

Taddle Creek

MEDICAL DIRECTIVE

Family Health Team

Title: Pelvic Examination Number: TCFHT-MD06
 Activation Date: 01-09-2011 Review Date: 06-02-2020
 Next Review: 06-02-2021

Sponsoring/Contact Person(s)
 (name, position, contact particulars):
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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
- 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 perform the controlled act of placing an instrument, hand, or finger beyond the labia majora).
- Successfully complete the McMaster University's Clinical Skills in Gynecological Health Workshop or equivalent hands-on training
- Demonstrate ability to competently perform pelvic examination during supervision from an authorizing primary care provider on 3 occasions
- Complete the Lakeridge Health Pap Test Learning Module for Health Care Providers available at <https://www.lakeridgehealth.on.ca/en/central-east-regional-cancer-program/Cervical-Cancer-Screening-.asp>
- Review Female Reproductive System Physical Examination & Health Assessment Guidelines in an advanced health assessment textbook (ex. Jarvis, 2018 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/Kit%20Ins-truction%20Sheets/Virus-Culture.aspx>
- Review Toronto Public Health Sexual Health Information for Health Professionals accessible from: <https://www.toronto.ca/community-people/health-wellness-care/information-for-healthcare-professionals/sexual-health-info-for-health-professionals/>
- 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, 2016), accessible from <https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/resources-healthcare-providers/cervical-screening-guidelines-summary>
- Review Rainbow Health Ontario's Long-term Preventive Care recommendations for trans men available online in their Trans Primary Care Guide: <https://www.rainbowhealthontario.ca/TransHealthGuide/gp-mascht.html#sec5>
- Review Check it out guys: The Trans Men's Pap Campaign resource for service providers can be accessed at the Sherbourne Health archive: <https://web.archive.org/web/20170424225956/http://checkitoutguys.ca/>
- Review RNAO's Woman Abuse: Screening, identification and initial response accessible from <https://rno.ca/bpg/guidelines/woman-abuse-screening-identification-and-initial-response>
- Review CMPA's Is it time to rethink your use of chaperones? article (March 2019) available at <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2019/is-it-time-to-rethink-your-use-of-chaperones>

Indications:

Appendix Attached: <input checked="" type="checkbox"/> No <input type="checkbox"/> 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.
- Providers must give patients the option of having a chaperone during the exam, including bringing their own chaperone if the provider is unable to provide one. This may contribute to both patient and provider comfort.

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-MD06)
- 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
- 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:

- Cancer Care Ontario. (2017). *Screening Guidelines – Cervical Cancer*. Retrieved from <https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=13104>
- Carusi, D. A., & Goldstein, D. P. (2013). *The gynecologic history and pelvic examination*. Retrieved from http://www.uptodate.com/contents/the-gynecologic-history-and-pelvic-examination?source=search_result&search=bimanual+exam&selectedTitle=1%7E150
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- Joyce, C. & Piterman, L. (2011). The work of nurses in Australian general practice: A national survey. *International Journal of Nursing Studies*, 48, 70-70.
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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”? 10th National Rural Health Conference. Retrieved from <http://eprints.jcu.edu.au/5328/>

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

Tonelli, M. et al. (2016). Recommendations on routine screening pelvic examination: Canadian Task Force on Preventive Health Care adoption of the American College of Physicians guideline. *Canadian Family Physician*, 62(3). Retrieved from: <http://www.cfp.ca/content/62/3/211>

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

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.



Name

Signature

Date

Name	Signature	Date

Appendix C
Sample Lab Requisition

 Ontario Ministry of Health and Long-Term Care Laboratory Requisition Requisitioning Clinician / Practitioner		Laboratory Use Only			
Name Vivienne Lemos Address 790 Bay Street Suite 300 Toronto, ON M5G 1N8		Clinician/Practitioner's Contact Number for Urgent Results (416) 960-1366 Ext.		Service Date yyyy mm dd	
Clinician/Practitioner Number 029015	CPSO / Registration No.	Health Number	Version	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth yyyy mm dd 1945 04 03
Check (✓) one: <input checked="" type="checkbox"/> OHIP/Insured <input type="checkbox"/> Third Party / Uninsured <input type="checkbox"/> WSIB		Province/Other Provincial Registration Number		Patient's Telephone Contact Number (416) 260-1315	
Additional Clinical Information (e.g. diagnosis)		Patient's Last Name (as per OHIP Card) Duck Patient's First & Middle Names (as per OHIP Card) Daffy Patient's Address (including Postal Code) 345 White Tail Way Mississauga, ON N0M 1A0			
<input type="checkbox"/> Copy to: Clinician/Practitioner Last Name: First Name Address					
Note: Separate requisitions are required for cytology, histology / pathology and tests performed by Public Health Laboratory					
<input checked="" type="checkbox"/> Biochemistry		<input checked="" type="checkbox"/> Hematology		<input checked="" type="checkbox"/> Viral Hepatitis (check one only)	
Glucose <input type="checkbox"/> Random <input type="checkbox"/> Fasting		CBC		Acute Hepatitis	
HbA1C		Prothrombin Time (INR)		Chronic Hepatitis	
Creatinine (eGFR)		Immunology		Immune Status / Previous Exposure Specify: <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C or order individual hepatitis tests in the "Other Tests" section below	
Uric Acid		Pregnancy Test (Urine)		Prostate Specific Antigen (PSA) <input type="checkbox"/> Total PSA <input type="checkbox"/> Free PSA Specify one below: <input type="checkbox"/> Insured - Meets OHIP eligibility criteria <input type="checkbox"/> Uninsured - Screening: Patient responsible for payment	
Sodium		Mononucleosis Screen			
Potassium		Rubella		Vitamin D (25-Hydroxy) <input type="checkbox"/> Insured - Meets OHIP eligibility criteria: osteopenia; osteoporosis; rickets; renal disease; malabsorption syndromes; medications affecting vitamin D metabolism <input type="checkbox"/> Uninsured - Patient responsible for payment	
ALT		Prenatal: ABO, RHD, Antibody Screen (titre and ident. if positive)			
Alk. Phosphatase		Repeat Prenatal Antibodies		Other Tests - one test per line	
Bilirubin		Microbiology ID & Sensitivities (if warranted)			
Albumin		<input checked="" type="checkbox"/> Cervical			
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)		<input checked="" type="checkbox"/> Vaginal			
Albumin / Creatinine Ratio, Urine		<input checked="" type="checkbox"/> Vaginal / Rectal - Group B Strep			
Urinalysis (Chemical)		<input checked="" type="checkbox"/> Chlamydia (specify source): NAAT cervix			
Neonatal Bilirubin:		<input checked="" type="checkbox"/> GC (specify source): NAAT cervix			
Child's Age: days hours		Sputum			
Clinician/Practitioner's tel. no.		Throat			
Patient's 24 hr telephone no.		Wound (specify source):			
Therapeutic Drug Monitoring:		Urine			
Name of Drug #1		Stool Culture			
Name of Drug #2		Stool Ova & Parasites			
Time Collected #1 hr. #2 hr.		Other Swabs / Pus (specify source):			
Time of Last Dose #1 hr. #2 hr.					
Time of Next Dose #1 hr. #2 hr.					
I hereby certify the tests ordered are not for registered in or out patients of a hospital.		Specimen Collection Time 21 hour clock Date 05/02/2020			
Vicki McGregor RN As per medical directive TCFHT-MD06 x  Clinician/Practitioner Signature Date 05/02/2020		Fecal Occult Blood Test (FOBT) (check one) <input type="checkbox"/> FOBT (non CCC) <input type="checkbox"/> ColonCancerCheck FOBT (CCC) no other test can be ordered on this form			
		Laboratory Use Only			

