



# Guideline for Digital Rectal Examination and/or Digital Removal of Faeces

Lead executive	General Manager
Authors details	Continence Advisory Service

Type of document	Guidance
Target audience	All clinical staff
Document purpose	This policy is intended to serve as an evidence based guide for Community Registered Nurses employed by Cheshire and Wirral Partnership, in how to perform a digital rectal examination and digital removal of faeces . Please note this guideline is intended for adult patients only

Approving meeting	West Locality Governance and Risk Meeting	Date March 2017
Implementation date	June 2017 followed by an annual compliance review	

CWP documents to be read in conjunction with	
<a href="#">HR6</a>	Mandatory Employee Learning (MEL) policy
<a href="#">IC2</a>	Hand decontamination policy and procedure
<a href="#">HS1</a>	Waste management policy
<a href="#">IC3</a>	Standard (universal) infection control precautions policy
<a href="#">CP3</a>	Health records policy
	Clinical guidelines for administration of suppositories and enemas
<a href="#">MP16</a>	Non-medical prescribing policy
<a href="#">GR26</a>	Policy for the safe manual handling of people

Document change history	
What is different?	N/A - new policy
Appendices / electronic forms	N/A - new policy
What is the impact of change?	Provide clinical staff with clear guidance on Digital Rectal Examination and/or Digital Removal of Faeces

Training requirements	Yes - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Learning and Development (L&D)
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Document consultation	
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Corporate services	Ken Edwards
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Financial resource implications	None
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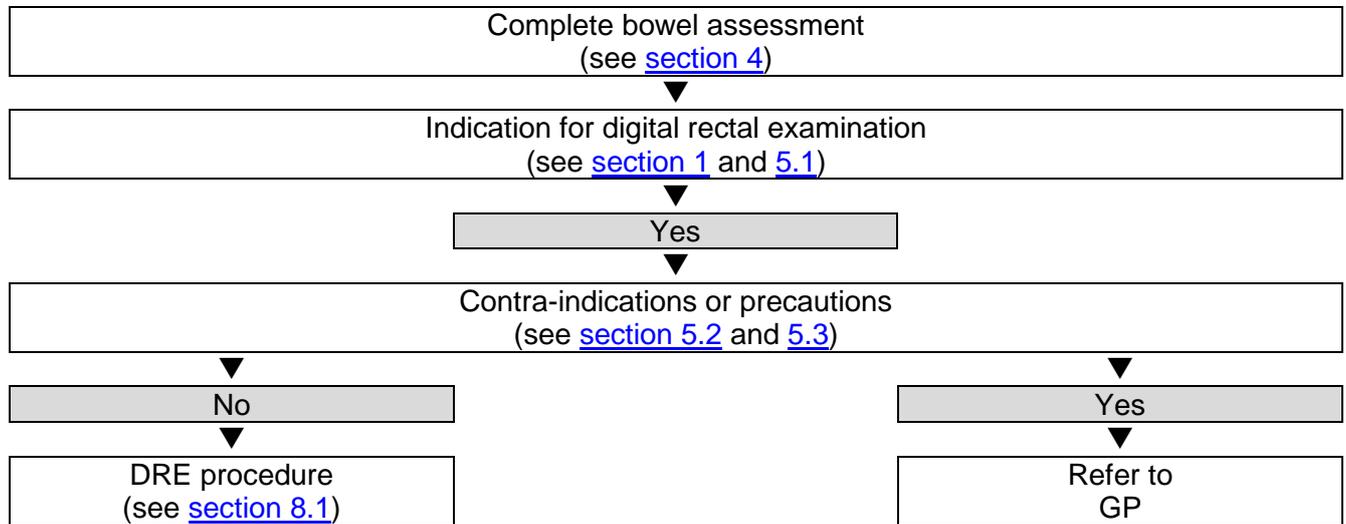
Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? Select		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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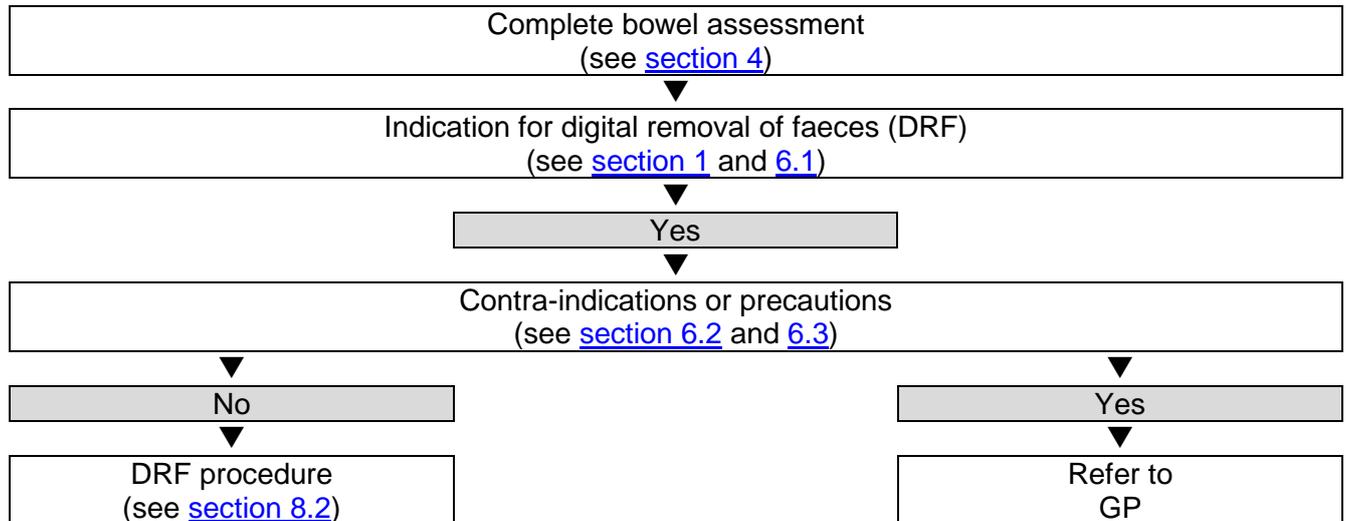
### Quick reference flowchart for digital rectal examination (DRE)

