NGN NCLEX 2026 · REFERENCE CARD SERIES

GASTROINTESTINAL · FUNDAMENTALS

Enemas & Bowel Prep

Six enema types every nurse must distinguish on exam day — their physiology, indications, red flags, and the subtle traps that separate safe practice from critical error.

CLINICAL JUDGMENT | FUNDAMENTALS | SAFETY & INFECTION | PHARMACOLOGY

01 Definition & Overview

FOUNDATION

What is an enema?

The instillation of a solution into the rectum and sigmoid colon via a tube inserted through the anus. Used therapeutically to evacuate stool, deliver medication, or prepare the bowel for diagnostic procedures.

- Classified by **purpose**: cleansing, retention, or diagnostic
- Classified by **tonicity**: hypertonic, hypotonic, isotonic, or oil-based
- Requires **HCP order** — never self-initiated by the nurse

WHY IT MATTERS

6

distinct enema types

Each with unique volumes, retention times, risks, and contraindications. Picking the wrong one — or giving a tap water enema twice — can kill a patient.

02 How Enemas Work

MECHANISM · SIMPLIFIED

STEP 01
Solution Instilled
Fluid enters rectum via tube

→

STEP 02
Bowel Distention
Walls stretch, activating mechanoreceptors

→

STEP 03
Fluid Shift / Stimulation
Osmosis, irritation, or lubrication acts on stool

→

STEP 04
Peristalsis Triggered
Colon contracts, softened stool mobilized

→

STEP 05
Evacuation
Defecation reflex — stool & solution expelled

> *The **tonicity** of the solution determines which direction water flows. Hypertonic (Fleet's) pulls fluid into the colon. Hypotonic (tap water) pushes fluid out of the colon into tissue — which is why repeat doses cause water intoxication.*

03 The Six Enema Types

SIDE-BY-SIDE COMPARISON

Na^+ Sodium Phosphate

FLEET'S · HYPERTONIC

VOLUME	ONSET
90–120 mL	5–15 min

USED FOR

Constipation, pre-procedure bowel prep, impaction relief in healthy adults.

AVOID IN: Renal failure, CHF, dehydration, children <2, frail elderly. Causes

H_2O Tap Water

HYPOTONIC · CLEANSING

VOLUME	ONSET
500–1000 mL	15 min

USED FOR

General bowel cleansing. Effective but never to be repeated on the same patient.

Ba Barium

RADIOGRAPHIC · DIAGNOSTIC

TYPE	SETTING
Contrast	Radiology

USED FOR

Radiologic visualization of colon under fluoroscopy. Detects polyps, tumors, diverticula.

POST-PROCEDURE: Push fluids, give laxative to expel. Expect **white chalky stool × 24–72**

hyperphosphatemia, hypernatremia, hypocalcemia.

ONE & DONE: Never repeat — water shifts into circulation causing **water intoxication**, hyponatremia, and fluid overload.

hrs (not a complication). Risk of impaction if retained.

Oil

Mineral Oil

OIL RETENTION · LUBRICANT

VOLUME	RETAIN
90–120 mL	30–60 min

USED FOR

Severe constipation & fecal impaction. Softens & lubricates hard stool for easier passage.

RETAIN LONGER for effect. Blocks absorption of **fat-soluble vitamins A·D·E·K**. Aspiration risk if oral confusion.

Rx

Bisacodyl

DULCOLAX · STIMULANT

VOLUME	ONSET
Small	15–60 min

USED FOR

Constipation, preoperative bowel prep. Chemically stimulates colon wall to contract.

CRAMPING EXPECTED. Avoid in acute abdomen, suspected obstruction, or bowel perforation.

Gly

Glycerin

HYPEROSMOTIC · GENTLE

VOLUME	ONSET
4–10 mL	15–30 min

USED FOR

Mild constipation. **Safe choice for infants, children & elderly**. Draws water in & lubricates.

LOW RISK profile — preferred first-line in pediatrics & frail elderly when electrolyte shifts are a concern.

