Event	Medications Indicated	Rectal Bioavailability	References and Pharmacy Notes
	Morphine	Similar to oral	More rapid pain control vs oral - onset 10 minutes (21) Tmax fast = 30min(1)
	Oxycodone	Similar to oral	Analgesia onset fast = 30min -1h(2)
	Methadone	80% - 90% of oral	Rectal Suspension - Quicker Tmax vs Oral = 1.4h vs 2.8,onset = 30min (3) Improved absorption via suspension (80%) vs suppository (35%-58%)(15)
	Hydromorphone	50% of oral	Note: Study done only on suppositories, not suspension (4)
	Aspirin	Similar to oral	As suspension at pH of 4 (4,6)
General Pain	Indomethacin	112 - 137% of oral	Rectal Suspension - Onset fast =10 min, Tmax =20min vs 40min oral (
Somatic,	Ibuprofen	88% of oral	Slower rectal Tmax 1.1h vs 33min oral (4)
Neuropathic	Ketoprofen	Similar to oral	Study tested only Fatty suppository (4)
	Naprosyn	80% of oral	Studies done on both suppository and oral solution(4)
	Acetaminophen	90% of oral	As aqueous suspension (6)
	Dexamethasone	No PK Studies published	Satisfactory results have been obtained in several studies with rectal corticosteroids(16). Large amount of anecdotal evidence for effectiveness of BRD suppositories. Case Study on BRD(17)
	Lidocaine	200% of oral	(28)
	Ketamine	150% of oral	(14)

Event	Medications Indicated	Rectal bioavailability	References and Pharmacy Notes
Antidepressants (Depression, Nerve Pain)	Imipramine	Similar to oral	(4)
	Clomipramine	Similar to oral	(4)
	Doxepin	Therapeutic Blood Levels	(4,8)
	Trazodone	Clinically effective	(4)

	Medications Indicated	Rectal Bioavailability	References and Pharmacy Notes
Respiratory Symptoms -	Morphine	Similar to oral	More rapid pain control vs oral - onset 10 minutes (21) Tmax fast = 30min(1)
Shortness of Breath,	Lorazepam	80% -100% of oral	2x Faster than SL and Oral (30,31) Rectal T-max = 1.12hr vs 2.37hr (oral), 2.35hr (SL)
secretions,	Atropine	31% of IM	Pediatric study-Tmax 15 minutes (4, 27)
inflammation	Dexamethasone	No PK Studies Published	Satisfactory results have been obtained in several studies with rectal corticosteroids(16). Large amount of anecdotal evidence for effectiveness of BRD suppositories. Case Study on BRD(17)

Event	Medications Indicated	Rectal bioavailability	References and Pharmacy Notes
	Phenobarbital	Similar to oral	Faster absorption and less variability via micro enema suspension vs. suppository (10,11,25)
(CNS)	Ketamine	150% of oral	(14)
Delerium, Agitation or Anxiety	Chlorpromazine	Similar to oral	(4)
	Haloperidol	No PK studies published	Anecdotal reports support clinical effectiveness administered rectally
	Diazepam	Similar to oral	Rapid Tmax =17 min(rectal suspension) vs 82 min(suppose) vs 52 min(oral tablet)(12)
	Lorazepam	80% -100% of oral	Very quick seizure control reported - mean time to cessation of seizures 37 sec.(13)
	Quetiapine	189% of oral	24
	Midazolam	Similar to oral	Sedative effects comparable to oral (9) Tmax 16minutes (1)

Event	Medications Indicated	Rectal bioavailability	References and Pharmacy Notes
Fever	Aspirin	Similar to oral	As suspension at pH of 4(4,6)
	Indomethacin	112 - 137% of oral	Rectal Suspension - Onset fast =10 min, Tmax =20min vs 40min oral(5)
	Ibuprofen	88% of oral	Slower rectal Tmax 1.1h vs 33min oral(4)
	Acetaminophen	90% of oral	As aqueous suspension- (6)

