

TEMPORARILY AMENDED FOR COVID PANDEMIC:

Valid until April 2021

Standard Operating Procedures (SOPs) and competency assessment tool for the administration of micro enemas or suppositories per rectum for constipation in community settings.

***All Staff required to use these Standard Operating Procedures MUST have received QCF level 2 or above training and been assessed as competent in each relevant procedure**

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Responsible dept / director:	Executive Director of Nursing Pharmacy and Medicines Management Local Authorities				
Approved by:	MPPP, DTG, Care and Social Services Inspectorate Wales (CSSIW), Domiciliary Care Forum and Care Forum Wales Area Nurse Directors Deputy Executive Director of Nursing				
Date approved:	November 2015 / April 2020				
Date activated (live):	November 2015				
Documents to be read alongside this document:	<ul style="list-style-type: none"> Standards of best practice and standard operating procedures for medicines management for all care settings final April 2020 Standard Operating Procedures (SOP's) for Domiciliary setting in North Wales Standard Operating Procedures SOP's) for Care Home setting in North Wales Dougherty L. & Lister S. (2011) The Royal Marsden Hospital Manual of Clinical Nursing Royal Pharmaceutical Society Professional Guidance on the Administration of Medicines in Healthcare Settings. (January 2019) The All Wales Guidelines for Delegation Health Education and Improvement Wales for Health and Social care (HEIW 2020) National Guiding Principles for Medicines Support in the Domiciliary Care Sector (ADSS Cymru 2019) COVID- 19 Medication administration training (HEIW 2020) 				
Date of next review:	April 2021				
Date EqIA completed:	Nov 15 (Overarching Policy MM01)				
First operational:	November 2015				
Previously reviewed:	Dec 2016	Feb 2019	April 2020		
Changes made yes/no:	yes	yes	yes		

Standard Operating Procedure for administration of suppositories or micro enemas per rectum for constipation in community settings

This SOP **must only** be used for citizens / patient's / resident's who have capacity to consent to treatment. If the citizen/ patient / resident deem to lack capacity at the time of treatment the carer **must** refer back to the GP/ Practice Nurse or District Nurse team and **must not** proceed with the treatment.

Definition of consent, capacity and refusal (Medication administration HEIW 2020)

Consent – this is when an individual gives their permission to receive care from another person. For consent to be valid, it must be voluntary, informed and the individual consenting must have the capacity to make a decision.

Capacity – for an individual to have the capacity to give consent, they must be able to understand the information given to them and use this information to make a choice.

Refusal – an individual who has the capacity to make a decision, can refuse treatment and that decision must be respected

Care must be given in the best interest of the citizens / patient's / resident's. The primary motivation for delegation is to meet the health and social care need of the individual. Each organisation will have a consent policy in place and this should be complied with (All Wales Guidelines for delegation (HEIW) 2020)

This specialised technique is a delegated task which will only be undertaken by HCSW or care workers on an individual patient/citizen/resident specific basis.

This delegated task is not transferable and is only applicable for the duration of the specified treatment.

	Action	Rationale
1	Delegation of this task must be given by the nurse or manager caring for the patient/ citizen/ resident	
2	Explain and discuss the procedure with the patient/citizen/ resident and obtain verbal consent	To ensure that the patient/citizen/ resident understands the procedure and gives their valid consent
4	Before administering any prescribed medication, look at the patient/citizen/residents MAR or equivalent chart and check the following:- <ul style="list-style-type: none"> • The correct patient/citizen/resident and DOB • Correct rectal medication is selected –name of medicine, dose and frequency • Date and time of administration • Expiry date • Allergy status 	<ul style="list-style-type: none"> • To minimise harm • Establish patient/citizen/residents identity • Ensure all products are fit for use with valid expiry date and not damaged (don't use if damaged) • Ensure patient/citizen/ resident is not allergic to the particular medicine

