**Policy:**
The client receiving an enema must have a physician’s order for the procedure. If no type or frequency is specified, a fleet enema will be given and only one will be administered.

When enemas are ordered “to clear” this means enemas are repeated until the client passes clear fluid with no fecal matter. The client will receive only 3 consecutive enemas; if still not clear, consult physician. A digital rectal exam must always be done prior to administering an enema. In the absence of stool in the rectum, the nurse will palpate the abdomen for presence of stool in the colon. If the findings are negative, the enema is not given and the referring physician is notified. The nurse will check for bowel sounds and will proceed with enema if normal. Clients will use disposable enema kits provided by the CCAC or must purchase their own.

**Special Information:**
An enema is the instillation of a solution into the rectum and sigmoid colon, and its primary function is promotion of defecation. Clients should not rely on enemas to maintain bowel regularity, as frequent enemas disrupt normal defecation reflexes, resulting in dependence on enemas for elimination. The client/caregiver is instructed in the importance of regular activity, adequate fluid intake and a high fiber diet, if appropriate. The nurse can assess for client/caregiver ability and motivation to administer enema and may provide instruction as needed. Enemas are contraindicated after recent colon or rectal surgery, myocardial infarction or in a client with an acute abdominal condition of unknown etiology. Many elderly clients are especially prone to dysrhythmias and palpitations related to vagal stimulation. Observe these clients closely during the procedure.
Types of enemas:

- **Tap water** – should not be repeated after first instillation because water toxicity or circulatory overload can develop
- **Fleet (Sodium Phosphates)** – useful for those clients who cannot tolerate large volumes of fluid. 120 to 180 ml is usually effective.
- **Soapsuds** – liquid soap may be added to either tap water or saline, depending on client’s condition and frequency of administration. Recommended ratio of soap is 5ml to 1000ml warm water.
- **Oil-retention** – an oil based solution that permits administration of a small volume. The absorption of the oil softens stool for easier evacuation. Use 120 - 200ml of vegetable or olive oil if preparing own solution.

**Equipment:**
- Enema solution as ordered by physician
- Enema container with tubing and clamp, if not using pre-packaged enema
- Water-soluble lubricant
- Waterproof, absorbent pads
- Bedpan, bedside commode or access to toilet
- Toilet paper
- Non-sterile gloves

**Procedure:**

**Soap Suds Enema:**

1) Explain procedure to client/caregiver

2) Assemble the equipment. If required, position the bedside commode next to the bed. Don gloves.

3) Place a plastic bag or incontinent pad under the client's hips.

4) Assist the client to the left lateral SIMS position, with knees flexed. Drape for privacy.
5) Prepare the enema solution in an enema bag. Add 5 ml of dish soap to 1000 ml of tap water. Keep at room temperature. The volume of the solution should be no greater than 1000 ml. The usual volume is 750 - 1000 ml for an adult; 300 - 500 ml for a school aged child; 250 - 350 ml for a toddler or preschooler; and 150 - 250 ml for an infant. Flush the tubing with cleansing solution and clamp.

6) Lubricate 6 to 8 cm (3 – 4 in) of the tip of the tubing, and gently insert into the rectum, with the tip pointing towards the umbilicus. Insert 7.5 – 10 cm (3- 4 in) for an adult; 5 – 7.5 cm (2- 3 in) for a child; and 2.5 – 3.75 cm (1 - 1.5 in) for an infant.

7) Hold the enema bag about 30 – 45 cm (12 to 18 in) above the client’s rectum; 7.5 cm (3 in) for an infant. Unclamp the tubing and slowly administer the solution. Instruct the client to take slow, deep breaths. Lower the bag or clamp the tubing if the client complains of cramping and then resume irrigation.

8) Clamp and remove the tubing from the rectum after the solution has been administered or when the client is unable to retain any more solution.

9) Encourage client to retain the solution as long as possible (approximately 5 to 10 min). Explain that feelings of distention are normal. It may be helpful to press the client's buttocks together for 2 to 3 minutes to prevent evacuation of the solution.

10) Assist the client to the bedside commode or bathroom.

11) Observe character of feces and solution (caution client against flushing toilet before inspection).

12) Assist client as needed with personal care.

13) Remove gloves and wash hands.

14) Document enema administration and characteristics of enema returns on the client's Flow Sheet.

15) If results from enema are unsatisfactory, repeat digital exam. Impacted feces may need to be
manually removed. If results are still unsatisfactory, notify physician and discuss further treatment.

**Fleet Enema:**
1) Follow steps 1 - 4 of the procedure for *Soap Suds Enema*
2) Remove the plastic covering from the prelubricated tip of the Fleet enema bottle.
3) Gently insert the tip into the rectum, approximately 4 – 6 cm (2 – 3 in).
4) Slowly squeeze the bottle until the Fleet solution has been administered.
5) Gently withdraw the tip.
6) Follow steps 9 – 14 of the procedure for *Soap Suds Enema*.

**Oil Retention Enema:**
1) Follow steps 1 - 4 of the procedure for *Soap Suds Enema*.
2) Remove the plastic covering from the tip of the oil retention enema bottle. Lubricate the tip.
3) Gently insert the tip about 4 – 6 cm (2 - 3 in) into the rectum.
4) Squeeze the bottle until all of the fluid is administered.
5) Gently withdraw the tip.
6) Follow steps 9 – 14 of the procedure for *Soap Suds Enema*. 