The administration of rectal medication is frequently performed in children's nursing and is often viewed as a basic skill. However, it may hold potential risks. Children may view this procedure as distressing and embarrassing and appropriate knowledge and skills are essential in order to ensure safe and effective care.

Nursing priorities include individual child assessment, medication knowledge, safe medication practices and the promotion of optimum comfort for the child. Adopting an evidence-based approach to this procedure promotes safe practice while creating a more positive experience for the child. This article presents a structured approach to administering rectal suppositories to children, which aims to minimise distress, and ensure correct administration and optimal efficacy of the medication.

Rectal suppositories
A suppository is a solid bullet-shaped preparation, which is inserted into the rectum. It is administered when the oral route is not acceptable or when a local effect on the bowel is required (see Table 1).

There are two types of suppositories:
- A stimulant suppository – stimulates bowel activity, softens stool (for example, glycerine, sodium bicarbonate)
- A retention suppository – delivers medication (for example, paracetamol).

Suppositories may exert a local effect on the gastrointestinal mucosa or have systemic effects. They dissolve at body temperature and are absorbed via the intestinal blood supply. Absorption may be unreliable if a stool is present in the rectum and/or if medication is passed along with a stool after administration.

Common medications administered via this route are analgesics, sedatives and anti-emetics. Suppositories are generally indicated for use in infants and young children.

Administration
It is important to limit distress during the administration of a suppository as some children may find the procedure uncomfortable or embarrassing. Each child should be individually assessed to determine their suitability for the procedure. Meanwhile, explaining the process fully to both the child and parent will improve co-operation and trust.

If possible, encourage the child to empty their bowels prior to the administration of the suppository. This will avoid the medication being expelled prior to its absorption and it will also improve the efficacy of the medication. Older children may be able to self-administer their medication with some supervision.

Insertion technique
Debate exists in relation to the insertion technique of suppositories. Inserting the blunt end first has been advocated in order to improve retention. However, manufacturer's instructions...
Insertion of rectal suppositories

Before the procedure

• Gather all necessary equipment including: medication; child’s chart; prescription sheet; disposable incontinence sheet; tissues; bedpan; toilet or commode (if appropriate); gloves and apron; water-based lubrication gel; bravery certificates or stickers (if available)

• Explain the procedure to the child and family

• Encourage the child to empty their bowels

• Ensure a bedpan, toilet, commode or call bell is easily accessible

• Ensure medication has been stored as per manufacturer’s instructions (certain suppositories should be refrigerated)

• Remove all wrapping from suppository and ensure the medication is intact

• To ensure accurate medication dosage – do not cut suppositories

• Place an incontinence pad underneath the buttocks (to prevent soiling of linen and distress to the child)

Administering the suppository

• Ensure privacy for the child, covering them with a blanket to maintain dignity and prevent embarrassment

• Wash your hands, put on a disposable apron and gloves to reduce the potential transfer of micro-organisms

• Lie the child on their left side with their knees bent and drawn up towards the abdomen. This position allows gravity to assist with the passage of the medication

• Ask the child to take slow deep breaths to relax the anal sphincter

• Visualise the peri-anal area, assess for abnormalities

• Lubricate the apex of the suppository with lubricating gel

• Insert the suppository apex first into the child’s rectum, just past the internal sphincter

• Gently hold the buttocks for five to 10 minutes, if possible to reduce pressure on the anal sphincter and also risk of expelling medication

• Clean away any lubricating jelly to prevent anal irritation and ensure comfort

• Administer all medications safely as per local nursing policies

After the procedure

• Encourage the child to retain the medication for 20 minutes or as long as possible to enhance medication absorption

• Dispose of equipment appropriately and wash your hands

• Reassure and praise the child, and ensure they are comfortable

• Record the medication administration as per local policy, monitor effectiveness of the medication

• If stool or medication is expelled immediately post-administration, report to medical staff and document within the nursing notes

usually advise that suppositories should be inserted apex first. As there is little evidence to support this change in practice, suppositories should be administered in accordance with the manufacturer’s instructions.

Administration of suppositories is an invasive experience for any child. Table 2 presents a standardised approach to administering rectal suppositories to children so as to create minimal distress.

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References