California Correctional Health Care Services

Institution: _____

Encounter Form: Hemorrhoids

Name:_____ CDC#_____ DOB_____ Date/Time _____

Fill in the blanks and check all that apply

SUBJECTIVE:

Chief Complaint: _____

Date and time of onset: _____

Describe symptoms : ❑ itching ❑ burning ❑ bleeding, ❑ irritation

Pain: Location: _____

What makes the pain better: _____

On scale of 0-10 (0 = no pain 10 = worst pain) _____

Prior history of: ❑ hemorrhoids ❑ constipation ❑ diarrhea ❑ GI illness (including liver disease) ❑anal sex or instrumentation ❑ other.

Chronic illness: _____

Allergies:_____

Current medications: _____

_____

OBJECTIVE:

VS: Temp_____ Pulse_____ Resp____ B/P_____

Visual inspection of anal area reveals:

❑ Trauma ❑ Rash ❑ Papules ❑ Redness
❑ Edema ❑ Skin Tags ❑ Hemorrhoids ❑ Warts
❑ Abscess ❑ Fissures ❑ Fistula ❑ Bleeding
❑ Drainage ❑ Open wounds/lesions

ASSESSMENT:

❑ Impaired tissue integrity evidenced by/related to _____

❑ Pain evidenced by/related to: -_____ _____

PLAN:

MD referral completed: (circle) NO / YES If yes:

❑ **STAT (moderate to severe pain, discharge, bleeding, abscess, open lesions, condylomata, evidence of trauma, or history of anal sex or instrumentation)**

❑ Urgent ❑ Routine

❑ Orders received by phone from POC.

Physician called (name / time) _____

Physician responded (time) _____

RECTAL ITCHING/ erythema and/or mild discomfort with or without hemorrhoids or open lesions:

❑ Sitz bath 20 min. TID PRN pain/itching while symptoms persist.

❑ Warm compresses to area QID PRN pain/itching while symptoms persist.

❑ Hydrocortisone Hemmorrhoidal Cream 2.5%: apply to affected area no more than 3-4 times/day while symptoms persist.

External hemorrhoids accompanied by mild bleeding with bowel movements:

❑ Warm compress to area QID PRN while symptoms persist.

❑ Anucort HC 25mg suppository PRN per rectum itching/burning/pain after each BM while symptoms persist; not to exceed 4 times/day.

❑ Sitz bath 20 min. TID while symptoms persist.

❑ Docusate Sodium 100mg 1-3 softgels PO QD x 14 days and while hemorrhoids persist.

All other symptoms: Refer patient to a physician on a STAT, Urgent, or Routine basis as appropriate.

EDUCATION:

❑ Assess patient's potential for understanding the health information to be provided.

❑ Provide patient education consistent with the assessment of the condition.

❑ Document the education provided and the patient's level of understanding on the nursing protocol encounter form.

❑ Refer patient to other resources as needed. Document all referrals on the nursing protocol encounter form.

❑ Advise the patient to resubmit a Health Care Request Form (CDC 7362) if symptoms persist.

_____

Signature / Title

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DISPOSITION

Time released: _____

Condition on release: _____

- ❑ Returned to housing unit
- ❑ Housing reassignment to: _____
- ❑ Referred for follow-up
  - ❑ Physician clinic ❑ RN clinic
- ❑ Referred to higher level of care: (specify) _____

_____

Person/time contacted: _____

Time/Mode of transfer: _____

ERV contacted (time) _____

ERV arrived (time) _____

Additional Comments: _____

_____

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Signature / Title

1. Disability Code:	2. Accommodation:	3. Effective Communication:
☐ TABE score ≤ 4.0	☐ Additional time	☐ P/I asked questions
☐ DPH ☐ DPV ☐ LD	☐ Equipment ☐ SLI	☐ P/I summed information
☐ DPS ☐ DNH	☐ Louder ☐ Slower	**Please check one:**
☐ DNS ☐ DDP	☐ Basic ☐ Transcribe	☐ Not reached* ☐ Reached
☐ Not Applicable	☐ Other*	*See chrono/notes

4. Comments: _____