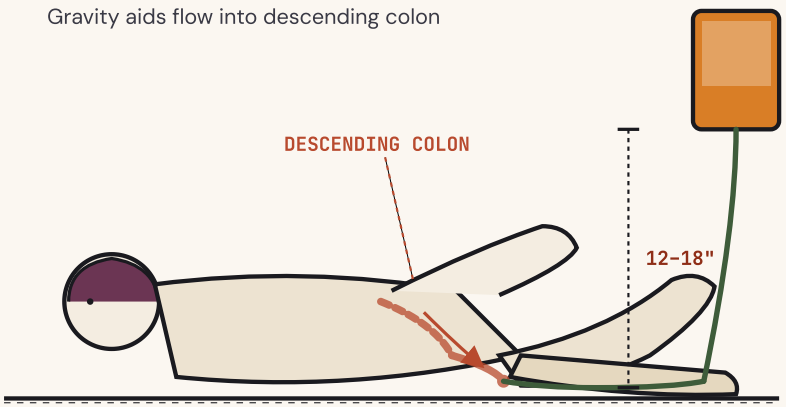
04 Positioning & Technique

PROCEDURE STANDARDS

Left Lateral Sims' Position

Key Procedure Specs

POSITION	**Left Sims'** — NEVER right side (fights anatomy)
TEMP	**105°F Adult** · 100°F Child. Cold = cramping, hot = mucosal burn



Left lateral Sims' — gravity carries solution along the natural curve of the descending colon and sigmoid.

DEPTH	**Adult 3–4"** · Child 2–3" · Infant 1–1.5"
BAG HEIGHT	**12" regular** · 18" high cleansing. Higher = faster flow
CRAMPING	**Lower the bag** or pause. Don't stop unless severe
RATE	**Slow & steady**. Adult infusion ≥ 5–10 minutes

05 Expected vs Red Flags

DISCRIMINATION SKILLS

✓ Expected & Normal

- ✓ Mild cramping or urge to defecate
- ✓ Passage of solution with stool
- ✓ Slight rectal fullness during instillation
- ✓ Feeling tired or warm after evacuation
- ✓ **White chalky stool × 24–72 hrs** after barium

! Red Flags · STOP & Notify

- ⚠ **Severe cramping** unrelieved by lowering bag
- ⚠ **Rectal bleeding** or blood in returns
- ⚠ **Dizziness, syncope, bradycardia** (vagal response)
- ⚠ **Dyspnea, crackles** (water intoxication with tap water)
- ⚠ **Altered mental status, tetany** (electrolyte shift with Fleet's)

✓ Temporary mild bloating

⚠ **No return after 8 hrs post-barium** (impaction risk)

06 Priority Nursing Interventions

ABCS & SAFETY FRAMEWORK

A
Assess First

- Verify HCP order & enema type
- Check last BM & abdominal assessment
- Review labs (BUN, Cr, electrolytes)
- Screen contraindications (recent surgery, ↑ICP, dysrhythmias)
- Ask about previous enema tolerance

B
Before Instillation

- Position in **left Sims'**
- Warm solution to 105°F
- Lubricate tube tip generously
- Ensure privacy & bathroom access
- Place waterproof pad under patient

C
During Procedure

- Insert **3–4 inches** gently
- Instill slowly over ≥ 5–10 minutes
- Lower bag if cramping starts
- Stop for severe pain or bleeding
- Monitor for vagal response

D
During & After

- Encourage retention per type
- Offer bedpan/bathroom assistance
- Document: type, volume, returns, tolerance
- Post-barium: fluids + laxative
- Monitor for delayed reactions

07 Pharmacology Quick Reference

DRUG · MECHANISM · WATCH-FOR

AGENT	TYPE	MECHANISM	KEY SIDE EFFECTS	NURSING CONSIDERATIONS
Sodium Phosphate Fleet's enema	HYPERTONIC	Pulls interstitial water *into* colon via osmosis → distention → peristalsis	↑ Na, ↑ Phosphate, ↓ Ca, dehydration, cramping	Avoid in renal/CHF/elderly. Monitor electrolytes & I&O
Tap Water Sterile or saline variant	HYPOTONIC	Distends colon & stimulates peristalsis; water shifts *out* of colon into tissue	Water intoxication, hyponatremia, fluid overload	**ONE dose only.** Never repeat. Strict I&O

AGENT	TYPE	MECHANISM	KEY SIDE EFFECTS	NURSING CONSIDERATIONS
Barium Sulfate Radiographic contrast	DIAGNOSTIC	Radiopaque suspension coats colon wall for fluoroscopic imaging	Impaction, obstruction, allergic reaction (rare), constipation	NPO before. Push fluids & laxative after. Expect white stool ×72h
Mineral Oil Retention enema	OIL	Lubricates stool & colon wall; softens impaction for easier passage	Blocks **A·D·E·K** absorption, aspiration, leakage	Retain 30–60 min. Avoid in bedridden w/ aspiration risk
Bisacodyl Dulcolax	STIMULANT	Direct irritation of colon wall → ↑ motility & fluid secretion into lumen	Cramping, electrolyte loss with overuse, dependency	Avoid acute abdomen. Don't crush/chew oral form
Glycerin Pediatric-safe	OSMOTIC	Draws water into colon + local lubrication → gentle softening	Mild rectal irritation, minimal systemic effect	Safe in children/elderly. First-line gentle option

08 NCLEX Test Traps

WHERE STUDENTS LOSE POINTS

01 Repeat Tap Water Enema

~~Give a second TWE~~ → **ONE & done**

If the first TWE didn't work, switch to a different type. Repeating causes fatal water intoxication.

