

HEMORRHOIDS

I. POLICY:

- Function: Assess, differentiate, and plan interventions for the presentation of a patient with hemorrhoids.
- Circumstances: 1. Initial history and assessment of status to be done when the patient presents, with more thorough evaluation to be done in the clinic exam area.
2. Supervision: none required.
3. Patient contraindications: known allergies to any medications indicated in the protocol.
- Purpose: To provide appropriate assessment and management of patients with hemorrhoids within the jail setting.
- Policy Affects: All RN classifications assigned to Jail Health Services.

II. PROTOCOL:

- A. Definition: Distended, tortuous veins of the rectum and/or anus. Hemorrhoids occurring above the internal sphincter are called internal hemorrhoids, and those occurring outside the external sphincter, external hemorrhoids.

Hemorrhoids are usually caused by conditions which increase intra-abdominal pressure or obstruct venous return. These conditions include pregnancy, straining with defecation, prolonged sitting, diarrhea and anal intercourse. More severe causes include anorectal infections, hepatic disease and heart failure. Complications include ulceration and thrombosis of the hemorrhoid.

Goals of therapy are softening of stool to prevent irritation, easing pain and constricting inflamed blood vessels locally in the rectal area.

B. Data Base:

1. Subjective (History/Symptoms):

Document the duration and nature of the symptoms, such as:

- severity of pain
- itching
- constipation
- bleeding

2. Objective (Physical Assessment):

Document rectal exam:

- any round masses of swollen tissue in perianal region protruding from the anal canal
- frank blood
- mucoid discharge

C. Plan (Intervention):

- Polycarbophil (Fibercon) 625mg, 2 tabs po qd prn x 2 weeks.
- Docusate sodium (Colace) 250mg, 1 tab po bid prn x 1 week.
- Hydrocortisone suppository 25mg, 1 PR bid prn itching x 3 days.
(Do not give if pregnant.)
- Sitz bath qd prn x 1 week.
- Refer to MD/NP if symptoms persist despite therapeutic measures or if pain is severe or if pregnant.

D. Patient Education (Health Promotion):

- Avoid prolonged periods of sitting or straining with defecation.
- Increase fluid intake.
- Eat fruits and vegetables when possible.
- Inform nursing staff if bleeding or pain escalates.
- Avoid weight training exercises.

E. Follow-up (Re-evaluation):

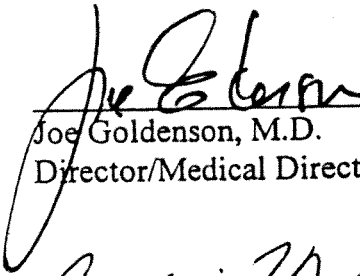
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III. REQUIREMENT FOR REGISTERED NURSE:

- A. Education and Training: graduate of an accredited school of nursing.
- B. Additional training in physical assessment and emergency interventions.
- C. On-going evaluation: Random chart reviews by Nurse Managers and/or Medical Director, and an annual performance review.

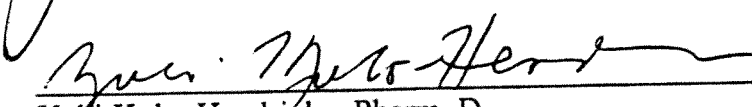
IV. DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE:

- A. This Procedure was developed collaboratively and has been approved by the following:


Joe Goldenson, M.D.
Director/Medical Director


4/9/02

Date


Yuki Kubo Hendricks, Pharm. D.
Pharmacy Director

4/10/02

Date


Jackie Clark, RN, MS
Nurse Manager

4/10/02

Date

B. Review Schedule: As needed, but at least annually.

V. REGISTERED NURSES AUTHORIZED TO UTILIZE THIS PROCEDURE:

The list of registered nurses authorized to utilize this procedure with dates of initial and follow-up evaluations is to be maintained at the nurses' primary job site and at the Forensic Services Staff Development office.