Event	Medications Indicated	Rectal bioavailability	References and Pharmacy Notes
	Phenobarbital	Similar to oral	Slower Tmax vs oral , faster absorption and less variability via micro enema suspension vs. suppository(10,11,25)
	Lorazepam	80% -100% of oral	Very quick seizure control reported - mean time to cessation of seizures 37 sec.(13) 2x Faster than SL and Oral (30.31) Rectal T-max = 1.12hr vs 2.37hr (oral), 2.35hr (SL)
	Diazepam	Similar to oral	Rapid Tmax =17 min(rectal suspension) vs 82 min(suppose) vs 52 min(oral tablet)(12)
Seizures	Levetiracetam (Keppra)	Similar to oral	(18) Note - not crushable (order liquid)
	Lamotrigine (Lamictal)	63% of oral	May need to titrate dose up from oral to rectal (4)
	Valproic Acid	89% to 100%	(4)
	Carbamazepine	67% of oral	Study tested fatty suppository (4)
	Midazolam	Similar to oral	Sedative effects comparable to oral(9) Tmax 16minutes(1)

Event	Medications Indicated	Rectal bioavailability	References and Pharmacy Notes
	Metoclopramide (Reglan)	53% of oral	(4) Effective for Gastroparesis (19)
	Haloperidol	No PK studies published	Anecdotal reports support clinical effectiveness administered rectally. Rectal administration of tablets is a standard of practice in hospice
	Prochlorperazine	Similar to oral	(4)
	Promethazine	70% -97% of oral	(4)
Nausea and	Odansetron	30% of oral	Reported Clinically effective (4)
Vomiting	Diphenhydramine	No PK studies published	Commonly used in suppositories
	Hydroxyzine	No PK studies published	Commonly used in suppositories
	Dexamethasone	No PK studies published	Satisfactory results have been obtained in several studies with rectal corticosteroids (16). Large amount of anecdotal evidence for effectiveness of BRD suppositories. Case Study on BRD(17)
	Lorazepam	80% -100% of oral	2x Faster than SL and Oral (30,31) Rectal T-max = 1.12br vs. 2.37br (oral). 2.35br (SL)

Event	Antibiotics	Rectal bioavailability	References and Pharmacy Notes
Infection	Amoxicillin	87-99% of oral	Study used hydrophilic suppository (4)
	Erythromycin	250-300% of oral	(4)
	Metronidazole	80% of oral	PEG suppository compared to oral suspension (4)
	Ceftizoxime	Therapuetic Levels	2/3 parenteral bioavai. with caprate, 1/3 bioavail. without caprate (4)

Event	Medications Indicated	Standard Enema Guidelines	References and Pharmacy Notes
Constipation/ Elevated NH3	Lactulose Enema	Follow agency guielines for preparation and administration. Place Macy Catheter. Instill enema with 60ml enteral syringe or gravity bag. Retain in rectum for 30-60 minutes. Deflate balloon and allow patient to expell in bedpan or commode.	May repeat every 4 to 6 hours (23, 29)

Event	Medications Indicated	Rectal bioavailability	References and Pharmacy Notes
Hiccups	Chlorpromazine	Similar to oral	(4)
	Haloperidol	No PK Studies published	Anecdotal support of clinical effectiveness administered rectally

Event	Fluids	Bolus Info	References and Pharmacy Notes
Fluid Replacement (Dehydration)	Hypotonic fluids (H20, 1/2NS, 1/4NS etc.)	Follow agency protocol. Bolus volumes up to 500ml over 2 to 4 hours with a maximum 24hour volume of 1500ml/day have been well tolerated.(22,26)	(22, 26)

Event	Medications Indicated	ectal bioavailability (% of Ora	References and Pharmacy Notes
Fluid Overload	Furosemide	Similar to oral	Therapeutic effect similar to oral at same dose (20)

Alphabetical Listing

	<u> </u>
90% of oral	As aqueous suspension- (6)
87-99% of oral	Study used hydrophilic suppository (4)
Similar to oral	As suspension at pH of 4 (4,6)
31% of IV	Pediatric Study Tmax 15min to 30min(4,27)
67% of oral	Study tested only Fatty suppository (4)
Therapuetic Levels	2/3 parenteral bioavai. with caprate, 1/3 bioavail. without caprate (4)
Similar to oral	(4)
Similar to oral	(4)
Rectal absorption not studied	Satisfactory results have been obtained in several studies with rectal corticosteroids(16). Large amount of anecdotal evidence for effectiveness of BRD suppositories. Case Study on BRD (17)
Similar to oral	Tmax =17 min(rectal suspension) vs 82 min(suppos) vs 52 min(oral tablet)(12)
No studies	Commonly used in suppositories
Therapeutic Blood Levels	(4,8)
250-300% of oral	(4)
Similar to oral	Therapeutic effect similar to oral at same dose (20)
No studies	Anecdotal reports support clinical effectiveness administered rectally
50% of oral	Note: Study done only on suppositories, not suspension (4)
No studies	Commonly used in suppositories
88% of oral	Slower rectal Tmax 1.1h vs 33min oral(4)
Similar to oral	(4)
	87-99% of oral Similar to oral 31% of IV 67% of oral Therapuetic Levels Similar to oral Similar to oral Rectal absorption not studied Similar to oral No studies Therapeutic Blood Levels 250-300% of oral Similar to oral No studies 50% of oral No studies 88% of oral

