



ANOSCOPE COMPETENCY

CRITICAL ELEMENTS	Discussed	Performed Independently
<p>Reviews order, gathers equipment, identifies patient per standards, identifies self and explains procedure to patient, washes hands, puts on gloves and other PPE as needed, and maintains patient dignity.</p> <p>Anoscope is indicated if trauma is seen or if the history suggests penile/anal penetration. For cases of anal/rectal bleeding, or use of a foreign object during anal assault, medical provider should evaluate first and provide clearance for anoscopy. The anoscope should be performed after vaginal samples, external secretions, and foreign material has been collected.</p>		
1. Assist the patient into a left lateral recumbent position or lithotomy position		
2. Drape the patient appropriately, leaving buttocks and anus exposed		
3. Inspect anoscope and ensure obturator removes easily		
4. Lubricate the anoscope, with the obturator in place, with water-based lubricant jelly or sterile water		
5. Gently separate patient's buttocks		
6. Gently insert anoscope into anal canal, pointing anoscope toward the umbilicus. Instruct the patient to take a few deep breaths and bear down slightly.		
7. Gently advance the anoscope until you've inserted the entire length. If the patient experiences discomfort during insertion, note the location and quality of pain in your documentation. If resistance is met and/or patient experiences pain, stop procedure and consult provider.		
8. Remove the obturator and examine the rectum for the presence of mucus, blood, tears, hemorrhoids, stool, or other abnormalities		
9. Obtain photo-documentation and evidentiary samples as indicated		
10. Slowly withdraw anoscope, observing all areas of the rectal canal, moving into the anal canal, during withdrawal.		
11. Discard disposable anoscope in the appropriate container. Wipe away excess lubricant or sterile water from patient, if needed.		
12. Remove and discard gloves, perform hand hygiene, and document procedure.		

RN Preceptor Signature _____

RN Preceptor Printed Name _____

Please sign and date

I am responsible for applying the procedure correctly. I agree to utilize this procedure and ask for resources as needed.

Employee Signature: _____ Date: _____

Employee Printed Name: _____

Reviewed = discussion of the task.

Performed independently = direct observation by the preceptor that the task was completed according to the above steps and current procedure.