

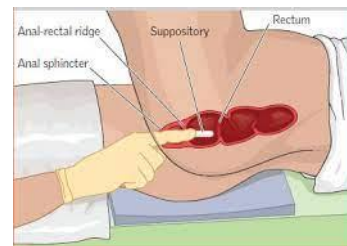
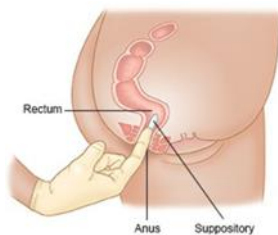


- Only staff trained by an Appropriately Qualified Health Professional (AQHP) can perform this procedure.
- This procedure is a guide only and may not be appropriate in all circumstances. Therefore, instructions from an AQHP must always be obtained and followed.
- Ensure that the person’s staffing preference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

This information is intended as a guide only and may not be appropriate in all circumstances – instructions from an AQHP should be followed.

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

Insertion of a Rectal Suppository



Rectal Suppository Administration Procedure



Check

- Check the person’s Complex Bowel Care Plan.
- Check the person’s medication and PRN chart.
- Explain the procedure to the person and ask for their consent.
- Ask the person if they want to use the toilet before the procedure. Insertion of the suppository may cause discomfort if the person has a full bladder or bowel.
- Check for any abnormalities, including bruising, pressure injury, skin tags and haemorrhoids.

**Support****Seek medical attention if any of the following occur:**

- Abdominal pain
- Diarrhoea
- Rectal irritation or bleeding
- Signs of an allergic reaction to the medication – rash, fever, localised tenderness or redness.

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, immediately call an Ambulance (000) and follow the person's care plan to alleviate symptoms. Do not leave the person alone.

Abdominal pain/discomfort

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

Difficulty inserting the suppository 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 suppository is well lubricated. If the problem persists, stop the procedure, make the person comfortable and **seek medical advice.**

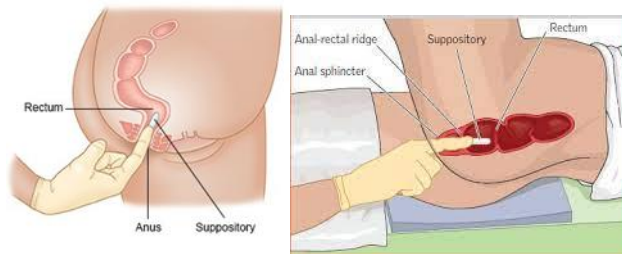
****Do not force the suppository into the rectum, as this will cause trauma and a high risk of perforating the bowel wall****

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

- Insertion of the suppository 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 suppository for as long as possible before emptying their bowel.
- No one with long or artificial nails must administer a suppository as this increases the risk of damage or ruptures to the bowel. Therefore, all LWB staff who administer a suppository must have fingernails cut to no longer than the end of their fingertips.
- Gather the suppository (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](#).
- Follow the [NDIS LWB 5507 Let's Talk About PPE for Support Activities](#) to ensure the correct personal protective equipment (PPE) for this procedure 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 the person to change position. For example, a slide sheet or hoist may be appropriate.
- Suppositories need to be firm to be effectively administered. If the suppository feels soft or like it is melting, it can be placed in a glass of cold tap water for a few minutes to harden.
- Perform the procedure in an area with privacy and easy access to a toilet or commode if the suppository is prescribed as a laxative.
- Actively involve the person in their support, as outlined in their plan, and to their chosen level.
- Assist the person in removing any necessary clothing and ask them to lie on their left side with their upper leg bent up towards the chest if possible. Explain to the person that this position assists with the insertion of the suppository.
- Wash your hands and wear the appropriate PPE (gloves, face mask, eye protection and gown) to prevent cross-infection and contamination.
- Remove the foil from the suppository and lubricate the rounded cone end with a small amount of lubricant.
- Ask the person to breathe in slowly through their mouth, as this will assist in relaxing the anal sphincter.
- Separate the buttocks with one hand, and gently insert the suppository into the anus using the index finger, only inserting the finger 2.5 to 4cm.

Insertion of Rectal Suppository



Report

- If the suppository is prescribed as a laxative, document the result of the suppository on the [NDIS LWB 5590 Bowel Movement - Recording Chart](#) using the [Bristol Stool Chart](#) as a guide.
- Complete the medication documentation and chart.
- 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 [NDIS LWB 5554 Responding to Unexplained Bruising Suspicious Mark or Injury – Procedure](#) and complete an i-Sight event.

- 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

For further advice, please contact the AQHP who developed the person’s HIDPA Complex Bowel Care Plan.

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