

Taddle Creek

MEDICAL DIRECTIVE

Family Health Team

Title:	<u>Pelvic Examination</u>	Number:	<u>TCFHT-MD06</u>
Activation Date:	<u>01-September-2011</u>	Review Date:	<u>10-October -2017</u>
Next Review Date:	<u>10-October -2018</u>		

Sponsoring/Contact Person(s)
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<p>Order and/or Delegated Procedure:</p> <p>Pelvic Examination, including:</p> <ul style="list-style-type: none"> • Insertion of Vaginal Speculum • Specimen Collection – cervical swabs, vaginal swabs, viral microbiology swabs, papanicolaou test • Bimanual Exam if required 	<p>Appendix Attached: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Title:</p>
<p>Recipient Patients:</p> <p>Recipient patients must:</p> <ul style="list-style-type: none"> • Be active patients of a TCFHT primary care provider who has approved this directive by signing the Authorizer Approval Form • Be female or transgender man who has retained their cervix • Meet the conditions identified in this directive 	<p>Appendix Attached: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Title: Appendix A – Authorizer Approval Form</p>

Authorized Implementers:Appendix Attached: No Yes

Title: Appendix B – Implementer Approval Form

Implementers must be TCFHT employed Regulated Health Care Providers or Physician Assistant (under the supervision of a physician).

Implementers must complete the following preparation and sign the Implementer Approval Form:

- Assess own knowledge, skill, and judgment to competently perform pelvic examination (Note: this requires implementers to have the applicable added skills to place instrument, hand, or finger beyond the labia majora).
- Successfully complete the McMaster Clinical Skills in Well Women Workshop or equivalent hands-on training
- Demonstrate ability to competently perform pelvic examination during supervision from an authorizing primary care provider on 3 occasions
- Review Female Reproductive System Physical Examination & Health Assessment Guidelines in an advanced health assessment textbook (ex. Jarvis, 2014 or equivalent reference).
- Review “The gynecologic history and pelvic examination” on UptoDate
- Review Gamma Dynacare Specimen Collection Information for paps, cervical, and vaginal swabs, accessible from <https://www.dynacare.ca/specialpages/secondarynav/find-a-test/nat/pap%C2%A0smear.aspx?sr=ont&st=pap&>
- Review Public Health Ontario Specimen Collection guidelines, accessible from
 - http://www.publichealthontario.ca/en/ServicesAndTools/LaboratoryServices/Pages/Herpes_simplex_Skin_genital.aspx
 - <http://www.publichealthontario.ca/en/ServicesAndTools/LaboratoryServices/Pages/Kit%20Instruction%20Sheets/Virus-Culture.aspx>
- Review Canadian Guidelines on Sexually Transmitted Infections (PHAC, 2016), accessible from <http://www.phac-aspc.gc.ca/std-mts/sti-its/index-eng.php>
- Review Ontario Cervical Screening Cytology Guidelines Summary (Cancer Care Ontario, 2017), accessible from <https://www.cancercare.on.ca/cms/One.aspx?portalId=1377&pageId=276792>

Indications:Appendix Attached: No Yes

Title:

- Adult female or transgender men with a cervix who present for screening of cervical cancer, sexually transmitted infections, vaginal discharge and/or discomfort, or contraception.

Contraindications:

- Pediatric, pregnant patients, or patients with personal history of complex medical issues should be seen by their primary care provider

Considerations

- Patient informed of purposes, risks, harms, and benefits of testing, including when results will be available, and potential follow up required if test is positive or negative.
- Patient able to give informed consent and is cooperative and does not need restraint.
- Patient is informed of the importance of contact notification in the event of positive results.

Consent:Appendix Attached: No Yes

Title:

Patient's consent is implied for implementer to perform examination if patient has presented to clinic seeking testing, and is a Family Health Team patient, where inter-professional practice is expected. Further verbal consent will be obtained prior to pelvic exam.

