

Document level: Trustwide (TW)
Code: CP70
Issue number: 2

Administration of laxative rectal suppositories by named carer

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Type of document	Guidance
Target audience	All clinical staff
Document purpose	To enable a carer of a named patient to safely administer laxative rectal suppositories by achieving agreed competencies supervised and maintained by a Community Care Team (CCT).

Approving meeting	Neighbourhood-Based Care Group Meeting	Date 11-Sep-19
Implementation date	11-Sept-19	

CWP documents to be read in conjunction with	
CC44	Guideline for the Administration of Suppositories & Enemas
IC3	Standard Universal Infection Control Precaution Policy

Document change history	
What is different?	Flow chart added
Appendices / electronic forms	N/A
What is the impact of change?	Impact on how laxative rectal suppositories are administered on a selected named patient – named carer basis

Training requirements	Yes - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.
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Document consultation	
Clinical Services	Consultant Nurse, Head of Infection Prevention and Control
Corporate services	via discussion board
External agencies	via discussion board

Financial resource implications	None
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External references	
1. Royal College of Nursing. (2008) Bowel Care Including Digital Rectal Examination and Manual Evacuation of Faeces – guidance for nurses. RCN, London	
2. Peate, I. (2015) Clinical skills series/2: enemas and suppositories. British Journal of Healthcare Assistants, (7) 2.76 – 81.	

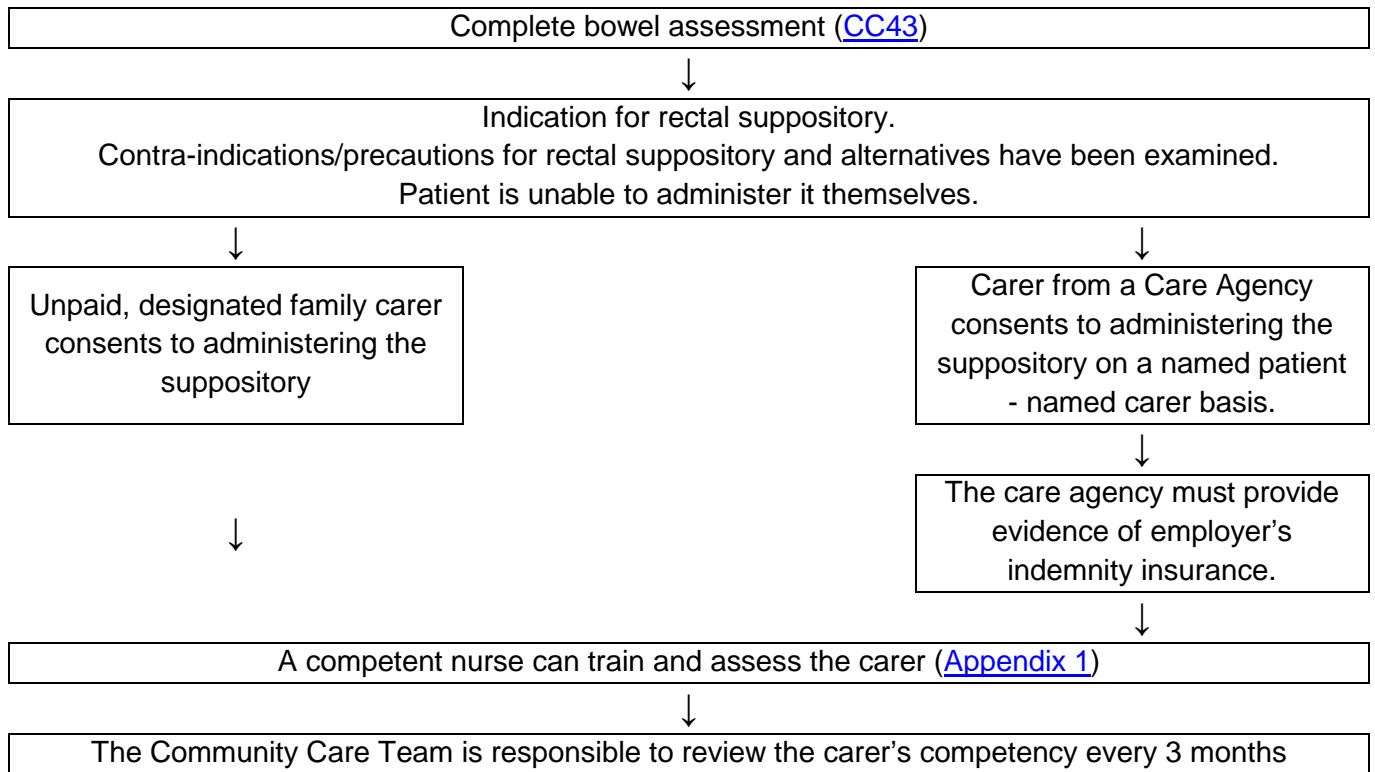
Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? Select		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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Quick reference flowchart

For quick reference the guide below is a summary of actions required.



