

HEMORRHOIDS

Subjective Data:

Allergies: _____

Chief complaint: _____

Onset: _____ New Onset Chronic

History:

Last bowel movement: _____ Color/Consistency: _____

History of dietary habits: _____

History of fluid intake/restriction: _____

History of laxative use: Yes No Comments: _____

History of hemorrhoids: Yes No Comments: _____

History of anal sex: Yes No Comments: _____

History of bleeding: Yes No Comments: _____

Pain: Yes No Pain scale: (0-10) _____

Associated Symptoms:

Bleeding None Small amount Moderate amount Large amount
 Constipation Diarrhea Itching Burning Straining with stool

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O₂ sats. _____ FSBS: _____

Rectal area	<input type="checkbox"/> External protrusion	<input type="checkbox"/> No external protrusions	<input type="checkbox"/> Inflammation
	<input type="checkbox"/> Torn skin tissue	<input type="checkbox"/> Bleeding around anal area	<input type="checkbox"/> Edema
	<input type="checkbox"/> Ulcers	<input type="checkbox"/> Purulent discharge	<input type="checkbox"/> Vesicles

CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF: *Health care provider must be called if not on site or if after clinic hours.*

Significant rectal bleeding

REFER TO HEALTH CARE PROVIDER IF: *If during clinic hours the health care provider is to be called if not on site. If after clinic hours the health care provider is to be called the next working day.*

Anal warts or fissure Patient is HIV positive
 No improvement after one week Suspected syphilis, gonorrhea or herpes

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** Yes No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (check all that apply)

- Check in assessment only for health care providers visit.
- Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed.
- Hemorrhoidal suppositories rectally 3 times a day for 4 days PRN, especially in the morning and at night after bowel movement.
- OR**
- Hemorrhoidal ointment 3 times a day for 4 days PRN, especially in the morning and at night after bowel movement.
- Psyllium (i.e. Fiber Tabs) 2 tablets each evening for 30 days PRN with 8 oz of water.
- Hydrocortisone cream 1% 2 times a day for 10 days PRN, especially in the morning and at night after bowel movement for symptomatic relief of itching to affected area.
- Education/Intervention: Instructed to exercise, increase water intake to 8 glasses daily/fibrous foods, avoid straining when passing stool, limit prolonged sitting or standing, medication use, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

Name
(Last, First)

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