Guidelines for Implementing the Order/Procedure:

Appendix Attached: ___ No Yes

Title: Appendix C – Sample Lab Requisition

Appendix D – Sample Cytology Requisition

For eligible and appropriate patients, implementer performs the following:

- Obtains detailed history (presenting symptoms, date of last pap test and/or swabs and results, history of STIs or abnormal pap tests, sexual history, new partners, LMP, contraception, vaginal discharge or discomfort)
- Provides education of what testing will be done, review equipment, what to expect, and allow time for questions.
- Informs patient of purposes, risks, harms, and benefits of testing, including when results will be available, and potential follow up required if test is positive or negative.
- Advises patient to empty bladder prior to pelvic examination for their added comfort.
- Allows patient to undress in private, providing clean clinical garment.
- Prepares lab requisitions for microbiology and/or cytology using the supervising primary care provider initials in Practice Solutions.
- Lab Requisitions should be signed as below:
 - Signature
 - Implementer Name/Primary Care Provider Name (Medical Directive TCFHT-MoD06)
- Gathers and labels equipment required (ex. gloves, speculum, lubricant, appropriate swabs, liquid based cytology containers, cytology brooms and brushes)
- According to clinical practice guidelines, and maintaining infection control practices
 - Assesses external genitalia
 - Assesses internal genitalia using speculum of appropriate size and shape
 - Performs specimen collection according to guidelines
 - Performs bimanual exam, if appropriate
- Informs patient of physical assessment findings, noting any abnormal findings, potential diagnoses, and follow up. If there are abnormal findings during exam, implementer will review with primary care provider.
- Patient is informed of the importance of contact notification in the event of positive results – implementer to update contact information in eMR if required.
- Implementer to follow up with lab results promptly when available and review these findings with the patient's primary care provider in a timely manner so that appropriate treatment or follow up care is implemented. Implementer will ensure that results are communicated with patient and that treatment and/or follow up testing is completed as per guidelines.

Documentation and Communication:

Appendix Attached: No ___ Yes

Title:

- Documentation in the patient's eMR needs to include: name and number of the directive, name of the implementer (including credential), and name of the physician/nurse practitioner authorizer responsible for the directive and patient, using TCFHT Stamp.
- Information regarding implementation of the procedure and the patient's response should be

documented, in the patient's eMR, in accordance with standard documentation practice (College of Nurses of Ontario, 2008).

- Standard documentation is recommended for prescriptions, requisitions, and requests for consultation.
- Implementer will send a message in Practice Solutions to patient's primary care provider, notifying him/her that patient was seen, and to review note in eMR for details.

Review and Quality Monitoring Guidelines:

Appendix Attached: No Yes
Title:

- Routine review will occur annually on the anniversary of the activation date. Review will involve a collaboration between the authorizing primary care providers and the authorized implementers.
- If new information becomes available between routine reviews, such as the publishing of new clinical practice guidelines, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the authorizing physician/nurse practitioner and a minimum of one implementer. At any such time that issues related to the use of this directive are identified, TCFHT must act upon the concerns and immediately undertake a review of the directive by the authorizing primary care providers and the authorized implementers.
- This medical directive can be placed on hold if routine review processes are not completed, or if indicated for an ad hoc review. During the hold, implementers cannot perform the procedures under authority of the directive and must obtain direct, patient-specific orders for the procedure until it is renewed.

References:

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College of Nurses of Ontario. (2008). *Practice Standard: Documentation*. Retrieved from http://www.cno.org/Global/docs/prac/41001_documentation.pdf

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Mills, J. & Fitzgerald, M. (2008). Renegotiating roles as part of developing collaborative practice: Australian nurses in general practice and cervical screening. *Journal of Multidisciplinary Healthcare, 1*, 35-43.

Public Health Agency of Canada. (2013). *Canadian Guidelines on Sexually Transmitted Infections*. Retrieved from <http://www.phac-aspc.gc.ca/std-mts/sti-its/index-eng.php>

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Public Health Ontario. (2014). *Virus Culture Kits N-0081*. Retrieved from <http://www.publichealthontario.ca/en/ServicesAndTools/LaboratoryServices/Pages/Kit%20Instruction%20Sheets/Virus-Culture.aspx>

Stewart, R., Thistlethwaite, J., & Buchanan, J. (2009). Can rural practice nurses, physician assistants and nurse practitioners fulfill patient expectations regarding “Well Woman Checks”? 10th National Rural Health Conference. Retrieved from <http://eprints.jcu.edu.au/5328/>

Thistlethwaite, J. (2010). Pap tests: What do women expect? *Australian Family Physician, 39*(10), 775-778.


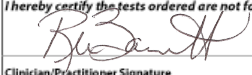
White Hilton, L., Jennings-Dozier, K., Bradley, P., Lockwood-Rayermann, S., DeJesus, Y., Stephens, D. et al. (2003). The Role of Nursing in Cervical Cancer Prevention and Treatment. *Cancer, 98*(S9), 2070-2074.

