

Notes on Practical Nursing.**ENEMATA—I. PURGATIVE.****A LECTURE TO PROBATIONERS, NATIONAL SANATORIUM, BOURNEMOUTH.**

BY THE MATRON.

An enema is an injection of some liquid into the intestinal canal (*per anum*), for either a medicinal, nutritive or cleansing purpose.

The instrument employed and the manner of administration differ according to the result aimed at by the physician, and it is therefore necessary that the nurse should thoroughly understand how to carry out instructions.

An enema may be given by means of:—

(a) A Higginson's syringe, which pumps the fluid into the bowel. It is generally used in purgative enemata.

(b) A soft rubber catheter (No. 12) attached to a glass funnel. This is suitable for nutrient purposes or when accurately measured quantities of some drug are to be administered.

(c) An indiarubber tube, having a stop-cock to regulate the flow, fastened to a douche tin. This form is best for the large quantities ordered for irrigating the intestine.

The practical use of these instruments is learnt in the wards, and it is therefore unnecessary to here consider it in detail. The chief points to remember concerning the preparation and administration of enemata are:—

(a) The cleanliness of the instrument employed; no matter how clean it may appear it should always have water passed through it before use.

(b) The heat of the liquid; for purgative enemata 99 deg. to 100 deg. Fahr., for nutrients 98.6 deg. to 99 deg. Fahr.

(c) Expulsion of air from the syringe or tube, which must be full of the fluid to be injected when passed into the rectum.

(d) The avoidance of all unnecessary exposure or uncovering of the patient. A clever nurse can do all that is necessary under a blanket.

(e) The oiling or greasing of that part of the instrument to be inserted through the anus.

(f) Care not to inject air into the intestine either by letting the valve of the syringe rise above the level of the water or, if a funnel and tube be used, letting the tube empty itself before filling up the funnel with more liquid.

(g) Avoidance of all haste during the operation. It should take at least five minutes to inject oj of soap and water for a purgative enema, and about fifteen minutes to give ℥ iv . for a nutritive purpose.

(h) No force must be used in driving the fluid into the bowel; should the even flow become obstructed, the position of the tube must be

altered by withdrawing it slightly and then passing it further up again. Its open end may have come in contact with *fæces* or the intestinal wall.

(i) Care that the bedpan be warm and not likely to give a shock to the patient.

(j) The thorough cleansing of *all* syringes, tubing, funnels, etc., with soft soap and water after use, using cold if oil has passed through them. They should, in addition, be frequently sterilised by boiling. Those used for septic, enteric, or infectious patients should be kept for such cases alone and not used promiscuously in the ward.

The purgative enemata most commonly ordered are:—

Enema simplex, equal to oj to ij hot water.
Enema saponis, equal to oj to ij , soap and water worked to a lather. Soft soap (*sapo mollis*, made from olive oil and potash) is better for the purpose than ordinary hard soap, and less likely to cause the skin irritation which in some cases follows the administration of an injection, and is known as enema rash. Castile soap (made from olive oil and soda) is by far the best of the hard varieties. On no account should any sort of scented soap be used.

Enemata of oil and water are frequently ordered in cases of obstinate constipation, or after rectal operations while the intestinal walls are likely to be damaged by the passage of any hard substance.

It is of course impossible to mix oil and water, and if this be attempted the oil floating on the top will most probably be left behind in the basin.

The best plan is to have the soap and water in one basin and the oil in another (both at a temperature of 99 deg. Fahr.), inject half the quantity of the soap and water, then the oil, and finally the rest of the first liquid.

If castor-oil is to be administered, make an emulsion by shaking it in a bottle with the yolk of an egg (one yolk to ℥ i of oil is the proper proportion); it will then mix well with Castile soap and water, and be very much easier to give than the official B.P. enema of castor-oil ℥ ij in starch xvii .

In cases of dysentery, various drugs, such as quinine, nitrate of silver, and ipecacuanha, are given *per rectum*. Ipecacuanha is the only one with which we need concern ourselves. The drug is generally dispensed as a powder, which the nurse must infuse in *boiling* water and then inject *cold* into the rectum. The usual proportion is ℥ i to ℥ x of water.

In these cases the nurse should be careful to introduce only a very small catheter into the rectum. The indiarubber must be well-oiled and passed very slowly and carefully into position. Any anal irritation must be reported to the

[previous page](#)

[next page](#)