For quick reference the guide below is a summary of actions required.



### Quick reference flowchart for digital removal of faeces (DRF)

For quick reference the guide below is a summary of actions required.



## 1. Introduction

This guideline is intended to serve as evidence based guide for Community Registered Nurses employed by Cheshire and Wirral Partnership, in how to perform digital rectal examination and digital removal of faeces. *Please note this guideline is intended for adult patients only.*

Digital Rectal Examination (DRE) is an invasive procedure and should only be performed when necessary (Powel, 2000). Cultural, religious beliefs, dignity and privacy of the patients must be a priority and considered before performing this procedure (RCN, 2012).

Advances in oral laxatives, anal/rectal irrigation and surgical treatments have reduced the need for digital removal of faeces (DRF). Powell and Rigby (2000) suggest that digital removal of faeces is a last resort procedure and should only be practiced when all other methods of bowel evacuation have failed. However for some patients such as those with spinal cord injury, cauda equina, spina bifida and multiple sclerosis, digital removal of faeces can be an integral part of their routine bowel management (Kyle, 2008).

An assessment of the individual is required by a community registered nurse before any digital rectal examination or digital removal of faeces is contemplated. The aim of the assessment is to establish a symptom profile to plan individualised bowel care. In the assessment all the possible causes of bowel dysfunction need to be considered (NICE, 2007; Kyle, 2010).

These procedures must only be carried out by Registered Nurses who have received suitable training and have been assessed as competent to carry out the procedure.

## 2. Definitions

To provide guidance for Registered Nurses in:

- bowel assessment ;
- Indications, contra-indications and precautions for digital rectal examinations and digital removal of faeces;
- Procedure for digital rectal examination (DRE) and digital removal of faeces (DRF);
- The delegation and supervision of any DRE and/or DRF procedures patients or carers.