5	Wash hands with bactericidal soap and water or bactericidal alcohol hand rub apply apron and well fitted gloves.	To ensure the procedure is as clean as possible and minimise cross infection.
6	Ensure privacy and dignity for the patient / citizen/ resident Place a disposable incontinence pad beneath the patient's hips and buttocks	To avoid unnecessary soiling of linen, leading to potential infection and embarrassment to the patient if evacuation following their administration the suppositories are ejected prematurely or there is rapid bowel
7	Ensure that a bedpan, commode or toilet is readily available	In case of premature ejection of the suppositories or enema or rapid bowel evacuation following administration
8	Assist the patient to lie on the left side, with the knees flexed, the upper knee higher than the lower one, with the buttocks near the edge of the bed	This allows ease of passage of the suppository or enema into the rectum. Flexing the knees will reduce discomfort as the suppository is passed through the anal sphincter
9	Place some lubricating jelly on a clean tissue and lubricate the blunt end of the suppository or tube of the micro enema Separate the patient's buttocks and insert the suppository blunt end first or tube of micro enema, advancing it for about 2–4 cm. Repeat this procedure if a second suppository is to be inserted	Lubricating reduces surface friction and thus eases insertion of the suppository. Suppositories are more readily retained if inserted blunt end first
10	Once the suppository(ies)/enema has been inserted, clean any excess lubricating jelly from the patient/citizen/ residents perineal area using clean tissue	To ensure the patient/citizen/ resident's comfort and avoid anal excoriation
11	Ask the patient to retain the suppository (ies)/micro enema for 20 minutes, or until they are no longer able to do so. When a medicated suppository is given, remind the patient/citizen/resident that its aim is not to stimulate evacuation and to retain the suppository for at least 20 minutes or as long as possible	This will allow the suppository to melt and release the active ingredients. Inform patient that there may be some discharge as the medication melts in the rectum
12	Removes gloves, apron and equipment and disposes of them appropriately Washes hands thoroughly with soap and water and/or bactericidal alcohol hand rub	For infection prevention and control
13	Record that the suppository (ies)/micro enema have been given on the MAR chart or equivalent. Record the effect on the patient/citizen/ resident and the result(amount, colour, consistency and content) in the relevant documents	To monitor the patient/citizen/resident's bowel function and to maintain accurate records

Competence document for Care Workers, Healthcare Support Workers/Assistants for the administration of micro enemas or suppositories for constipation in community settings.

NB. Only staff nominated by manager may undertake this competence.

HCSW Name & Signature:

Base/ Area :.....Date

PRACTICAL ASSESSMENT

To be completed on at least 3 occasions with assessor

A signature MUST be obtained by the assessor for each element of the competence

The Healthcare Support Workers/Assistants/ Care Worker must achieve ALL outcomes before he / she can be deemed competent

		Witnessed practice			Assessors signature & Date
		1. Date	2. Date	3. Date	
1	Delegation of this task must be given by the Nurse or manager caring for the patient/citizen/resident				
2	Explain and discuss the procedures with the patient/citizen/ resident. Gains verbal consent.				
3	Before administering any prescribed medication, checks the patient/citizen/resident's Medication Administration record (MAR) or equivalent chart for the following. <ul style="list-style-type: none"> • The correct patient/citizen/resident and DOB • Correct medication is selected –name of medicine, dose and frequency • Date and time of administration • Expiry date • Allergies 				
4	Ensure candidate wash their hands with bactericidal soap and water or bactericidal alcohol hand rub apply apron and well fitted gloves.				
	Ensure privacy and dignity for the patient / citizen/ resident				

6	Prepares the area where administration will take place. Ensures that a bedpan, commode or toilet is readily available				
	Assists the patient to lie on the left side, with the knees flexed, the upper knee higher than the lower one, with the buttocks near the edge of the bed Place a disposable incontinence pad beneath the patient's hips and buttocks				
7	Places some lubricating jelly on a clean tissue and lubricates the blunt end of the suppository or tube of the micro enema. Separates the patient's buttocks and inserts the suppository blunt end first or tube of micro enema, advancing it for about 2–4 cm. Repeats this procedure if a second suppository is to be inserted				
8	Once the suppository(ies)/enema has been inserted, cleans any excess lubricating jelly from the patient's perineal area using clean tissue				
9	Asks the patient to retain the suppository (ies)/micro enema for 20 minutes, or until they are no longer able to do so. If a medicated suppository is given, reminds the patient that its aim is not to stimulate evacuation and to retain the suppository for at least 20 minutes or as long as possible				
10	Removes gloves and disposes of them appropriately Washes hands thoroughly with soap and water and/or bactericidal alcohol hand rub				
11	Records the administration on appropriate charts and in patient/citizen/residents care plan				
12	If medication is refused, documents the reason for non-administration on the back of the MAR or equivalent chart and in the care plan. If refusal of medication occurs ensure the candidate informs the delegating registered nurse/ or manager / or GP. Any refused medication must be disposed of in accordance with local protocols.				

Assessor's name: Designation:

Signature Date:

Copy of completed competence document to be given to manager to file in personal file