BLOODY STOOL/RECTAL PAIN

Level II

Skill Level: RN
Definition: Blood loss resulting from damage to the vascular integrity of the GI tract; below the duodeno-jejunal junction.

MODERATE	
Subjective: • "My hemorrhoids are bothering me, rectal itch, pain and blood with my bowel movements." • No complaints of lightheadedness. • Describes stool with bright red blood on outer surface of stool. • Patient describes pink tinged toilet water, blood streaks on toilet paper or similar small amount of bleeding. • Obtain duration of this episode and the number of episodes in the past 30 days. • Inquire into bloody diarrhea. • No complaints of black stools or clots.	**Assessment:** • Alteration in comfort: Engorged rectal veins. • Probable hemorrhoids.
Objective: • Examination may reveal hemorrhoid(s) or other obvious source of bleeding. • BP/Pulse normal for patient per patient chart. • Guaiac tests positive in past. • No black stools or clots present. • No orthostatic blood pressure drop (see plan). • May have history of bleeding hemorrhoids in the past.	**Plan:** If assessment reveals mild hemorrhoids without frank bleeding, refer to Level I plan for treatment. Provide Level I treatment plan plus: • After checking for allergies to medications, you may suggest: --For **itching**, may use Anusol-HC ointment to rectum BID x 6 days --For constipation, may use Colace 250 mg BID x 7 days. • If symptoms still present with self-care or medical treatments within 7 days refer to provider. • Consider CBC, INR and Metabolic Profile.

MODERATE (Continued)	
Objective:	**Plan:** • Give patient Guaiac cards. If positive, and no obvious source, schedule with provider. • Check BP lying down then stand patient up and check BP in 2 minutes. If, after standing, systolic BP decreases by 20 mm Hg or diastolic decreases by 10 mm Hg and/or pulse increases by 20 per minute, see SEVERE below. • If thrombosed (clotted) vein painful to touch, refer to practitioner visit next available time. • If black stool, and/or clots are present, see SEVERE below.

SEVERE	
Subjective: • Patient may complain of bloody stool, bloody diarrhea, abdominal pain, weakness, black, tarry stools or clots. • Weight loss. • Patient may complain of being dizzy or light headed.	**Assessment:** • Potential for fluid volume deficit: -bleeding or diarrhea • Alteration in comfort.
Objective: • Estimate blood loss, color and type (DOCUMENT). • May have decrease in level of consciousness and/or signs of anxiety. • May show orthostatic blood pressure changes and pulse over 100. • Skin may be diaphoretic, cold, clammy or pale. • Abdominal tenderness and/or guarding may be present. • Guaiac tests may be positive, with obvious frank blood, clots or black stool.	**Plan:** (at nursing discretion may use any of the below): • If S/S Shock present - See Emergency protocol for Shock, and prepare patient for transport. • If patient has clots, black stools, obvious bleeding, or is orthostatic, prepare for emergency transport, and discuss case with provider while awaiting transport. • If patient is clearly bleeding but vital signs are stable refer to provider immediately or contact provider for further orders. Closely observe patient while waiting for further instructions. • If localized abdominal pain, consider that protocol.

Bloody Stool/Rectal Pain - Level II

	• If patient is not transported to hospital, that decision should be made after calling the provider. Refer to provider at next available time and and develop monitoring plan with the provider by phone.

Nursing Education:

1. Bright red blood usually indicates rectal bleeding: Tarry stool usually indicates upper GI bleed.
2. Chronic rectal bleeding associated with known GI disease such as bowel ulceration, Crohn's disease, recent pelvic radiation therapy, chronic diarrhea or stools containing blood, mucus or pus, should be referred to practitioner.
3. Consider closer observation in a hospital or infirmary setting if patient is bleeding and regular observation is not otherwise readily available.
4. Patients with chronic constipation can have moderate hemorrhoid complaints that will resolve with traditional medical therapies. Be sure to review patient medications to see if patients are already on hemorrhoid or constipation medications.
5. Patients may have internal hemorrhoids that are not seen but may bleed painlessly.
6. Consider if patient is on blood thinners such as Aspirin, Warfarin, and Plavix, which can worsen bleeding.

APPROVED:

Medical Services Manager _____ Date _____

Chief Medical Officer _____ Date _____

Steve Shelton MD. 2/24/2015

Medical Director Date

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