## 3. Qualification and training

This guidance applies to all Community Registered Nurses, who are currently registered with the Nursing and Midwifery Council (NMC) and employed by Cheshire and Wirral Partnership.

Following completion of a face to face bowel management study session, the Registered Nurses need to complete a minimum of 2 supervised practices or until they feel confident and competent in digital rectal examination ([Appendix 1](#)) and/or digital removal of faeces ([Appendix 2](#)).

Following this it is the Registered Nurse's personal responsibility to identify when they require a bowel management study session update.

The supervision of these practical procedures can only be undertaken by a Registered Nurse who has:

- Attended a bowel management study session;
- Has up to date knowledge and skills to perform these procedures;
- Is confident and experienced in carrying out digital rectal examinations and digital removal of faeces.

### 3.1. Delegation of procedure to patients and carers

A Registered Nurse, who can demonstrate competence in digital removal of faeces can delegate this procedure to patients and carers.

The Registered Nurse is accountable for the appropriateness of the delegation, for ensuring that the carer is competent and confident to perform the digital removal of faeces and has the knowledge and skills to report back any changes/incidents as necessary. The Registered Nurse also needs to provide supervision or support on a regular basis.

When the Registered Nurse is teaching a carer to carry out digital removal of faeces this should be on a named patient-named carer basis only (RCN, 2012). It is Registered Nurse's responsibility to review the clinical need for digital removal of faeces and to explore alternative options, i.e. oral or rectal medication, anal irrigation.

## 4. Assessment and review

A bowel assessment of the individual and their needs is required before any digital rectal examination and/or digital removal of faeces is contemplated by a Registered Nurse.

Factors that need to be assessed in patients with a bowel dysfunction (RCN, 2012):

- Signs and symptoms to include frequency of passage of stools, consistency of stools, any rectal bleeding, unintentional weight loss, anaemia, pain before, during or after defecation, faecal leakage, and faecal urgency;
- Identify high risk individuals or factors such as bowel cancer, severe faecal impaction, Clostridium Difficile (NICE, 2007);
- Medical, surgical, obstetric, family, neurological history; allergies;
- Diet, fluids, smoking status, body mass index;
- Impact on quality of life;
- Home and social circumstances, functional capabilities, need for assistance with bowel care and carer availability.

Valid, informed consent must be obtained from the patient and documented prior to undertaking DRE or digital removal of faeces. This consent can be withdrawn at any point throughout the procedure. If the patient is deemed not to have capacity to consent to this procedure, the Mental Capacity Act (2005) provides nurses with a statutory framework to empower and protect those patients who are unable to make their own decisions (Kyle, 2010).

Discuss with the patient the findings of the DRE and/or DRF, also review the need for further investigations and treatment choices/recommendations (RCN, 2012).

## 5. Digital Rectal Examination (DRE)

### 5.1 Indications for digital rectal examination

Digital rectal examination can be used in the following circumstances

- Establish the presence of faecal matter in the rectum; the amount and consistency. **Please note** that a lack of faecal matter in the anus does not necessarily signify that a patient is not constipated. The patient might be constipated higher up in the sigmoid or colon (Fallon and O'Neill, 1997);
- Prior to giving any rectal medication to establish the state of the rectum;
- Ascertain anal tone and the ability to initiate a voluntary contraction and to what degree;
- Establish anal and rectal sensation;
- To establish the effects of rectal medication;
- Assess anal pathology for the presence of foreign objects (RCN, 2012).

A Specialist Nurse/Practitioner might use DRE for a variety of reasons during the following procedures:

- Teach pelvic floor exercises;
- The placement of a probe used for electrical stimulation of the pelvic floor muscles;
- The placement of rectal catheters used in the treatment of obstructive defecation and/or biofeedback;
- Prior to using trans anal irrigation;
- To assess prostate size, consistency, mobility and anatomical limits (RCN, 2012).

## 5.2 Contra-indications for digital rectal examination

Nurses **should not** undertake digital rectal examination when:-

- There is a lack of consent from the patient –either written or verbal;
- The patient’s doctor has given specific instructions that these procedures are not to take place (RCN, 2012);
- The patient has recently undergone rectal/anal surgery or trauma.

