

Pertinent Data Sets

Rectal Bleeding

Developed by	American Gastroenterological Association (AGA)
How developed	A consensus panel was convened by the AGA. Literature (see below) was reviewed and recommendations were established. • Allen E, Nicolaidis C, Helfand M. The Evaluation of Rectal Bleeding in Adults. J Gen Intern Med. 2005 January; 20(1): 81–90Penner RM, Majumdar SR. Approach to minimal bright red bleeding per rectum in adults. Up to Date, August 30, 2012 • Alonso-Coello P, Wong RF, Kuwada SK. Other strategies for evaluating rectal bleeding in younger patients. J Fam Pract 2005; 54:688. • Van Rosendaal GM, Sutherland LR, Verhoef MJ, et al. Defining the role of fiberoptic sigmoidoscopy in the investigation of patients presenting with bright red rectal bleeding. Am J Gastroenterol 2000; 95:1184. • Talley NJ, Jones M. Self-reported rectal bleeding in a United States community: prevalence, risk factors, and health care seeking. Am J Gastroenterol. Nov 1998;93(11):2179-83 • Gayer C, Chino A, Lucas C, Tokioka S, Yamasaki T, Edelman DA, et al. Acute lower gastrointestinal bleeding in 1,112 patients admitted to an urban emergency medical center. Surgery. Oct 2009;146(4):600-6; • Scottish Intercollegiate Guidelines Network (SIGN). Management of acute upper and lower gastrointestinal bleeding. A national clinical guideline. SIGN publication; no. 105. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); Sep. 2008 • Barnert J, Messmann H. Management of lower gastrointestinal tract bleeding. Best Pract Res Clin Gastroenterol. 2008;22(2):295-312. • American Society for Gastrointestinal Endoscopy. The role of endoscopy in the patient with lower GI bleeding. Gastrointestinal Endoscopy 2005; 62(5): 656-60
Additional essential patient information	Description of the rectal bleeding: {choice of one} Hematochezia / BRBPR without pain Hematochezia / BRBPR with pain Fecal Occult Blood Positive, no visible rectal bleeding Melena Characteristics of the rectal bleeding: Blood occurs with bowel movement {yes/no} Blood does not occur with a bowel movement {yes/no} Blood is a small amount on the tissue or stool {yes/no} Blood is mixed with stool {yes/no} Associated with abdominal cramping {yes/no} History of anal trauma or anal intercourse {yes/no} Family History of Colon or Rectal Cancer, polyps, familial adenomatous polyposis, hereditary non-polyposis colon cancer {yes/no} First degree relative [whom], age of diagnosis Physical exam (anal fissure, hemorrhoids, prolapse, mass)



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Rectal Bleeding (continued)

Additional patient information, if available	Laboratory Tests CBC Ferritin Serum Iron TIBC Endoscopic examination Anoscopy? [when] findings Flexible Sigmoidoscopy [when] findings Colonoscopy [when] findings Radiologic examination Barium enema [when] findings The patient has the following comorbidities:
Alarm symptoms/conditions	A patient with hemodynamic instability should be referred for urgent evaluation.
Tests/procedures to avoid prior to consult	None provided
Common rule-outs to consider prior to consult	None provided
Relevant "Choosing Wisely" elements	None provided
Healthcare professional and/or patient resources	Healthcare Professional Information: http://emedicine.medscape.com/article/188478-overview http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490043/ http://www.uptodate.com/contents/approach-to-minimal-bright-red-bleeding-per-rectum-in-adults http://www.asqe.org/assets/0/71542/71544/58665951d9cd44f48bd8fb58f23c3848.pdf http://www.fascrs.org/physicians/education/core_subjects/2010/Lower_Gastro_intestinal_Bleeding/ Patient Information: http://www.emedicinehealth.com/rectal_bleeding/article_em.htm http://www.onhealth.com/rectal_bleeding/article.htm