 **Haemorrhoids Standing Order**

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| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| **Standing Order Name** | Haemorrhoids |
| **Rationale** | To promptly and appropriately treat haemorrhoids in primary care |
| **Scope (condition and patient group)** | Adult patients assessed as having haemorrhoids |
| **Red Flags** | Concurrent weight loss  Blood is mixed with the stool  If haemorrhoids have accompanied an obvious change in bowel habit. |
| **Assessment** | 1. Signs and symptoms of haemorrhoids may include:  •pain or discomfort, especially when sitting  •pain during bowel movements  •itching or irritation around the anal region  •bright red blood on stools, toilet paper or in the toilet bowl  •swelling around the anus  •one or more lumps near the anus, which might be tender or painful  Internal haemorrhoids:   * Lie inside the rectum and usually do not cause discomfort. * Straining or irritation when passing a stool can damage the surface of a haemorrhoid causing it to bleed. * Straining can push an internal haemorrhoid through the anal opening resulting in a protruding or prolapsed haemorrhoid, which can cause pain and irritation.   External haemorrhoids   * Lie under the skin around the anus. * When irritated they can itch or bleed. * Blood can pool inside an external haemorrhoid and form a clot, which causes severe pain, swelling, and inflammation.   2. Diagnosis is confirmed with visualisation of the protruding tissue or anoscopic visualisation. |
| **Indication** | **Steroid and local anaesthetic combined for treatment of haemorrhoids** |
| **Medicine** | cinchocaine + fluocortolone hexanoate + fluocortolone pivalate (**ultraproct**) suppositories OR ointment |
| **Dosage instructions** | Suppository: insert 1 suppository high into the rectum up to 3 times daily on the first day, then once daily for 1 week; continue for up to a maximum of 4 weeks  Ointment: apply a small amount to the affected area up to 4 times daily on the first day, then twice daily for at least 1 week; continue for up to a maximum of 4 weeks |
| **Route of administration** | Rectal |
| **Quantity to be given** | 1 x original pack |
| **Contraindications** | Untreated bacterial, viral, or fungal infections |
| **Precautions** | * Systemic absorption possible * Prolonged use may cause sensitisation of anal skin |
| **Additional information** | Cleansing with attention to any minor faecal soiling, adjustment of the diet to avoid hard stools, the use of bulk-forming materials such as bran and a high residue diet are helpful.  Use moist towelettes or wet toilet paper (that do not contain perfume or alcohol) rather than dry toilet paper, to help keep the anal area clean after passing a stool. |
| **Follow-up** | Advise patient to return if symptoms worsen, bowel habits change or pain intensifies. |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.  **OR**  Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz)  Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz)  New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz)  Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz)  Standing Order Guidelines, Ministry of Health, 2012  Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | Anoscopic - is an examination using a small, rigid, tubular instrument called an anoscope (also called an anal speculum). This is inserted a few inches into the anus in order to evaluate problems of the anal canal. |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Nurses operating under this standing order** |

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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