## 5.3 Precautions for digital rectal examination

You should exercise particular caution with patients who have the following diseases and conditions (RCN, 2012):

- Active inflammation of the bowel including Crohn’s disease, ulcerative colitis and diverticulitis;
- Recent radiotherapy to the pelvic area;
- Tissue fragility due to age, radiation, loss of muscle tone in neurological diseases or malnourishment;
- Rectal surgery or trauma to the anal or rectal area in the last 6 weeks;
- Rectal or anal pain;
- Obvious rectal bleeding;
- Patients with spinal cord injuries (T6 and above) due to risk of autonomic dysreflexia;
- If patient has a known history of allergies e.g. to latex;
- Patients with history of abuse.

If any abnormalities of perineal or perianal area are observed, a DRE should not be carried out until advice is taken from a medical practitioner (Dougherty et al, 2011).

## 6. Digital Removal of Faeces (DRF)

Prior to digital removal of faeces, a digital rectal examination should be carried out as set out in this policy.

### 6.1 Indications for digital removal of faeces

Digital removal of faeces may be undertaken for the following:-

- Incomplete defecation;
- Faecal impaction/loading;
- Inability to defecate;
- When other bowel emptying techniques have failed.

### 6.2 Contra-indications for digital removal of faeces

Nurses should not undertake digital rectal examination or digital removal of faeces when: (Kyle, 2008)

- There is a lack of consent from the patient – either written or verbal;
- The patient’s doctor has given specific instructions that these procedures are not to take place;
- The patient has recently undergone rectal/anal surgery or trauma;
- The nurse does not feel competent.

### 6.3 Precautions for digital removal of faeces

You should exercise particular caution with patients who have the following diseases and conditions (Kyle, 2008; RCN, 2012):-

- Active inflammation of the bowel including Crohn's disease, ulcerative colitis and diverticulitis;
- Recent radiotherapy to the pelvic area;
- Tissue fragility due to age, radiation, loss of muscle tone in neurological diseases or malnourishment;
- Obvious rectal bleeding;
- Patient taking anticoagulant medication;
- Rectal or anal pain;
- Patient has a known history of allergies e.g. to latex;
- Rectal surgery or trauma to the anal or rectal area in the last 6 weeks;
- Patients with history of abuse;
- Patients with spinal cord injuries (T6 and above) due to risk of autonomic dysreflexia.

## **7 Information on Autonomic Dysreflexia**

Autonomic Dysreflexia is unique to patients with spinal cord injuries at T6 and above. Spinal injury patients are usually aware of this condition and have experienced it prior to hospital discharge.

Autonomic Dysreflexia is a sudden and potentially lethal surge of blood pressure often triggered without warning by acute pain or a harmful stimulus. This occurs because the body is unable to lower the blood pressure therefore the blood pressure will continue to rise until the offending stimulus is removed.

Digital rectal examination and digital removal of faeces are some of the factors that may trigger Autonomic Dysreflexia.

Symptoms of Autonomic Dysreflexia may be mild or severe. Patients can present with one or more of the following:

- Cool, clammy skin;
- Flushed face;
- Blotchiness;
- Sweating above level of injury;
- Pounding headache;
- Seeing spots or blurred vision;
- Nausea;
- Feeling Anxious;
- Increased blood pressure.

Treatment for Autonomic Dysreflexia:

- Sit the patient up;
- Identify and remove irritation;
- Give prescribed medication for Autonomic Dysreflexia;

## 8 Procedures

### 8.1 Digital rectal examination

Equipment	
-	Disposable non-sterile gloves (2 pairs)
-	Disposable plastic apron
-	A single sachet of lubricant, i.e. Aqua gel or Sutherland lubricating Jelly 5g sachet.
-	Protection for the bed, i.e. nursing procedure sheet
-	Tissue paper, wipes or gauze swaps
-	Plastic bag

