

Title of WI: Suppositories

Custodian: Group Managing Director

Version Number: 03

Issue date: 25.03.26

Review date: 25.03.29

WORK INSTRUCTION (WI)

Title of WI	Suppositories		
What type of document is this?	Work Instruction	WI Reference Number	HHH-W.I-027
Purpose of WI	To ensure that all staff who work with the relevant customers have the competency and knowledge to support with the administration of suppositories.		
Role	Responsibility		
Regional Clinical Lead	Responsible for assessing the clinical needs, obtaining a prescription from the relevant healthcare professional, training and signing off carers' competencies, writing the relevant support plan and risk assessment, and completing six-monthly (three-monthly in Wales) customer clinical reviews to ensure safety.		
Carer	Responsible for administering suppositories in accordance with the support plan. Report any concerns to the manager and a healthcare professional.		
Branch Staff	Ensure that only competent staff care for customers requiring suppository administration, provide support as required, and liaise with the Regional Clinical Lead over ongoing care of the relevant customers.		
Scope of WI	This work instruction applies to the safe preparation, administration, and documentation of suppositories for clients by authorised Helping Hands staff members. It also outlines required staff training, competency, and compliance requirements.		
1.0 Purpose			
1.1 A suppository is a semi-solid, bullet shaped pellet that contains medication which melts once inserted into the rectum.			

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- 1.2 There are different types of suppositories:
 - 1.2.1 Retention suppositories – designed to deliver medication such as pain relief.
 - 1.2.2 Lubricant suppositories – Glycerine suppositories, which should be inserted directly into the faeces in the rectum. Lubricant suppositories soften the faeces as they dissolve.
 - 1.2.3 Stimulant suppositories – Bisacodyl suppositories, need to be placed in the rectum ensuring contact with the rectal wall, as they dissolve, they produce carbon dioxide which causes the rectum to distend and allow the faeces to be evacuated
- 1.3 The administration of suppositories is classified as a Level 2 clinical intervention within Helping Hands. The Regional Clinical Lead must attend all client reviews, develop and maintain the clinical support plan, and train, assess, and formally sign off carer competencies

2.0 Process

- 2.1 Complete hand hygiene / wash and dry hands and don disposable gloves and apron.
- 2.2 Explain the procedure to the customer and verbal gain their consent.
- 2.3 Carer to check the support plan/activity schedule/MAR to ensure that the medication is due to be given following the 6 R's of medication administration.
- 2.4 Gather all the relevant equipment – incontinence sheet or clean towel, water-based lubricant, prescribed suppositories, dry wipes or toilet paper, bag for rubbish.
- 2.5 Support the customer to position so that they are lying on their left lateral side (similar the recovery position) ensuring dignity and privacy throughout (cover their lower half with a clean towel or blanket, close

WORK INSTRUCTION (WI)

doors, and curtains). Place the clean incontinence sheet or towel under the customer's buttocks. *Some customers may have their suppositories administered whilst they are sitting on a commode chair – refer to your customer's support plan for individual guidance.

- 2.6 Support the customer with personal hygiene as needed.
- 2.7 If suppository is not pre-lubricated, apply a pea sized amount of the water-based lubricant onto the rounded-tip of the suppository. Clean tap water can be used if water-based lubricant is not available. Do not use petroleum jelly or oil-based products as these are not recommended for internal use.
- 2.8 Part the customer's buttocks and gently advance the tip of the suppository into the rectum using the index finger. The suppository should be placed beyond the sphincter and into the rectum, this is approx. 2.5 - 4cm into the rectum. If a second suppository is prescribed repeat the process.
- 2.9 Gently remove any excess lubricant from the customer's buttocks. Where possible and appropriate, assist the client to remain in the left lateral position for approximately 15–20 minutes to allow the suppository to dissolve and be absorbed.
- 2.10 Carer to dispose of any soiled waste and their gloves into the rubbish bag and discard into the bin and wash their hands whilst waiting for the suppositories to work.
- 2.11 Carer to don clean gloves and assist the customer onto the commode/toilet.
- 2.12 Once the procedure is completed the activity notes should be completed including any issues and stating whether the suppositories were effective. If no bowel movement for at least 24-48hrs (check for usual routine if the customer has a spinal cord injury and is at risk of autonomic dysreflexia)

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GP or NHS111 advice should be sought, and Branch Manager and Regional Clinical Lead informed.	
TRAINING Is training required?	Yes - Sign off training can be achieved by completing the online Learning Management System (LMS) module followed by a face-to-face competency sign off with a Regional Clinical Lead or registered healthcare professional i.e., District Nurse.
COMPLIANCE How is compliance with this document going to be monitored?	Annual competency assessments with practical sign off with Regional Clinical Lead or another Registered Nurse.
PROCEDURAL INFORMATION	
Changes since previous version	Detail of Level 2 intervention Wording corrected to remove live in manager
Who was involved in developing /reviewing/amending the document? (list titles)	Clinical Manager
How confidential is this document	Public Can be shared freely within and outside of Helping Hands
References	NICE (2017) Medicines Optimisation (NG67) NMC (2018) The Code: Professional standards of practice and behaviour Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Associated Documents	<i>HHH-POL-092-Clinical Governance</i> <i>Clinical Training Flow Diagram</i>

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