1. Introduction

A carer can be a paid carer from a Care Agency or a designated family member appointed by a patient. Paid carers from a Care Agency **must** complete all competencies. A family carer should attempt to complete all competencies.

Prior to the administration of prescribed laxative rectal suppositories an initial assessment must be completed by a registered nurse competent at performing DRE and administering laxative rectal suppositories.

Once an assessment has been completed and the laxative rectal suppositories are prescribed as part of a bowel management programme this task may be then delegated to a carer.

It is the Community Care Teams (CCT) responsibility to ensure a review of the carer's skills is undertaken on a 3 monthly basis.

A competency assessment is required to ensure carers who are delegated the task are competent to administer rectal laxative suppositories to a named patient:

- Training must have been undertaken on a named patient - named carer basis as part of the individual patients bowel management programme;
- All named carers must receive the appropriate training and be deemed confident and competent under supervised practice before undertaking this procedure;
- Every carer should be reassessed every three months by the Community Care Team;
- Contact details of the Community Care Team must be given to the patient and carer.

Carers who are employed by a Care Agency must provide evidence of employer's indemnity insurance prior to undertaking the procedure.

Appendix 1 Competency document – Administration of laxative rectal suppositories by named carer

In order to complete this document the carer will need to undertake a minimum of 3 supervised practices or until the carer feels confident and competent to carry out the procedure. It is the carer's responsibility to maintain skills and knowledge and to report any limitations in knowledge or skills to the patients Community Care Team for further training & support

Patient name		D.O.B & NHS Number				
Address						
Name of carer & employing agency						
Name & Designation of Assessor						
The carer must demonstrate competencies in the following procedures	Date	Initial	Date	Initial	Date	Initial
<p>Prior to undertaking this procedure the carer should ask the patient if they are experiencing any of the following.</p> <ul style="list-style-type: none"> Any concerns about the procedure; Changes in bowel habit (such as diarrhoea or constipation); Changes in colour of stools, presence of blood or haemorrhoids (piles). <p>If the answer to any of these is YES, the procedure SHOULD NOT be undertaken and further advice sought from the relevant Community Care Team (CCT).</p>						
Explain procedure and gain informed consent from the patient						
Ensure patient privacy and working area is free of clutter or obstruction						
Wash hands with soap and water or decontaminate hands using alcohol based hand gel and put an apron on						
Assist the patient to lie in the required position i.e. on left side with the knees flexed, the upper leg higher than the lower one, with the buttocks near the edge of the bed.						
Place a disposable or washable sheet/towel beneath the patients hips and buttocks						

Open suppository packaging and lubricating gel packaging Have tissues or toilet roll paper available						
Wash hands with soap and water or decontaminate hands using alcohol based hand gel and put on non-sterile gloves as per infection control guidelines						
Place some lubricating gel on the tissue or toilet roll paper and lubricate the end of the suppositories as per manufacturers guidelines						
Separate the patients buttocks and insert the suppository into the rectum as per manufacturers guidelines. Repeat this procedure if a second suppository is required.						
Know when to abandon procedure & report to Community Care Team (CCT) e.g. If patient complains of pain on administration of the suppository or the suppository cannot be inserted						
Once suppository/suppositories have been inserted clean any excess lubricating gel from the patients perineal area with a tissue or toilet roll paper						
Ask the patient to retain the suppository/suppositories for 20 minutes or until the patient is no longer able to do so.						
Remove and dispose of equipment, apron and gloves						
Wash hands with soap and water or decontaminate hands using alcohol based hand gel						
If required assist patient to the toilet						
Record the following information in the patients care records - that the suppository/suppositories have been administered, record outcome including amount, colour and consistency of faeces passed. Report any complications. (Refer to Bristol stool chart).						

Agreement of care plan (Signatures of Patient and Health professional)

Patient Date signed.....

Health professional Date signed.....

The Community Care Team (CCT) must arrange to check the competencies on a 3 monthly basis or at the request of the carer