No.	Action	Rationale
1.	<p>Explain the procedure, rationale and risks to the patient.</p> <p>Obtain consent and document on care plan.</p> <p>If patient is unable to consent due to lack of capacity, follow the framework as set out in the Mental Capacity Act (2005)</p>	<p>To ensure that the patient understands the procedure and gives informed consent (NMC, 2015). However the patient may change his/her mind at any time throughout the procedure.</p> <p>To ensure that the procedure is carried out in the best interest of the patient</p>
2.	Assess if the patient is able to get to the toilet. If not a commode or bedpan may be required	Performing a digital rectal examination could stimulate defaecation (Dougherty et al, 2011)
3.	Wash hands as per Trust policy. Put on a disposable plastic apron and non-sterile gloves	To minimise risk of cross infection
4.	Patients with a spinal cord injury, who are at risk of autonomic dysreflexia, should have their blood pressure taken prior to and at the end of the procedure.	<p>A baseline blood pressure is advised for these patients at risk of autonomic dysreflexia for comparison.</p> <p>For those spinal cord injury patients where routine and tolerance is well established, recording of blood pressure on each intervention is not necessary (RCN, 2012).</p>
5.	<p>Remove any clothing below the waist. Cover the genital area with a blanket.</p> <p>Place a nursing procedure sheet or towel on the bed.</p> <p>Ask the patient to lay on their left side with their knees up towards their chest (right knee slightly higher than the left) and the buttocks near the edge of the bed.</p>	<p>To maintain the patient's dignity.</p> <p>To obtain maximum view of the perineal area and expose the anus.</p>
6.	<p>Observe the perineal and perianal area for: (Kyle, 2007; RCN, 2012)</p> <ul style="list-style-type: none"> <li>- Rectal prolapse</li> <li>- Haemorrhoids</li> <li>- Anal skin tags</li> <li>- Wounds (i.e. pressure sore, etc.)</li> <li>- Anal lesions, fissures, fistula's or scarring</li> <li>- Anal tone</li> <li>- Skin conditions (i.e. psoriasis, eczema, etc)</li> <li>- Bleeding</li> </ul>	If any abnormalities of perineal or perianal area are observed, document and if any concerns take advice from a medical practitioner before carrying out procedure (RCN, 2012).

	<ul style="list-style-type: none"> <li>- Faecal matter</li> <li>- Infestation</li> <li>- Foreign bodies</li> </ul>	
7.	Lubricate the gloved index finger	Avoids trauma to anal mucosa damage
8.	Separate the patient's buttocks and insert lubricated finger.	<p>To determine the following:</p> <ul style="list-style-type: none"> <li>- Faecal matter in rectum, type and consistency</li> <li>- If required establish anal and rectal sensation and anal tone</li> <li>- Need for rectal medication</li> <li>- Need for manual removal of faeces</li> <li>- The outcome of rectal/colonic washout/irrigation</li> <li>- The need and outcome of using digital stimulation</li> </ul>
9.	Remove finger. Wipe residual lubricating gel from the anal area	To ensure prevention of irritation and soreness
10.	<i>If the patient requires enemas, suppositories or digital removal of faeces refer to the guidelines for these procedures.</i>	To ensure safe practice
11.	Remove and dispose of gloves and apron and wash hands according to Trust policies IC2 and HS1	To avoid cross infection
12.	Return patient to comfortable position and assist the patient to the toilet if required	To ensure patients comfort and dignity
13.	Discuss with the patient the findings of the DRE	To inform the patient and to review the need for further investigations and treatment choices/recommendations
14.	<p>Record information in care plan, to include:</p> <ul style="list-style-type: none"> <li>- Consent</li> <li>- Rational for performing Digital Rectal Examination</li> <li>- Observations of perineal and perianal area</li> <li>- Presence and consistency of faecal matter within rectum</li> <li>- Anal and rectal sensation and anal tone if assessed</li> <li>- Treatment plan</li> </ul>	To provide a point of reference to ensure accurate record keeping