NOTE:

This medical directive is based on TCFHT’s previous medical directive RN-2PELVIC entitled, “Pelvic Examination,” which required revision in formatting to reflect the growth of the TCFHT organization. The majority of the content of RN-2PELVIC has remained the same for the revised TCFHT-MD06 version. Therefore, all approved Implementers and Authorizers for medical directive RN-2PELVIC “Pelvic Examination,” have grandfathered approval for TCFHT-MD06 “Pelvic Examination.”

Appendix D

Sample Cytology Requisition

 Cytology Requisition Requisitioning Clinics / Practitioner Name Address		Laboratory Use Only		Cytology Reference Number <input type="button" value="Clear Form"/>	
Clinician/Practitioner Number CPSO/Registration Number		Health Card Number Version Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		Service Date YYYY MM DD 1964/03/27	
Check (✓) one: <input type="checkbox"/> OHIP/ Insured <input type="checkbox"/> Third Party/Uninsured <input type="checkbox"/> WSIB <input type="checkbox"/> Copy to: Clinician / Practitioner CPSO #		Province Other Provincial Registration Number ON		Health Card Expiry YYYY MM DD	
Name Address		Patient's Last Name (as per Health Card) Millhouse Patient's First Name (as per Health Card) Michael Patient's Middle Name (as per Health Card)			
Name Address		Patient's Address (including Postal Code) 123 Bay Street Toronto ON M1F 3G5 Postal Code			
Patient's Chart Number Specimen Collection Time 2:52PM		Specimen Collection Date YYYY MM DD 2014/04/09		Patient's Telephone Contact Number (416) 417-2809 Ext.	
GYNAECOLOGIC CYTOLOGY			NON GYNAECOLOGIC CYTOLOGY		
Date of LMP (First Day) 09-04-2014		# Of Specimens Submitted: # Of Slides Submitted:			
Complete Selections (✓ Select)			Complete Selections (✓ Select)		
Site: <input type="checkbox"/> Cervical <input checked="" type="checkbox"/> Combined <input type="checkbox"/> Endocervical <input type="checkbox"/> Vaginal			Urine: <input type="checkbox"/> Voided <input type="checkbox"/> Catheterized		
Collection Method: <input checked="" type="checkbox"/> Liquid Base <input type="checkbox"/> Conventional/Slide			Body Fluids: <input type="checkbox"/> Pleural <input type="checkbox"/> Peritoneal <input type="checkbox"/> Sputum: <input type="checkbox"/>		
Collection Instrument: <input type="checkbox"/> Brush <input checked="" type="checkbox"/> Broom <input type="checkbox"/> Spatula			Synovial Fluid: <input type="checkbox"/> Left <input type="checkbox"/> Right Site:		
Cervix: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Erosion			Breast: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Cyst <input type="checkbox"/> Nodule <input type="checkbox"/> Nipple Discharge		
Contraception: <input type="checkbox"/> BCP <input type="checkbox"/> IUD			Thyroid FNA: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Cyst <input type="checkbox"/> Nodule <input type="checkbox"/> Single <input type="checkbox"/> Multi		
Clinical Status: <input type="checkbox"/> Pregnancy (#wks) <input type="checkbox"/> Post Partum (#wks) <input type="checkbox"/> Post Menopausal <input type="checkbox"/> Post Menopausal Bleeding <input type="checkbox"/> Hormone Replacement Therapy			Other Site: (Specify)		
Hysterectomy: <input type="checkbox"/> Total - No Cervix <input type="checkbox"/> Partial - Cervix Present			Clinical History/Remarks:		
Patient History: Biopsy Concurrently Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Patient Vaccinated for HPV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previous Abnormal Cytology Result/Date: <input type="checkbox"/> Biopsy Result/Date:			Laboratory Use Only Fixative Added <input type="checkbox"/> Yes <input type="checkbox"/> No		
HPV: Note: Patient will be billed for testing <input type="checkbox"/> HPV/DNA TEST <input type="checkbox"/> HPV/DNA TEST (IF ASCUS)			Description: <input type="checkbox"/> Thick <input type="checkbox"/> Scanty <input type="checkbox"/> Bloody <input type="checkbox"/> Watery <input type="checkbox"/> Clear <input type="checkbox"/> Turbid <input type="checkbox"/> Flocculent <input type="checkbox"/> Color <input type="checkbox"/> Volume ml		
I hereby certify the tests ordered are not for registered In or Out patients of a Hospital.  Clinician/Practitioner Signature				Medical Directive TCFHT-MD06 Date 09/04/2014	