

# Spinal Injuries Association Procedure on Digital Rectal Examination of Individuals with SCI

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<b>ACTION</b>	<b>Rationale</b>
Explain the procedure to the individual and obtain consent. Even if the individual consents to the procedure, Consider if chaperone required.	Obtain informed consent. Patient safety.
Wash hands, put on a pair of disposable gloves and an apron.	Infection Control
Ensure a private environment.	Maintain dignity and respect
Recording of B/P is only required if this is the first time procedure is being carried out and or if the individual demonstrates or provides a history of autonomic response during bowel care interventions.	Early recognition of any adverse harm to the individual. If the individual suffers local discomfort or symptoms of autonomic dysreflexia during this procedure, local anaesthetic gel may be instilled into the rectum prior to the procedure (Furasawa 2008, Cosman 2005). This requires 5-10 minutes to take effect and lasts up to 90 minutes.
If not contraindicated (i.e. in unstable spinal cord injuries) position the individual in a lateral position (usually left side) with knees flexed. If the spinal injury is unstable bowel management will be conducted during a team log roll, maintaining spinal alignment at all times.	Flexing the knees promotes the stability of the individual and helps to expose the anus (Campbell 1993). Maintaining spinal alignment is paramount to prevent any compromise to neurological deficit until spinal clearance is given by appropriate clinician.
Place protective pad under the patient if appropriate	Infection control
Observe peri-anal area for adverse complications.	Infection control, patient safety.
Ensure patient buttocks only exposed.	Maintain dignity. Prevent hypothermia.
Lubricate gloved finger with water-soluble gel.	To prevent friction which cause lead t anal trauma
Inform individual you are about to begin.	Obtain consent
Insert single gloved, lubricated finger (Addison and Smith 2000) slowly and gently into rectum.	To open external anal sphincter and prevent trauma
Observe for any voluntary or reflex contraction of anus and/or rectum.	Assess neurogenic bowel dysfunction
Assess for any sensation experienced by the individual	Assess neurogenic bowel dysfunction
Feel for any obstruction, abnormality.	To prevent trauma
Determine presence of stool and stool type	
Withdraw the finger and observe for any signs of blood on glove.	To stimulate rectal contraction

Remove gloves and apron and dispose of appropriately. Wash hands.	Infection control
Document DRE performed and proceed to appropriate intervention if safe to do so.	
Document and report any abnormalities to medic before proceeding with any further interventions.	To ensure complete emptying of rectum