## 8.2 Digital removal of faeces

Equipment	
<ul style="list-style-type: none"> <li>- Disposable non-sterile gloves (2 pairs)</li> <li>- Disposable plastic apron</li> <li>- A single sachet of lubricant, i.e. Aqua gel or Sutherland lubricating Jelly 5g sachet.</li> <li>- Protection for the bed, i.e. nursing procedure sheet</li> <li>- Tissue paper, wipes or gauze swaps</li> <li>- Plastic bag</li> </ul>	

No.	Action	Rationale
1.	Explain the procedure to the patient Obtain consent and document on care plan.	To ensure that the patient understands the procedure and gives informed consent (NMC,

	If patient is unable to consent due to lack of capacity, follow the framework as set out in the Mental Capacity Act (2005)	2015). To ensure that the procedure is carried out in the best interest of the patient
2.	Assess if the patient is able to get to the toilet. If not a commode or bedpan maybe required.	Performing a digital rectal examination could stimulate defaecation (Dougherty, 2011).
3.	Wash hands as per policy	To minimise risk of cross infection
4.	Patients with a spinal cord injury, who are at risk of autonomic dysreflexia, should have their blood pressure taken prior to and at the end of the procedure (RCN, 2012).	A baseline blood pressure is advised for these patients at risk of Autonomic Dysreflexia for comparison. For those spinal cord injury patients where routine and tolerance is well established, recording of blood pressure on each intervention is not necessary (RCN, 2012).
5.	Put on a disposable plastic apron and non-sterile gloves	To reduce the risk of cross infection
6.	Remove any clothing below the waist. Cover the genital area with a blanket Place a nursing procedure sheet on the bed. Ask the patient to lay on their left side with their knees up towards their chest (right knee slightly higher than the left) and the buttocks near the edge of the bed.	To maintain the patients dignity To reduce potential infection caused by soiled linen To obtain maximum view of the perineal area and expose the anus
7.	Observe the perineal and perianal area for (Gayle, 2010): <ul style="list-style-type: none"> <li>• Rectal prolapse</li> <li>• Haemorrhoids</li> <li>• Anal skin tags</li> <li>• Wounds</li> <li>• Anal lesions</li> <li>• Gaping anus</li> <li>• Skin conditions</li> <li>• Bleeding</li> <li>• Faecal matter</li> <li>• Infestation</li> <li>• Foreign bodies</li> </ul>	If any abnormalities of perineal or perianal area are observed, document and if any concerns take advice from a medical practitioner before carrying out procedure (RCN, 2012; Dougherty, 2011).
8.	Lubricate the gloved index finger	Reducing surface friction, eases insertion and avoids anal mucosa damage (Kyle, 2008).
9.	Separate the patient's buttocks and insert lubricated finger. Use one finger only. (Kyle, 2008)	To determine the following: <ul style="list-style-type: none"> <li>• Faecal matter in rectum, type and consistency</li> <li>• Need for rectal medication</li> <li>• Need for manual removal of faeces</li> </ul>
10.	During the procedure the nurse should also observe the patient for signs of: (Dougherty, 2011; RCN 2012) <ul style="list-style-type: none"> <li>• Distress, pain, discomfort</li> <li>• Bleeding</li> <li>• Collapse</li> <li>• Bradycardia due to the stimulation of the vagus nerve in the rectal wall</li> <li>• Signs and symptoms of autonomic dysreflexia in patients with spinal cord injury T6 and above</li> </ul>	To prevent any further adverse reaction

