

*Taddle Creek*

**Family Health Team**

## MEDICAL DIRECTIVE

**Title:** Pelvic Examination **Number:** TCFHT-MD06  
**Activation Date:** 01-09-2011 **Review Date:** 06-05-2018

**Next Review:** 06-05-2019

**Sponsoring/Contact Person(s)**  
(name, position, contact particulars):  
Alissia Valentinis, MD  
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416-538-3939

### Order and/or Delegated Procedure:

Appendix Attached: ☒ No ☐ Yes  
Title:

Pelvic Examination consists of the following:

- Inspection of external genitalia
- Speculum evaluation of the vagina and cervix
- Bimanual palpation of adnexa, uterus, ovaries and bladder, if necessary (see contraindications)
- Specimen Collection – cervical swabs, vaginal swabs, viral microbiology swabs, papanicolaou test

### Recipient Patients:

Appendix Attached: ☐ No ☒ Yes  
Title: Appendix A – Authorizer Approval Form

Recipient patients must:

- 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

### 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/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>
- Review Rainbow Health Ontario resource on providing pelvic exams for trans men, accessible from [https://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce\\_uploads/2014/09/Tips\\_Paps\\_TransMen.pdf](https://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce_uploads/2014/09/Tips_Paps_TransMen.pdf)
- Review [http://rnao.ca/sites/rnao-ca/files/BPG\\_Woman\\_Abuse\\_Screening\\_Identification\\_and\\_Initial\\_Response.pdf](http://rnao.ca/sites/rnao-ca/files/BPG_Woman_Abuse_Screening_Identification_and_Initial_Response.pdf)

**Indications:**

Appendix Attached: ☒ No ☐ Yes  
 Title:

- Adult females or transgender men >18 years old, or sexually active, with a cervix who present for screening of cervical cancer, sexually transmitted infections, vaginal discharge and/or discomfort, or contraception.

**Contraindications:**

- Paediatric, pregnant patients, or patients with personal history of complex medical issues should be seen by their primary care provider
- In 2016, the Canadian Taskforce on Preventive Health Care adopted the 2014 American College of Physicians’ recommendation **against** performing screening pelvic examination in asymptomatic, non-pregnant adult women

**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.

- Implementers understand the prevalence of abuse and the triggering nature of this exam. Implementers will accommodate patient requests, communicate and stop exam if requested.

**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

Appendix E – Routine Universal Comprehensive Screening

For eligible and appropriate patients, the implementer:

- 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, discomfort and routine screening for abuse)
- 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, allowing patient to wear their own clothes as much as possible for their comfort.
- 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, only if patient is symptomatic.
- 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.
- 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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<https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=13104>

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[http://www.uptodate.com/contents/the-gynecologic-history-and-pelvic-examination?source=search\\_result&search=bimanual+exam&selectedTitle=1%7E150](http://www.uptodate.com/contents/the-gynecologic-history-and-pelvic-examination?source=search_result&search=bimanual+exam&selectedTitle=1%7E150)

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Fitzgerald, K. (2012). *Women Abuse: Screening, Identification and initial response*. RNAO Best

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Public Health Ontario. (2015). *Herpes simplex – Skin and genital*. Retrieved from [http://www.publichealthontario.ca/en/ServicesAndTools/LaboratoryServices/Pages/Herpes\\_simplex\\_Skin\\_genital.aspx](http://www.publichealthontario.ca/en/ServicesAndTools/LaboratoryServices/Pages/Herpes_simplex_Skin_genital.aspx)

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Stewart, R., Thistlethwaite, J., & Buchanan, J. (2009). Can rural practice nurses, physician assistants and nurse practitioners fulfill patient expectations regarding “Well Woman Checks”? 10<sup>th</sup> 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.

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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 A:**  
**Authorizer Approval Form**

**Name****Signature****Date**

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## Appendix B:

## Implementer Approval Form



To be signed when the implementer has completed the required preparation, and feel they have the knowledge, skill, and judgement to competently carry out the actions outlined in this directive.