Indomethacin	112 - 137% of oral	Rectal Suspension - Onset fast =10 min, Tmax =20min vs 40min oral(5)
Ketamine	150% of oral	(14)
Ketoprofen	Similar to oral	Study tested only Fatty suppository (4)
Lamotrigine (Lamictal)	63% of oral	May need to titrate dose up from oral to rectal (4)
Levetiracetam	Similar to oral	(18)
Lidocaine	200% of oral	(28)
Lorazepam	80% -100% of oral	Very quick seizure control reported - mean time to cessation of seizures 37 sec.(13) Faster than SL and Oral (30,31) Rectal T-max = 1.12hr vs 2.37hr (oral), 2.35hr (SL)
Methadone	90% of oral	Quicker Tmax vs Oral = 1.4h vs 2.8,onset 30min(3)
Metoclopramide (Reglan)	53% of oral	(4) Effective for Gastroparesis (19)
Midazolam	Similar to oral	Sedative effects comparable to oral(9) Tmax 16minutes(1)
Morphine	Similar to oral	Tmax fast = 30min(1)
Naprosyn	80% of oral	Studies done on both suppository and oral solution(4)
Odansetron	30% of oral	Reported Clinically effective(4)
Oxycodone	Similar to oral	Analgesia onset fast = 30min -1h(2)
Phenobarbital	Similar as oral	Faster absorption and less variability via microenema suspension vs suppository (10,11,25)
Prochlorperazine	Similar to oral	(4)
Promethazine	70% -97% of oral	(4)
Tap water	Well absorbed	Well tolerated (N=76) up to >250ml/hr(22)
Trazodone	Clinically effective	(4)
Valproic Acid	89% to 100%	(4)
Quetiapine	189% to oral	Tmax comparable and variability less with rectal vs oral (102+/- 21min rectal vs 93+/-68.5 min oral) (24)

- 1. Van Hoogdalem E, de Boer AG, Breimer DD. Clin Pharmacokinetic., Pharmacokinetics of rectal drug administration, Part I. General considerations and clinical applications of centrally acting drugs. 1991 Jul;21(1):11-26.
- 2. Leow KP, Cramond T, Smith MT. Pharmacokinetics and pharmacodynamics of oxycodone when given intravenously and rectally to adult patients with cancer pain. Anesth Analg. 1995 Feb;80(2):296-302.
- 3. Ola Dale, Pamela Sheffels, Evan D Kharasch, Bioavailabilities of rectal and oral methadone in healthy subjects. Br J Clin Pharmacol. 2004 Aug; 58(2): 156–162.
- 4. Davis MP, Walsh D, LeGrand SB, Naughton M. Symptom control in cancer patients: the clinical pharmacology and therapeutic role of suppositories and rectal suspensions. Support Care Cancer. 2002 Mar;10(2):117-38.
- 5. Jensen KM, Grenabo L. Bioavailability of indomethacin after intramuscular injection and rectal administration of solution and suppositories. Acta Pharmacol Toxicol (Copenh). 1985 Nov;57(5):322-7
- 6. Van Hoogdalem EJ, de Boer AG, Breimer DD. Pharmacokinetics of rectal drug administration. Part 2. Clin Pharmakokinet.1991;21:110-128.
- 7. Birnbaum AK1, Kriel RL, Burkhardt RT, Remmel RP. Rectal absorption of lamotrigine compressed tablets. Epilepsia. 2000 Jul;41(7):850-3.
- 8. Storey P., Trumble M. Rectal doxepin and carbamazepine therapy in patients with cancer. N Engl J Med. 1992 Oct 29;327(18):1318-9.
- 9. Jensen B1, Matsson L.Oral versus rectal midazolam as a pre-anaesthetic sedative in children receiving dental treatment under general anaesthesia. Acta Paediatr. 2002;91(8):920-5.
- 10. F. Moolenaar, B. Koning, T. Huizinga, Biopharmaceutics of rectal administration of drugs in man. Absorption rate and bioavailability of phenobarbital and its sodium salt from rectal dosage forms. International Journal of Pharmaceutics. 1979(4):99-109
- 11. Graves, et al. Relative Bioavailability of Rectally Administered Phenobarbital Sodium Parenteral Solution. The Annals of Pharmacotherapy. 1989 July/Aug.;23:565-568
- 12. F. Moolenaar, S. Bakker, J. Visser, T. Huizinga, Biopharmaceutics of rectal administration of drugs in man IX. Comparative biopharmaceutics of diazepam after single rectal, oral, intramuscular and intravenous administration in man International Journal of Pharmaceutics Volume 5, Issue 2,
- 13. Appleton R1, Sweeney A, Choonara I, Robson J, Molyneux E. Lorazepam versus diazepam in the acute treatment of epileptic seizures and status epilepticus. Dev Med Child Neurol. 1995 Aug;37(8):682-8.
- 14. WHO ECDD Report Critical Review of Ketamine 2006: http://www.who.int/medicines/areas/quality_safety/4.3KetamineCritReview.pdf
- 15. F. Moolenaar, G. Fiets, J. Visser, D. K. F. Meijer. Preliminary study on the absorption profile after rectal and oral administration of methadone in human volunteers. Pharmaceutisch Weekblad. December 14, 1984, Volume 6, Issue 6, pp 237-240
- 16. DeBoer, AG, Moolenaar F, de Leede LG, Breimer DD., Rectal drug administration: clinical pharmacokinetic considerations. Clin Pharmacokinet. 1982 Jul-Aug;7(4):285-311.