11.	<p>If during the rectal examination the stool consistency is found to be the following:-</p> <ul style="list-style-type: none"> <li>• small separate hard lumps → remove a lump at a time.</li> <li>• solid mass → push finger into centre, split it and remove small sections until none remain.</li> </ul> <p>Great care should be taken when removing large pieces of hard stool.</p> <ul style="list-style-type: none"> <li>• rectum is full of soft stool → continuous circling of the finger in a gentle manner may be used to remove stool (Kyle, 2008)</li> </ul>	<p>To avoid damage to the rectal mucosa and anal sphincters i.e. do not over-stretch the sphincters by using a hooked finger to remove large pieces of hard stool which may also graze the mucosa. Using a hooked finger can lead to scratching or scoring of the mucosa and should be avoided.</p>
12.	<p>As faecal matter is removed it should be placed in a suitable receptacle (Kyle, 2008).</p>	<p>To facilitate appropriate disposal of faecal matter. (Kyle, 2008)</p>
13.	<p>Remove finger. Wipe residual lubricating gel from the anal area</p>	<p>To ensure prevention of irritation and soreness</p>
14	<p><i>If the patient requires enemas or suppositories refer to the guidelines for this procedure</i></p>	<p>To ensure safe practice</p>
15	<p>Remove and dispose of gloves and apron and wash hands</p>	<p>To avoid cross infection</p>
16	<p>Return patient to comfortable position and assist the patient to the toilet if required</p>	<p>To ensure patients comfort and dignity</p>
17	<p>Discuss with the patient the findings of the DRF</p>	<p>To inform the patient and to review the need for further treatment choices/ recommendations</p>
18	<p>Record information in care plan, to include:</p> <ul style="list-style-type: none"> <li>• Consent</li> <li>• Rational for performing digital rectal examination and digital removal of faeces</li> <li>• Observations of perineal and perianal area</li> <li>• Presence and consistency of faecal matter within rectum</li> <li>• Treatment plan</li> </ul>	<p>To provide a point of reference to ensure accurate record keeping</p>

## Appendix 1 – Clinical competencies for Registered Nurses for digital rectal examination (DRE)

Prior to completing this document the Registered Nurse must have read the Clinical Guideline “Guideline for digital rectal examination and/or removal of faeces”. In order to complete this document the practitioner will need to undertake a minimum of 2 supervised practices in digitally rectal examination *or* more until the practitioner feels confident and competent to carry out the procedure.

<b>Practitioner's name</b>		<b>Base</b>			
<b>Designation</b>					
<b>The Registered Nurse should be able to demonstrate competency in the following elements and work within CWP guidelines and policies</b>	<b>Date</b>	<b>Initial</b>	<b>Date</b>	<b>Initial</b>	
• Assess and review the clinical indication for digital rectal examination					
• Check there is no contra-indication or precautions prior to performing digital rectal examination					
• Explain the procedure to the patient					
• Gain informed consent					
• Work within CWP's Infection Prevention & Control policies					
• Prepare patient equipment and environment before performing digital rectal examination					
• Perform a digital rectal examination as per CWP digital rectal examination guideline					
• Know when not to proceed or stop performing digital rectal examination					
• At all times maintain patient's comfort and dignity					
• Dispose of clinical waste appropriately					
• Record outcome of procedure in patient's records and leave contact details					
• Inform the relevant health professional if clinically indicated					

## Appendix 2 – Clinical competencies for Registered Nurses for digital removal of faeces (DRF)

Prior to completing this document the Registered Nurse must have read the Clinical Guideline “Guideline for digital rectal examination and/or digital removal of faeces”. In order to complete this document the practitioner will need to undertake a minimum of 2 supervised practices in digitally removal of faeces *or* more until the practitioner feels confident and competent to carry out the procedure.

<b>Practitioner’s name</b>		<b>Base</b>			
<b>Designation</b>					
<b>The Registered Nurse should be able to demonstrate competency in the following elements and work within CWP guidelines and policies</b>	<b>Date</b>	<b>Initial</b>	<b>Date</b>	<b>Initial</b>	
• Assess and review the clinical indication for digital removal of faeces					
• Check there is no contra-indication or precautions prior to performing digital removal of faeces					
• Explain the procedure to the patient					
• Gain informed consent					
• Work within CWP’s Infection Prevention & Control policies					
• Prepare patient equipment and environment before performing digital rectal examination					
• Perform digital removal of faeces as per CWP guideline on digital rectal examination and/or digital removal of faeces					
• Know when not to proceed or stop performing digital removal of faeces					
• At all times maintain patient’s comfort and dignity					
• Dispose of clinical waste appropriately					
• Record outcome of procedure in patient’s records and leave contact details					
• Inform the relevant health professional if clinically indicated					