

# 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 duodenojejunal junction.

<b>MODERATE</b>	
<p><b>Subjective:</b></p> <ul style="list-style-type: none"><li>• "My hemorrhoids are bothering me, rectal itch, pain and blood with my bowel movements."</li><li>• No complaints of lightheadedness.</li><li>• Describes stool with bright red blood striated throughout stool's outer surface.</li><li>• Patient describes pink tinged toilet water, blood streaks on toilet paper or similar small amount of bleeding.</li><li>• Obtain duration of this episode and the number of episodes in the past 30 days.</li><li>• Inquire into bloody diarrhea.</li></ul>	<p><b>Assessment:</b></p> <ul style="list-style-type: none"><li>• Alteration in comfort: Engorged rectal veins.</li><li>• Probable hemorrhoids.</li></ul>
<p><b>Objective:</b></p> <ul style="list-style-type: none"><li>• Examination reveals hemorrhoid(s).</li><li>• BP/P normal for patient.</li><li>• No drop in blood pressure when standing.</li><li>• No black stools.</li><li>• No clots seen.</li></ul>	<p><b>Plan:</b></p> <ul style="list-style-type: none"><li>• Provide Level I treatment plan plus:</li></ul> <p>At nursing discretion may use any of the below:</p> <ul style="list-style-type: none"><li>• Check for allergies to medications.</li><li>• If assessment reveals mild hemorrhoids without frank bleeding, refer to Level I plan for treatment.</li><li>• Melanotic stool refer to Severe GI Tract Bleed.</li><li>• For <b>itching</b>, may use Anusol-HC suppositories or ointment to rectum BID x 6 days (#12 suppositories).</li><li>• Suggest increased fluids and fiber in diet</li><li>• Colace 250 mg BID x 7 days.</li><li>• Follow up with practitioner.</li></ul>

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<b>MODERATE (Continued)</b>	
<b>Objective:</b>	<b>Plan:</b> <ul style="list-style-type: none"> <li>• Lab: Stool Guaiac. If positive, obtain CBC.</li> <li>• Check BP lying down then stand patient up and check BP in 2 minutes. If, after standing, BP decreases by 10 mm Hg and/or pulse increases by 20 per minute or more, consider serious GI Tract Bleed and contact practitioner (see below).</li> <li>• If thrombosed (clotted) vein painful to touch, refer to practitioner within 3 days or contact practitioner for orders.</li> </ul>

<b>SEVERE (Potential G.I. Tract Bleed)</b>	
<b>Subjective:</b> <ul style="list-style-type: none"> <li>• Patient may complain of bloody stool, bloody diarrhea, lightheadedness, GI pain, weakness, black, tarry stools.</li> <li>• Ask about weight loss.</li> <li>• Patient may complain of being dizzy or light headed.</li> </ul>	<b>Assessment:</b> <ul style="list-style-type: none"> <li>• Potential for fluid volume deficit:                             <ul style="list-style-type: none"> <li>-bleeding or diarrhea</li> </ul> </li> <li>• Alteration in comfort.</li> </ul>
<b>Objective:</b> <ul style="list-style-type: none"> <li>• Mental status: observe for decreased LOC, apprehension.</li> <li>• Obtain pulse, orthostatic BP, respirations.</li> <li>• Skin diaphoretic, cold, clammy or pale.</li> <li>• Abdominal assessment: Rule out increased bowel sounds; possible tenderness, guarding.</li> </ul>	<b>Plan:</b> (at nursing discretion may use any of the below): <ul style="list-style-type: none"> <li>• If S/S Shock present - See Emergency protocol for Shock, and prepare patient for transport.</li> <li>• If patient is clearly bleeding but shows no evidence of Shock, discuss observation plan and possible further orders with Provider. Closely observe patient in clinic while waiting for further instructions.</li> <li>• Guaiac stools for occult blood; CBC, Chem Profile, PT/INR.</li> <li>• Document estimation of blood loss, color and type.</li> <li>• Arrange for Provider follow-up at the next possible time if not transported.</li> </ul>

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### 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.

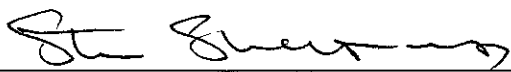
### APPROVED:

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Chief Medical Officer

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11/23/2010  
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Date

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