[illegible]



## Appendix C


## Sample Lab Requisition

|   |  |  |  |  |  |
|---|--|--|--|--|--|
|  <b>Ministry of Health and Long-Term Care</b><br><b>Laboratory Requisition</b><br>Requisitioning Clinician / Practitioner  |  | <b>Laboratory Use Only</b>   |  |  |  |
| Name  |  |  |  |  |  |
| Address   |  |  |  |  |  |
| Clinician/Practitioner Number   |  | CPSO / Registration No.  |  | Clinician/Practitioner's Contact Number for Urgent Results<br>( ) Ext. Version Sex   |  |
| Check (✓) one:<br><input checked="" type="checkbox"/> OHIP/Insured <input type="checkbox"/> Third Party / Uninsured <input type="checkbox"/> WSIB   |  | Health Number  |  | Service Date<br>yyyy mm dd<br>1965 04 30   |  |
| Additional Clinical Information (e.g. diagnosis)  |  | Province   |  | Date of Birth<br>yyyy mm dd<br>1965 04 30  |  |
| Copy to: Clinician/Practitioner<br>Last Name: First Name  |  | Other Provincial Registration Number   |  | Patient's Telephone Contact Number<br>( 416 ) 538-3939   |  |
| Address   |  | Patient's Last Name (as per OHIP Card)<br><b>Simpson</b><br>Patient's First & Middle Names (as per OHIP Card)<br><b>Bart</b><br>Patient's Address (including Postal Code)<br>726 Bloor St. W<br>Suite 207<br>ON M6G 1K7  |  |  |  |
| <b>Note: Separate requisitions are required for cytology, histology / pathology and tests performed by Public Health Laboratory</b>   |  |  |  |  |  |
| <b>x Biochemistry</b><br>Glucose <input type="checkbox"/> Random <input type="checkbox"/> Fasting<br>HbA1C<br>Creatinine (eGFR)<br>Uric Acid<br>Sodium<br>Potassium<br>ALT<br>Alk. Phosphatase<br>Bilirubin<br>Albumin<br>Lipid Assessment (includes Cholesterol, HDL-C, Triglycerides, calculated LDL-C & Chol/HDL-C ratio; individual lipid tests may be ordered in the "Other Tests" section of this form)<br>Albumin / Creatinine Ratio, Urine<br>Urinalysis (Chemical)<br>Neonatal Bilirubin:<br>Child's Age: days hours<br>Clinician/Practitioner's tel. no.<br>Patient's 24 hr telephone no. ( )<br>Therapeutic Drug Monitoring:<br>Name of Drug #1<br>Name of Drug #2<br>Time Collected #1 hr. #2 hr.<br>Time of Last Dose #1 hr. #2 hr.<br>Time of Next Dose #1 hr. #2 hr. |  | <b>x Hematology</b><br>CBC<br>Prothrombin Time (INR)<br><b>Immunology</b><br>Pregnancy Test (Urine)<br>Mononucleosis Screen<br>Rubella<br>Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive)<br>Repeat Prenatal Antibodies<br><b>Microbiology ID &amp; Sensitivities (if warranted)</b><br><input checked="" type="checkbox"/> Cervical<br><input checked="" type="checkbox"/> Vaginal<br><input checked="" type="checkbox"/> Vaginal / Rectal – Group B Strep<br><input checked="" type="checkbox"/> Chlamydia (specify source): NAAT - thin prep<br><input checked="" type="checkbox"/> GC (specify source): NAAT - thin prep<br>Sputum<br>Throat<br>Wound (specify source):<br>Urine<br>Stool Culture<br>Stool Ova & Parasites<br>Other Swabs / Pus (specify source): |  | <b>x Viral Hepatitis (check one only)</b><br>Acute Hepatitis<br>Chronic Hepatitis<br>Immune Status / Previous Exposure<br>Specify: <input type="checkbox"/> Hepatitis A<br><input type="checkbox"/> Hepatitis B<br><input type="checkbox"/> Hepatitis C<br>or order individual hepatitis tests in the "Other Tests" section below<br><b>Prostate Specific Antigen (PSA)</b><br><input type="checkbox"/> Total PSA <input type="checkbox"/> Free PSA<br>Specify one below:<br><input type="checkbox"/> Insured – Meets OHIP eligibility criteria<br><input type="checkbox"/> Uninsured – Screening: Patient responsible for payment<br><b>Vitamin D (25-Hydroxy)</b><br><input type="checkbox"/> Insured - Meets OHIP eligibility criteria: osteopenia; osteoporosis; rickets; renal disease; malabsorption syndromes; medications affecting vitamin D metabolism<br><input type="checkbox"/> Uninsured - Patient responsible for payment<br><b>Other Tests - one test per line</b> |  |
| I hereby certify the tests ordered are not for registered in or out patients of a hospital.<br>Emma MacGregor, RN.<br>Medical Director TCFHT-MD-06.<br>x <br>Clinician/Practitioner Signature  |  | Time 24-hour clock Date yyyy/mm/dd<br>06/06/2018<br>Date   |  | <b>Fecal Occult Blood Test (FOBT) (check one)</b><br><input type="checkbox"/> FOBT (non CCC) <input type="checkbox"/> ColonCancerCheck FOBT (CCC) no other test can be ordered on this form<br><b>Laboratory Use Only</b>  |  |