- 17. Marijo Letizia, PhD, RN, C, APN, Ellen Norton, BSN, RN, CHPN. Successful Management of Malignant Bowel Obstruction. Journal of Hospice and Palliative Nursing. 2003;5(3)
- 18. Slikkerveer, M & Van Rossum, L & Krings, A.W.H.. (2010). Pharmacokinetics of levetiracetam after rectal administration in healthy volunteers. Pharmaceutisch Weekblad. 145. 151-153.
- 19. Trapnell BC, Mavko LE, Birskovich LM, Falko JM. Metoclopramide suppositories in the treatment of diabetic gastroparesis. Arch Intern Med. 1986 I
- 20. Regdon G, Fazekas T, Regdon G Jr, Selmeczi B Formulation and in vitro examination of furosemide-containing suppositories and preliminary experiences of their clinical use. Die Pharmazie [1996, 51(2):116-119]
- 21. F De Conno, C Ripamonti, L Saita, T MacEachern, J Hanson, E Bruera. Role of rectal route in treating cancer pain: a randomized crossover clinical trial of oral versus rectal morphine administration in opioid-naive cancer patients with pain. Journal of Clinical Oncology. 2015, April;33 (10)
- 22. Bruera E, Pruvost M, Schoeller T, Montejo G, Watanabe S. Proctoclysis for hydration of terminally ill cancer patients. J Pain Symptom Manage. 1998 Apr;15(4):216-9.
- 23. http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=17098
- 24. Leung JG et al. A Single-Dose Crossover Pharmacokinetic Comparison Study of Oral, Rectal and Topical Quetiapine in Healthy Adults. Clin Pharmacokinetic Comparison Study of Oral, Rectal and Topical Quetiapine in Healthy Adults. Clin Pharmacokinetic Comparison Study of Oral, Rectal and Topical Quetiapine in Healthy Adults.
- 25. Lam Y, Lam A, Macy B. Pharmacokinetics of phenobarbital in micro- enema via Macy Catheter versus suppository. J Pain Symptom Manage. 2016;51(6):994-1001.
- 26. Parker B, Kreis S. Decreasing Hospital Transfers in the Skilled Nursing Setting Utilizing a Rectal Administration Catheter for Treatment of Changes in Patient Condition: A Preliminary Case Series Study. 2018. On line access:
- 27. Olsson GL, Bejersten A, Feychting H, Palmér L, Pettersson BM. Plasma concentrations of atropine after rectal administration. Anaesthesia. 1983 Dec;38(12):1179-82.
- 28. deBoer AG at al. Rectal bioavailability of lidocaine in man: partial avoidance of "firstOpass" metabolism. Clin Pharmacol Ther.1979 Dec;26(6):7010
- 29. Macygin K, Lee J, Lam A, Carlstedt R, Macy B. Safe and effective administration of lactulose retention enema in the ED using specialized rectal medication administration catheter. Am Journal of Emergency Medicine 2018 Mar;36(3):521-522.