# Administration of Laxative Suppositories

## Definition of Suppository
A suppository is a solid or semi-solid pellet introduced into the rectum to induce a bowel action.

## Indications
- To empty the bowel prior to investigations.
- To relieve constipation.
- To administer prescribed rectal preparations.

## Exclusions and Contra-Indications
Registered nurses should not administer suppositories when there is:
- Intestinal obstruction
- Acute abdominal conditions
- Acute inflammatory bowel disease
- Severe dehydration
- Allergy to components

## Precautions
- History of abuse
- Rectal/anal pain
- Recent anal/rectal surgery/trauma
- Obvious rectal bleeding
- Spinal injured patients
- Elderly and debilitated
### Requirements

- Prescription and drug recording sheet
- Prescribed suppository
- Disposable apron
- Non sterile disposable gloves
- Procedure pad
- Paper tissue
- Lubricating jelly/water
- Scissors (if required)
- Disposal bag as per National Infection Prevention and Control Manual

### Procedure for administration of suppositories

#### Prior to examination

- Check the prescription details.
- Ensure the suppository is within the expiry date and the packaging is intact.
- Explain the procedure to the patient.
- Obtain informed consent and document in nursing notes.
- Ask the patient if they wish to have a chaperone present.
- Give the patient the opportunity to empty their bladder.
- A medicated suppository should be administered after the patient has emptied their bowels (if possible).
- Ensure privacy and dignity is maintained at all times.
- A bedpan, commode or toilet should be readily available.
- Ask the patient to remove clothing from the waist down. Offer assistance if required.
- Ask the patient to lie in the left lateral position with knees flexed (if possible) to enable easy passage of suppository into the rectum by following natural anatomy of the colon.
- Wash your hands (refer to hand hygiene). Put on a disposable apron and gloves.
- Place a protective pad under the patient’s hips and buttocks.
Procedure

- Ensure toilet/commode available and accessible.
- Explain to the patient that you will be inserting the suppository.
- Insert one lubricated gloved finger slowly into the patient’s rectum and undertake digital rectal examination for presence of faecal matter, amount and consistency (refer to the Bristol stool form scale).
- Slowly withdraw finger from patient’s rectum.
- Follow the manufacturer’s instructions. Lubricate the suppository - Glycerine suppositories with water, Bisacodyl suppositories with lubricating jelly to ease insertion and avoid trauma to the anal mucosa.
- Part the buttocks and gently insert the suppository between the anal wall and stool, advancing it for about 5cm. Repeat this procedure if a second suppository is to be inserted.
- Dry the peri-anal area of the patient with tissue and place in disposal bag. Ensure the patient has access to toilet facilities and not left on bed to move bowels.
- Ask the patient to retain the suppository/suppositories for approximately 20 minutes as per manufacturer’s instructions. This allows the suppository to dissolve and release its active ingredients through the rectal mucosa.
- Remove the gloves and apron disposing of them as per National Infection Prevention and Control Manual. Wash your hands (refer to hand hygiene).
- Allow the patient to dress in private, unless they require assistance.
- Assess result of suppository, discuss with patient and record result in bowel chart.
- Document in nursing notes all observations, findings and ongoing treatment/management.