess resident for diarrhea, active rectal bleeding, or anything that seems out of the ordinary for the resident. If present, do not proceed with procedure and report to nurse.	Rectal medications are contraindicated in these situations.

<p>7. Perform hand hygiene and apply clean non-sterile gloves if previous gloves were soiled.</p>	<p>Gloves protect the caregiver from contact with mucous membranes and body fluids.</p>  <p>Apply non-sterile gloves</p>
<p>8. Remove wrapper from suppository and lubricate rounded tip of suppository and index finger of dominant hand.</p> <p>If enema, lubricate only tip of enema.</p> <p>Use only approved water-soluble lubricant. Liquid soap or lotions cannot be used as they will cause irritation.</p>	<p>Lubricant reduces friction as suppository/enema enters rectal canal.</p>  <p>Lubricate rounded tip of suppository.</p>
<p>9. Separate buttocks with non-dominant hand and, using gloved index finger of dominant hand, insert suppository (rounded tip toward resident) into rectum toward umbilicus while having resident take a deep breath, exhale through the mouth, and relax anal sphincter.</p> <p>If enema: Expel air from enema and then insert tip of enema into rectum toward umbilicus while having resident take a deep breath, exhale through the mouth, and relax anal sphincter.</p>	<p>You should feel the anal sphincter close around your finger after insertion. Forcing the suppository/enema through a clenched sphincter will cause pain and, potentially, rectal damage.</p>
<p>10. With your gloved finger, insert suppository along wall of rectum about 5 cm/2 inches beyond anal sphincter. Do not insert the suppository into feces.</p>  <p>If enema: roll plastic bottle from bottom to tip until all solution has entered rectum and colon.</p>	<p>Suppository should be against rectal mucosa for absorption and therapeutic action. Inserting suppository into feces will decrease its effectiveness.</p>
<p>11. Remove finger and wipe resident's anal area.</p>	<p>Wiping removes excess lubricant and provides comfort to the resident.</p>
<p>12. Ask resident to remain on side for 5 to 10 minutes.</p>	<p>This position helps prevent the expulsion of suppository.</p>

<p>13. Discard gloves by turning them inside out and disposing of them and any used supplies as per agency policy. Perform hand hygiene.</p>	<p>Using gloves reduces transfer of microorganisms.</p>  <p>Dispose of gloves</p>  <p>Hand hygiene with ABHR or soap and water if soiled</p>
<p>14. Ensure call bell is nearby and bedpan/commode is available and close by.</p>	<p>Resident will require a bedpan/commode or close proximity to toilet.</p>  <p>Ensure call bell is available to resident</p>
<p>15. Document procedure on Bowel Care sheet and in Point Click Care include resident's tolerance of administration. Report same to nurse.</p>	<p>Timely and accurate documentation promotes resident safety. Clear communication with nurse promotes continuity of care.</p>
<p>16. Document results of suppository/enema on Bowel Care sheet and in Point Click Care, and report to nurse.</p>	<p>Timely and accurate documentation promotes resident safety. Clear communication with nurse promotes continuity of care.</p>
<p>Data source: BCIT, 2015; Lilley et al., 2011; Perry et al., 2014</p>	