



- Only staff trained by an Appropriately Qualified Health Professional (AQHP) can perform this procedure.
- This procedure is a guide only and may not be appropriate in all circumstances. Therefore, instructions from an AQHP must always be obtained and followed.
- Ensure that the person’s staffing preference, as detailed in their Personal Care Plan, is applied to this procedure.
- This procedure should be read in conjunction with the [NDIS LWB 5600 High Intensity Daily Personal Activities - Procedure](#), [NDIS LWB 5501 Health and Wellbeing - Procedure](#), [LWB National Medication Procedure](#), [NDIS LWB 5531 Personal Care - Plan](#) and in consultation with the person and their complex bowel care plan/protocol

An AQHP should document the person’s support requirements in the [NDIS LWB 5613 HIDPA Complex Bowel Care - Plan](#). In addition, bowel movements should be charted in the [NDIS LWB 5590 Bowel Movement - Recording Chart](#).

The AQHP is to provide training in any required bowel care in the scope of practice of a Disability Support Worker (DSW).

Enema Administration Procedure



Check

- Check and follow the person’s Complex Bowel Care Plan.
- Check that the required equipment and consumables are available and ready for use.
- Confirm how the person would like to be actively involved in their support, as outlined in their plan, and to their chosen level.
- Explain the procedure to the person and seek their consent to proceed.
- Ask the person if they want to use the toilet before the procedure. Insertion of the enema may cause discomfort if the person has a full bladder.
- Gather the enema (per the doctor’s order), lubricant, gloves and bag for disposal.
- Check the medication order and drug expiry date and follow the [7 Rights of Medication Administration](#).
- Check for any abnormalities, including bruising, pressure injury, skin tags and haemorrhoids.

 **Support**

In Spinal Cord Injury, Autonomic Dysreflexia can be related to Bowel: constipation, a full bowel, haemorrhoids, or other rectal irritations.

This is a medical emergency, do not leave the person alone. Immediately call an ambulance.

Stop the enema and seek medical attention if any of the following occur:

- No bowel movement within 60 minutes of enema administration
- Abdominal distention
- Abdominal bloating and pain
- Vomiting
- Diarrhoea
- Rectal irritation or bleeding
- Symptoms of dehydration, thirst, dizziness, vomiting, urinating less often than usual
- Enema can not be inserted

Abdominal pain/discomfort

- Do not administer the enema if the person is experiencing any abdominal pain or discomfort. **Seek medical advice.**

Difficulty inserting the nozzle of the enema into the anal canal

- The person may be tense and unable to relax the anal sphincter. Ensure the person is as comfortable as possible and in the correct position. Reassure the person and ask them to take a few slow deep breaths to help them to relax. Make sure the end of the nozzle is well-lubricated. If the problem persists, stop the procedure, make the person comfortable and seek medical advice.

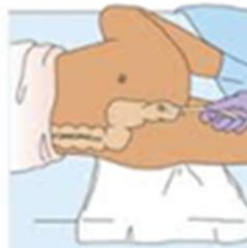
****Do not force the enema into the rectum, as this will cause trauma and a high risk of perforating the bowel wall****

If the person complains of cramping or needs to empty their bowel before completion of the procedure

- Insertion of the enema may stimulate peristalsis (muscle contraction), and the person may feel the need to empty their bowel. If this occurs, pause the procedure and ask the person to take a few deep breaths. When the sensation has passed, resume the procedure and encourage the person to retain the enema for as long as possible before emptying their bowel.

Administering the enema

- Wear the appropriate PPE – latex-free disposable gloves, gown or apron, face shield, or protective goggles. Refer to the [NDIS LWB 5507 Let's Talk About PPE for Support Activities](#) for the correct PPE requirements and follow hygiene and infection control procedures.
- Ensure the correct lifting techniques are followed, per the person's Transferring, Repositioning, and Mobility Plan (TRAM) when supporting a person to change position. For example, a slide sheet or hoist may be appropriate.
- Perform the procedure in an area with privacy and easy access to a toilet or commode.
- Actively involve the person in their support, as outlined in their plan, and to the level they choose
- Assist the person in removing any necessary clothing and ask them to lie on their left side with their upper leg bent up towards their chest if possible. Explain to the person that this position assists with the insertion of the enema.
- Wash your hands and put on the required PPE to prevent cross-infection and contamination.
- Twist and pull the seal off the enema nozzle and apply a moderate amount of lubricant to the tip or as directed by the medical practitioner.
- Ask the person to breathe in slowly through the mouth, as this will assist in relaxing the anal sphincter.
- Separate buttocks with one hand and gently insert the nozzle into the rectum. – Do not force the enema into the rectum.

Enema Insertion

- For children under 3, insert only half the length of the nozzle (see the line on the nozzle).
- Ensure all of the enema contents are administered by squeezing the tube.
- Tightly squeeze the tube, then remove the nozzle.
- Assist the person into a comfortable position and explain that they should retain the enema for as long as possible (preferably more than 10 minutes). This is usually easiest if the person is lying down.
- Dispose of the gloves and enema into a separate bag, knot the top, dispose of the rubbish in the general waste, and wash your hands.

- Remain alert to signs that the person needs to use the toilet or commode and assist them as necessary.



Report

- Document the result of the enema and observations in the [NDIS LWB 5590 Bowel Movement - Recording Chart](#) using the [Bristol Stool Chart](#) as a guide.
- Record any abnormalities, including bruising, pressure injury, skin tags or tears and haemorrhoids, in progress notes and organise for medical review of any abnormalities. See the [NDIS LWB Responding to Unexplained Bruising Suspicious Mark or Injury – Procedure](#) and complete an i-Sight event.
- Document the administration of the medication (enema) as required.
- Report any concerns or issues related to the person's bowel care immediately to the Disability Support Leader¹ or On Call.

For Further Guidance and Advice

Contact the AQHP who developed the person's support plan.

¹ All references to Disability Support Leader (DSL), includes all Frontline Leadership roles, such as House Supervisor.