02 Position Confusion

~~Right side-lying~~ → **LEFT Sims'**

The descending colon sits on the left. Left-lying lets gravity work with the anatomy.

03 White Stool After Barium

~~Notify HCP urgently~~ → **Expected × 72h**

Chalky white stool is normal after a barium study. No return in 24 hrs is the red flag.

04 Cramping During Infusion

~~Stop & remove tube~~ → **Lower bag / pause**

For cleansing enemas, mild cramping → reduce flow by lowering the bag. Only stop if severe pain/bleeding.

05 Fleet's in Renal Patient

~~Safe low volume~~ → **Contraindicated**

"Small volume" doesn't equal "safe." Hypertonic phosphate load can trigger fatal hyperphosphatemia in CKD.

06 Mineral Oil & Vitamins

~~Nutrient-neutral~~ → **Blocks A·D·E·K**

Mineral oil interferes with fat-soluble vitamin absorption. Long-term use → deficiency.

09 Clinical Judgment in Action

NCJMM FRAMEWORK

NGN SCENARIO · THINK LIKE THE TEST WRITER

A 72-year-old with CHF and CKD stage 3 is ordered a Fleet's enema for constipation before a colonoscopy.

> She takes furosemide and metoprolol at home. Last BM was 4 days ago. BP 102/64, HR 58, K^+ 3.3, Cr 1.9, eGFR 42. The night nurse has the Fleet's at bedside and is ready to administer.

01 RECOGNIZE

Recognize Cues

Patient has CKD + CHF + elderly + already on diuretic + borderline hypotension/bradycardia. Low K^+. Fleet's is hypertonic phosphate.

02 ANALYZE

Analyze Cues

Fleet's is **contraindicated** here. Risk of hyperphosphatemia, hypocalcemia, volume shifts worsening CHF, and vagal response triggering bradycardia.

03 PRIORITIZE

Prioritize Action

Hold the enema. Notify HCP. Advocate for a safer alternative — glycerin suppository or tap water enema × 1.

04 EVALUATE

Evaluate Outcome

Patient evacuates without electrolyte disturbance. Post-procedure VS stable. No new cardiac or mental status changes. Documented BM.

10 Patient Education

TEACH · EMPOWER · REINFORCE

What To Expect

- → Mild cramping & urge to defecate are normal
- → Stay on your left side as long as possible
- → Retain solution per type (5 min to 1 hour)
- → Several bowel movements may follow

When To Call

- → Severe or unrelieved pain
- → Rectal bleeding or blood in returns
- → Dizziness, confusion, weakness
- → No stool within 8 hours post-barium

After The Procedure

- → Drink extra fluids for 24–48 hours
- → Expect white stool after barium × 72 hrs
- → Resume normal diet unless told otherwise
- → Don't overuse enemas → dependence risk

11 Memory Boosters

MNEMONICS & PATTERN TRICKS

"TAP = One & Done"

NEVER REPEAT

Tap water is **hypotonic**

water

Repeated use = **intoxication**

Signs: confusion, ↓ Na, crackles, dyspnea

"Fleet FLEES"

SIDE-EFFECT PROFILE

- **F** luid pulled in → dehydration
- **L** ow Ca, **E** levated Na + PO_4
- **E** lderly/renal = avoid
- **S** all-volume; osmotic

"MO Munches ADEK"

MINERAL OIL ABSORBS VITAMINS

A , **D** , **E** , **K** = fat-soluble

Oil traps them before absorption

Long-term use → deficiency

"LEFT for Lower"

POSITIONING MEMORY

L eft side down

Follows descending colon

Gravity does the work

"Barium = Bright White"

NORMAL, NOT A RED FLAG

Chalky white stool × 24–72 hrs

Push fluids to flush contrast

No stool in 8 hrs → call HCP

"SOAPS"

ENEMA ADMINISTRATION CHECKLIST

- **S** olution warmed (105°F)
- **O** bserve for cramping
- **A** ngle: Left Sims'

P osition bag 12–18" high

S low instillation