## Appendix D

## Sample Cytology Requisition

|  |  |   |   |   |  |
|--|--|---|---|---|--|
|  <b>Cytology Requisition</b><br><b>Date: Jun 6, 2018</b><br>Requisitioning Clinics / Practitioner   |  | Laboratory Use Only   |   | Cytology Reference Number   |  |
| Name   |  |   |   |   |  |
| Address  |  |   |   |   |  |
|  |  |   |   |   |  |
| Clinician/Practitioner Number  |  | CPSO/Registration Number  |   | Clinician / Practitioner's Contact Number for Urgent Results<br>( ) Ext.                                    |  |
| currProfessionalID   |  | Health Card Number  |   | Version Sex<br>F  |  |
| Check (✓) one:<br><input checked="" type="checkbox"/> OHIP/ Insured <input type="checkbox"/> Third Party/Uninsured <input type="checkbox"/> WSIB   |  | Province ON   Other Provincial Registration Number              |   | Service Date<br>YYYY MM DD<br>Date of Birth<br>YYYY MM DD<br>1965/04/30<br>Health Card Expiry<br>YYYY MM DD |  |
| <input type="checkbox"/> Copy to: Clinician / Practitioner   CPSO #  |  | Patient's Last Name (as per Health Card)<br>Simpson             |   | Patient's First Name (as per Health Card)<br>Bart   |  |
| Name<br>Address  |  | Patient's Middle Name (as per Health Card)                      |   | Patient's Address (including Postal Code)<br>726 Bloor St. W, Suite 207<br>, ON                             |  |
| Name<br>Address  |  | Postal Code<br>M6G 1K7  |   |   |  |
| Patient's Chart Number   |  | Specimen Collection Time  |   | Specimen Collection Date  |  |
|  |  | 11:22AM <input type="checkbox"/> AM <input type="checkbox"/> PM |   | 2018/06/06<br>YYYY/MM/DD  |  |
|  |  |   |   | Patient's Telephone Contact Number<br>( 416 ) 538-3939   Ext.   |  |
| GYNAECOLOGIC CYTOLOGY  |  |   | NON GYNAECOLOGIC CYTOLOGY   |   |  |
| Date of LMP (First Day)<br>May 26, 2018  |  |   | <input type="checkbox"/> # Of Specimens Submitted: <input type="checkbox"/> # Of Slides Submitted:  |   |  |
| <b>Complete Selections (✓ Select)</b>  |  |   | <b>Complete Selections (✓ Select)</b>   |   |  |
| 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   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)<br><input type="checkbox"/> Post Menopausal <input type="checkbox"/> Post Menopausal Bleeding<br><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 checked="" type="checkbox"/> No<br>Is Patient Vaccinated for HPV? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   | Laboratory Use Only   Fixative Added <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |  |
| <input type="checkbox"/> Previous Abnormal Cytology   Result/Date:   |  |   | Description:  |   |  |
| <input type="checkbox"/> Biopsy   Result/Date:   |  |   | <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 |   |  |
| HPV:   Note: Patient will be billed for testing<br><input type="checkbox"/> HPV/DNA TEST <input type="checkbox"/> HPV/DNA TEST (IF ASCUS)  |  |   | <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<br>Emma MacGregor, RN Medical Director TCFHT-MD-06  |  |   |   |   |  |
| Clinician/Practitioner Signature   Date 2018/06/06   |  |   |   |   |  |
| Revision #: New (0)   Originator/Dpt: J.Miline for Cytology   Issue Date: July 11, 2008   Effective Date: August 1, 2008   Form #: 210   |  |   |   |   |  |