OK. Today we're going to be talking about administering a soap suds enema. So you're going to want to check your orders, because this is an invasive procedure. And you're going to want to follow the Rights of Medication Administration. Typically there are six, but go by what is in your class notes and your lecture. So you're going to want to do that, and you're going to want to gather all of your equipment. Maintain patient privacy by pulling the curtain or shutting the door.

So I'm going to talk about the equipment that I'm going to take in and gather beforehand. I like to take in a bath blanket to also maintain patient privacy. And some chucks pads that look very similar to puppy training pads, and I have three of these in here. You would want to take at least one bedpan in, or a bedside commode. And the bedside commode we'll have available on the day of labs so you see what that's like.

You want to have some tissues, toilet paper, or you want to have whatever the patient is using for cleansing. Sometimes they're using special medicated pads. You want to have gloves. You want to have a water soluble lubricant-- as I said before, for our mannequins we have to use a special lubricant. Then you want to gather your enema kit. And you can gather a gown and goggles if you would like, that's your preference. I'm usually am not close enough that I feel like I need to have goggles on, but a gown would be very appropriate.

So in the kit, there is a very small waterproof pad, so you can see why I gather more. They had extras, and decided to pack them in the enema kits. You have Castile soap, so use Castile soap, or whatever the facility says is appropriate for this. You're going to have your enema bag and tubing. This is the enema bag, and it actually holds 1,500ml. It has cc on the bag, but Joint Commission now has said that we need to be using ml and not cc.

This has a slide that comes off so that you can open the bag and fill it. And you fill it with just normal tap water that's at a warm, or lukewarm temperature. It folds over so that you have something that hangs so that you can hang it from your IV pole. So you also want to gather an IV pole which might be stored at the end of the bed, or you can bring in a separate pole. You have
the tubing, you have a thumb clamp. Because you do want to clamp the tubing before you put it in, and before taking it out. And you don't want to open it until you're sure that it's in.

You have a blue end of this, and you'll see in lab there's very little lubricant on the end which is why you want to bring in extra lubricant. This blue is a different color because something needs to be done with it, which means you need to take it off before insertion. And what you are going to do is, there's a black line on here. Normally, you're going to insert the enema 7-10cm, the tubing. But go by what the protocol is or what you've been told in lecture. So that's all of the equipment that you need.

So let me show you what you're going to do with the bag. So this is the bag, and when you're releasing the clamp, you want this to be at hip level. And then you can raise it 12-18" above the patient's hip level. And what you're going to do is put the water in first, add your drops of Castile soap, and then you're just going to rock it back and forth. You don't want to be shaking it, because we're not trying to give them a bubble bath with this.

All right. So we're going to get started. So I've checked my orders, and you also want to make sure that you consider any cultural traditions, or family, or a patient's concerns about this. You want to have educated the patient and the family about what you're about ready to. You want to assess your patient beforehand, listen to bowel sounds, ask when was their last bowel movement, consistency.

So we're going to do a patient ID. If the patient's going to have to get out of bed to go to the bedside commode, you're going to want to make sure that you have non-skid footwear available because you don't want them to slip. And really you could have quite a bit coming out if this is a successful procedure.

You want to make sure that your patient is compliant, and that they understand, and that they can roll to their side. So you're going to want them on the left side with their right leg up. You may have to have somebody come in to help with that. So I'm washing my hands, and I would have two side rails up, and the bed in the lowest position when I walked in. And to get ready for the procedure, I'll raise the bed to an appropriate working height.
So Mr. Smith, my name is Barb, and I'm a registered nurse for your shift. Can you tell me your full name and your birth date? So I've explained the procedure to the patient, I'm providing privacy.

As you can tell we only have a partial mannequin today for purposes of demonstration. And our mannequin is a little anal retentive, so you should never have this much trouble getting it in. So if you meet that much resistance, you need to stop the procedure. The patient needs to understand that once the fluid is in-- and normally it's 500-1,000ml. And remember, 1,000ml is a litre size of soda.

The patient's going to need to hold it in as long as possible, and that's why you want to have things available and ready to go. OK, so I'm going to lubricate the end of my tubing. And it curves, and so it's going to curve towards the umbilicus. So I'm going to insert this-- you want to check to make sure there's no hemorrhoids or lesions before you insert. That may or may not preclude you from doing the procedure.

So you've got the thumb clamp on because you don't fluids. You've primed the tubing so that there's no air in it, that you have as much fluid as possible. And you're going to go through two sphincters, the outer and the inner sphincter. And like I said, if you run into this much resistance you want to stop. Then what you're going to do is release the clamp, put the bag up to 12-18" and let it go in.

You're going to tell the patient to breathe slowly. It may cause some cramping, so you just want to have them take some deep breaths. You could lower the bag a little, but go by whatever your instructor says in class as to the procedure and the protocol for what you're going to do if there's severe cramping. Patient may or may not be able to get that much fluid in.

All right, once it's in, you're going to tell the patient to hold it as long as possible. You're going to clamp the tubing, pull the tubing out. If there's fecal matter on the end, you're going to wrap issues around it and then wrap it inside your glove. If not, you can just wrap it inside your gloves and throw it in the trash. This is not biohazard, but I do like to just empty the trash after I'm done so that the family and the patient don't need to look at the enema bag in the trashcan.
You're going to lower the bed to the lowest position to the floor. Put two side rails up, make sure the call light is within reach, then you're going to want to do your documentation. Your documentation will include the amount that comes out, the consistency, the color, and how well the patient tolerated the procedure. And you just stay patient tolerated, patient did not tolerate. So you want to document all of this and how much fluid went in, and again, what came out. And you want to remind the patient they may not have a bowel movement for a little bit, because you've just emptied the bowels. And that's it.