

<b>Title of Document</b>	<b>Suppositories</b>
<b>Name of Department</b>	<b>Clinical Team</b>

<b>What type of document is this?</b>	<b>Work Instruction (WI)</b>	This is a simple guide to follow in order to complete a particular task	
<b>Which Helping Hands policy/SOP does this WI relate to?</b>	N/A	<b>Index number of policy/SOP</b>	N/A

<b>Which Operational Priority/Priorities does this document link to?</b>	Governance Framework	Superior Client Care	People, Performance & Culture	

<b>Custodian of document</b>	Clinical Team	<b>Committee/Group responsible for this document</b>	Quality and Governance Committee
<b>Approval date and committee chairperson signature</b>	28.02.23	<b>When is its next scheduled review?</b>	28.02.26

<b>Who does it apply to?</b>	All staff working with clients					
	<b>Does it apply to bank workers?</b>	Yes	<b>Does it apply to agency staff?</b>	No	<b>Does it apply to third party contractors?</b>	No

<b>Purpose of the Work Instruction</b>	To ensure that all staff who work with customers have competency and knowledge to support with the administration of suppositories.
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## **Content of Suppositories Work Instruction**

### **1.0 Purpose**

- 1.1 A suppository is a semi-solid, bullet shaped pellet that contains medication which melts once inserted into the rectum.
- 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

### **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 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 doors, and curtains). Place the clean incontinence sheet or towel under the customer's buttocks.
  - 2.5.1 \*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 Apply a pea sized amount of the water-based lubricant onto the tip of the suppository. Clean tap water can be used if water-based lubricant is not available. Do not use petroleum jelly or baby oil 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 approx. 4cm into the rectum. If a second suppository is prescribed repeat the process.
- 2.9 Remove any excess lubricant from the customer's buttocks and leave them in the left lateral position for approx. 20mins to allow the suppositories to react with the body temperature within the rectum.
- 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) GP or NHS111 advice should be sought, and Care Manager informed.

### 3.0 Training

- 3.1 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.

***Note – Equality Impact Assessments are not required for Work Instructions***

What was the previous version number of this document?	Version 01	
Changes since previous version	Review and update of content	
Author of the document	Clinical Team	
Who was involved in developing / reviewing/ amending this work instruction?	Clinical Nursing Team	
How confidential is this document?	Public	Can be shared freely within and outside of Helping Hands

Associated Documents	HHH-F067 Suppositories TAC Suppositories Fact Sheet
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