

RN Protocol: Hemorrhoids

I. POLICY

- A. Function: To facilitate and guide the Registered Nurse (RN) in the assessment and treatment of patients with hemorrhoids.
- B. Circumstances under which the RN may perform the function:
 - 1. Setting: Outpatient clinic and Triage and Treatment Area.
 - 2. Supervision: None required.

II. PROTOCOL

- A. Definition: This protocol covers the assessment and treatment of patients presenting with hemorrhoids. A hemorrhoid is defined as an enlarged vein in the mucous membrane inside or outside the rectum. Hemorrhoids are usually caused by straining to evacuate hard, dry stools. Symptoms include mild to moderate pain, itching, bleeding, and discomfort aggravated by defecation and prolonged sitting or standing. A hemorrhoid covered with rectal mucosa, whether inside the rectum or protruding outside the rectum is an *internal* hemorrhoid. Internal hemorrhoids frequently are found in patients with severe liver disease as a result of increased portal hypertension. A hemorrhoid covered with skin is an *external* hemorrhoid.

Acute internal hemorrhoids are only visible if prolapse (i.e., hemorrhoids protrude from the anus) occurs. Painless bleeding may be the only symptom and usually occurs at the end of defecation.

Acute external hemorrhoids appear as bluish, firm varices covered with skin, protruding around the anus. Bleeding is present only if the varices rupture.

- B. Subjective:
 - 1. Chief complaint (document in the patient's own words).
 - 2. Date and time of onset.
 - 3. Describe symptoms (e.g., itching, burning, bleeding, irritation).
 - 4. If pain present rate on scale of 0-10 and describe characteristics.
 - 5. Prior history of hemorrhoids, constipation, diarrhea, GI illness (including liver disease), anal sex or instrumentation, other.
 - 6. Chronic illness.
 - 7. Allergies.
 - 8. Current medications.
- C. Objective:
 - 1. Vital signs.
 - 2. Visually inspect the anal area for: trauma, rash, papules, redness, edema, visible skin tags, hemorrhoids, and warts, abscess, fissures, and fistula.

3. Note any signs of bleeding or drainage.
4. Note any open wounds or lesions.

D. Assessment:

1. Impaired tissue integrity evidenced by/related to: (specify on associated encounter form).
2. Pain evidenced by/related to: (specify on associated encounter form).

E. Plan:

1. For moderate to severe pain, discharge, bleeding, abscess, open lesions, condylomata, evidence of trauma, or history of anal sex or instrumentation: refer patient to a physician **STAT**.
2. For rectal itching, erythema and/or mild discomfort with or without hemorrhoids or open lesions:
 - a. Sitz bath 20 min. TID PRN pain/itching while symptoms persist.
 - b. Warm compresses to area QID PRN pain/itching while symptoms persist.
 - c. Hydrocortisone Cream 1%: apply to affected area no more than 3-4 times/day while symptoms persist.
3. External hemorrhoids accompanied by mild bleeding with bowel movements:
 - a. Warm compress to area QID PRN while symptoms persist.
 - b. Phenylephrine 0.25% suppository PRN per rectum itching/burning/pain after each bowel movement while symptoms persist; not to exceed 4 times/day.
 - c. Sitz bath 20 min. TID while symptoms persist.
 - d. Docusate Sodium 100mg 1-3 softgels PO QD x 14 days and while hemorrhoids persist.
 - e. Calcium Polycarbophil 625mg PO QD x 30 days and while symptoms persist.
4. All other symptoms: Refer patient to a physician on a **STAT**, **Urgent**, or **Routine** basis as appropriate.

F. Patient Education:

1. Assess the patient's potential for understanding the health information to be provided.
2. Provide patient education consistent with the assessment of the condition.
3. Document the education provided and the patient's level of understanding in the health record.
4. Refer patient to other resources as needed. Document all referrals in the health record.
5. Advise the patient to resubmit a CDC 7362, Health Care Request Form if symptoms persist.

G. Documentation:

All information related to the patient's complaint shall be documented on the emergency care flow sheet, nursing protocol encounter form, or progress note and filed in the patient's health record.

III. REQUIREMENTS FOR THE REGISTERED NURSE

- A. Education/Training: The RN shall attend an in-service on the assessment and treatment of patients presenting with rectal/perianal complaints consistent with hemorrhoids, and achieve a minimum score of 80% on the written posttest examination.
- B. Experience: None.
- C. Certification: None.
- D. Initial Evaluation: Initial competence will be validated onsite through simulated exercises, mock scenarios, and return demonstration. The RN must satisfactorily demonstrate all critical behaviors identified on the Competence Validation Tool to be considered competent to perform standardized procedure functions.

A written performance appraisal shall be performed by the Supervising RN or designee six months after initial competence has been validated. Methods to evaluate performance shall include, but not be limited to direct observation, feedback from colleagues and physicians, and chart review.

- E. Ongoing Evaluation: Ongoing competence will be validated annually using case study analysis.

IV. REGISTERED NURSES AUTHORIZED TO PERFORM THIS PROCEDURE

The Chief Nurse Executive shall ensure a current list of all RNs authorized to perform this procedure is on file within Nursing Services as required by Inmate Medical Services Policies and Procedures, Volume 5, Chapter 4.2, Nursing Competency Program Procedure.

V. DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE

This standardized procedure was developed and approved by authorized representatives of administration, medicine, and nursing. The procedure will be reviewed annually.

REVIEW DATE: _____

REVISION DATE: _____

THE PROTOCOL WAS APPROVED BY:

Chief Nurse Executive

DATE: _____

Chief Medical Executive

DATE: _____