RECTAL TUBE INSERTION
WITH CONNECTED FLATUS BAG

PURPOSE

The purpose of this procedure is to relieve distention secondary to unexpelled flatus.

These procedures are offered as a resource for use by staff as they attempt to determine how best to achieve the goal of providing each resident with appropriate health care. This policy is not intended to replace the informed judgment and professional discretion of individual nurses, physicians, and other clinicians. This is one of many resources that may be used for this procedure.

GENERAL GUIDELINES

1. Verify that there is a physician's order for this procedure.
2. Review the resident's care plan to assess for any special needs.
3. Assemble the equipment and supplied as needed.
4. This procedure is not to be delegated to non-licensed personnel. Only a licensed nurse or physician can perform this procedure.
5. Unless otherwise ordered, only leave rectal tube in place 20 minutes at a time.

EQUIPMENT

- Disposable rectal tube with connected flatus bag
- Lubricant, if tubing is not pre-lubricated
- Adhesive tape
- Toilet tissue
- Wash basin
- Warm water and soap
- Washcloth
- Paper towels
- Bed protector (disposable or plastic)
- Bath blanket or sheet
- Personal protective equipment

PROCEDURE

1. Screen the resident for privacy.
2. Explain the procedure to the resident.
3. Place the clean equipment on the bedside stand and arrange so that it can be easily reached.
4. Wash and dry your hands thoroughly.
5. Put on gloves.
6. Adjust the resident's clothing to expose the buttocks. Cover the resident with a bath blanket or sheet.
7. Place the bed protector under the resident's buttocks.
8. Assist the resident to turn on their left side. Bend the right knee toward their chest unless contraindicated by the resident's medical condition. (Left Sim's or enema position).
9. Lubricate the tip of the tubing about 3-4 inches. Be sure the tube is well lubricated. Check the opening of the tube to be sure it is not plugged.
10. Expose the buttocks.
11. Separate the buttocks so you can see the anal area.
12. Grasp the tubing about 5-6 inches from the end. Gently insert the enema tip 3-4 inches through the anus into the rectum. If you feel resistance or if the resident complains of pain, stop the procedure and summon the supervisor.
13. Tape the tubing to the resident's buttocks with a small piece of adhesive tape.
14. Leave the tubing in place 20 minutes or as instructed by the physician.
15. Cover the resident with the bath blanket or sheet to provide privacy.
16. Remove gloves and discard into designated container. Wash and dry your hands thoroughly.
17. Provide the resident with as much privacy as possible. Place the call light within easy reach of the resident. Assure the resident that you will be near should they need assistance.
18. When you return to the resident, wash and dry your hands thoroughly and put on gloves.
19. Observe the amount of flatus in the bag.
20. Remove adhesive tape and slowly withdraw the rectal tubing.
21. Fill the wash basin one-half full of warm water. Take to the bedside. Inspect the resident's buttocks. Wash, rinse, and dry as necessary.
22. Remove the bed protector and discard into designated receptacle.
23. Remove the bath blanket or sheet and discard into soiled linen container.
24. Return resident's clothing to proper position.
25. Change linen as necessary.
26. Remove gloves and wash and dry hands thoroughly.
27. Arrange bed covers and make resident comfortable.
28. Place call light within easy each of the resident.
29. Clean equipment and return to designated storage area.
30. Wash and dry your hands thoroughly.

DOCUMENTATION

The following information should be recorded in the resident's medical record:

- Date and time the rectal tube was administered.
- Name and title of the person who performed the procedure.
- Signature and title of person recording the data.

REPORTING

1. Notify the supervisor if the resident refuses the rectal tube.
2. Report other information in accordance with facility policy and professional standards of practice.