Cinchocaine 5 mg/g & Hydrocortisone 5 mg/g for symptomatic relief of haemorrhoidal conditions in adults (Proctosedyl®) SESLHDPR/446

POLICY STATEMENT

The Registered Nurse (RN) / Registered Midwife (RM) is authorised to instigate nurse/midwife initiated medication without an authorised prescriber's order under the specific circumstances set out in the **INDICATIONS** section and provided there are no contraindications present.

It is important for nursing and midwifery staff to remain aware that:

- Minor ailments may be symptoms of other more serious diseases or may be adverse reactions to medication already prescribed
- Nurse-initiated medication may interact with the patient's prescribed medication
- The maximum daily recommended dose of the medication must not be exceeded.[1]

The administering nurse/midwife must record the administration on an approved paper or electronic medication chart, clearly indicating that the medicine was nurse initiated.

If the patient continues to require the medication (i.e. more than two doses in 24 hours) then a medical officer (MO) must be consulted and a regular or PRN order obtained.

A change in the patient's condition such as newly occurring or increasing severity of symptoms must be reported to the MO and investigated.

INDICATIONS

Topical anti-inflammatory and local anaesthetic for symptomatic relief of haemorrhoids, anal pruritus or fissure, or postpartum haemorrhoidal conditions in adults

CONTRAINDICATIONS

- Hypersensitivity to hydrocortisone or cinchocaine
- Uncontrolled fungal, viral or bacterial infections and when infective pathologies of sexually transmissible diseases occur in the area to be treated
- Steroid component of product may exacerbate tuberculosis

PRECAUTIONS

- Steroid component of product may:
  - worsen local infections such as fungal infections
  - cause systemic absorption and side effects
  - Cause skin atophy (extended use)
- Local anaesthetic component of product may sensitise the perianal area
- Avoid long term use – maximum duration of treatment is 7 days
- Use in pregnancy and lactation is safe.

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HISTORY/ASSESSMENT

Assess symptoms which may include:

- Itching or irritation in anal region
- Pain or discomfort during or after bowel movements
- Swelling or a lump around anus, which may be sensitive or painful
- Painless bleeding during bowel movements
- Bright red blood on the stool or toilet paper after a bowel movement
- A visible crack in the skin around the anus
- A small lump or skin tag on the skin near the anal region

Referral to MO is necessary if the patient reports passing black or tarry stools, blood clots or blood mixed in with the stool as this may signal more extensive digestive tract bleeding.

PROTOCOL/ADMINISTRATION GUIDELINES

Caution: CHECK for allergies and/or contraindications			
Drug	**Dose**	**Route**	**Frequency**
Cinchocaine 5 mg/g and Hydrocortisone 5 mg/g Suppository	**One suppository**	**Rectal**	**Once**
OR			
Cinchocaine 5 mg/g and Hydrocortisone 5 mg/g Rectal Ointment	**Small amount or one applicatorful**	**Topical or rectal**	**Up to 2 applications**

Application is preferable to be after a bowel motion. Use personal protective equipment (PPE).

For topical ointment application, using finger apply a small quantity (only that necessary to cover the affected area) to the painful or pruritic area. For deeper or rectal application, attach applicator, gently insert in the rectum to full extent and squeeze tube from the lower end whilst withdrawing.

MONITORING - POTENTIAL ADVERSE EFFECTS/INTERACTIONS

Patients may experience burning upon application, especially if the mucous membrane is not intact. Local skin sensitisation or dermatitis may occur.
No drug interactions have been reported.

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DOCUMENTATION

A record of the administration must be made on the approved paper or electronic medication chart noting that the medication was nurse initiated.

A further record of the medication administered including indication, dose and effect must be included in the patient's health care record.

PRACTICE POINTS

- Onset of action is 5 to 20 minutes
- Avoid constipation and prolonged straining
- Increase fibre and fluid intake
- Reduce irritation by keeping area clean and dry
- Avoid irritants such as heat, moisture, stress or local irritants (e.g. faeces, sweat, soap, perfumes, topical products, rough toilet paper and nylon clothing)
- Dietary alteration may be useful if itching is related to certain foods or drinks
- Simple emollients such as sorbolene cream applied after cleansing may help
- Use warm salt baths after bowel movements if practical

REFERENCES/FURTHER READING

1. PD2013_043 - Medication Handling in NSW Public Health Facilities
2. Australian Medicines Handbook. South Australia: Australian Medicines Handbook Pty Ltd, 2018.
3. MIMS online Proctosedyl® March 2018 (accessed 20/06/2018)
4. eTG complete Melbourne: Therapeutic Guidelines Limited; March 2016

REVISION and APPROVAL HISTORY

Date	Revision Number	Author and Approval
July 2015	DRAFT	Pharmacy Department, Royal Hospital for Women
September 2015	1	Approved by SESLHD Drug & QUM Committee
May 2018	DRAFT 2	Reviewed by nursing and pharmacy staff. Minor wording updates made. References updated.
July 2018	2	Approved by SESLHD Quality Use of Medicines Committee.
August 2021	DRAFT 3	Reviewed by nursing and pharmacy staff. No changes required.
September 2021	3	Approved by SESLHD Quality Use of Medicines Committee.