Appendix D

Sample Cytology Requisition

Dynacare Cytology Requisition Requisitioning Clinics / Practitioner Name Vivienne Lemos Address 790 Bay Street Suite 300 Toronto, ON M5G 1N8		Laboratory Use Only		Cytology Reference Number	
Clinician/Practitioner Number 029015		CPSO/Registration Number		Health Card Number 416-960-1366 Ext.	
Check (✓) one: <input checked="" type="checkbox"/> OHIP/Insured <input type="checkbox"/> Third Party/Uninsured <input type="checkbox"/> WSIB <input type="checkbox"/> Copy to: Clinician / Practitioner CPSO a		Province / Other Provincial Registration Number		Service Date 2020/02/05	
Name Address		Health Card Number Version Sex M		Date of Birth 1945/04/03	
Name Address		Patient's Last Name (as per Health Card) Duck		Health Card Expiry	
Name Address		Patient's First Name (as per Health Card) Daffy		Patient's Middle Name (as per Health Card)	
Name Address		Patient's Address (including Postal Code) 345 White Tail Way Mississauga, ON N0M 1A0			
Patient's Chart Number 8865		Specimen Collection Time 3:59PM hr. <input type="checkbox"/> AM <input type="checkbox"/> PM		Specimen Collection Date 2020/02/05	
Patient's Telephone Contact Number 416-260-1315 Ext.		Patient's Telephone Contact Number 416-260-1315 Ext.			
GYNECOLOGIC CYTOLOGY			NON GYNECOLOGIC CYTOLOGY		
<input checked="" type="checkbox"/> Pap Test according to Ontario Cervical Screening Guidelines <input type="checkbox"/> Patient Pay Pap Test (Patient has been informed that they will be invoiced by Dynacare)			<input type="checkbox"/> # Of Specimens Submitted <input type="checkbox"/> # Of Slides Submitted		
Date of LMP (First Day)			Urine: <input type="checkbox"/> Voided <input type="checkbox"/> Catheterized		
Site: <input checked="" type="checkbox"/> Cervical <input type="checkbox"/> Combined <input type="checkbox"/> Endocervical <input type="checkbox"/> Vaginal			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		
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 checked="" type="checkbox"/> Brush <input type="checkbox"/> Broom <input type="checkbox"/> Spatula			Synovial Fluid: <input type="checkbox"/> Left <input type="checkbox"/> Right Site: _____		
Cervix: <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious			Breast: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Cyst <input type="checkbox"/> Nodule <input type="checkbox"/> Nipple Discharge		
Clinical Status: <input type="checkbox"/> Pregnancy (twice) _____ <input type="checkbox"/> Post Partum (twice) _____ <input type="checkbox"/> Post Menopausal <input type="checkbox"/> Post Menopausal Bleeding <input type="checkbox"/> HRT <input type="checkbox"/> BCP <input type="checkbox"/> IUD			Other Site: (Specify) _____		
Hysterectomy: <input type="checkbox"/> Total - No Cervix <input type="checkbox"/> Partial - Cervix Present			Clinical History/Remarks:		
Patient History: 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		
STI Testing on ThinPrep: in addition MOH requisition is required. <input type="checkbox"/> Chlamydia NAAT <input type="checkbox"/> Gonorrhea NAAT <input type="checkbox"/> Trichomonas NAAT			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		
HPV: Patient will be billed for HPV test. <input type="checkbox"/> HPV test only <input type="checkbox"/> HPV & Pap test <input type="checkbox"/> HPV test (if ASCUS)			Clinical Information is important in the interpretation of all Cytology tests. Please provide all relevant clinical information. I hereby certify the test ordered are not for registered in or Out Patients of a Hospital.		
_____ Clinician/Practitioner Signature			Date 05/02/2020		