Thames Valley
Family Health Team

Medical Directive

Title:	**Gynecological Assessment with Specimen Collection**	**Assigned Number:**	**024**
Activation Date:	**February 23, 2016**	**Review due by:**	**December 2025**

Approval Signature & Date

Medical Director: _____ Date Reviewed: January 12, 2023

Clinical Services Director: _____ Date Reviewed: January 12, 2023

Order and/or Delegated Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

Assessment of the Well Woman, including:

1. Pelvic examination, including speculum and bimanual examination (as indicated) and the collection of specimens for cervical cancer screening.
2. Clinical assessment and collection of specimens for infections including sexually transmitted infections (STIs).

Recipient Patients:	**Appendix Attached:** ☒ **Yes** ☐ **No** **Title:**

All active patients of TVFHT physicians (identified on the Authorizer Approval Form) who require a gynecological assessment and completion of a pelvic exam consistent with the Cervical Cancer Screening Guidelines.

Authorized Implementers:	**Appendix Attached:** ☒ **Yes** ☐ **No** **Title:**

Thames Valley Family Health Team Registered Nurses/ Registered Practical Nurse (RN/RPN)*

- ∗ The implementing RN/RPN must receive orientation from the Educator with regards to the task. The RN/RPN and Educator must sign the Implementer Performance Readiness Form (Appendix 8) after successful completion of the orientation. Following review of this directive the Implementer Approval Form (Appendix 1) must be signed by the RN/RPN indicating acceptance of this medical directive.

Indications:	**Appendix Attached:** ☒ **Yes** ☐ **No** **Title:** Ontario Cervical Cancer Screening Guidelines
Patient consents to examination and specimen collection by the implementing RN/RPN. Patient has been referred by authorizing physician for assessment and exam. Patient meets Ontario Cervical Cancer Screening Guidelines	
Contraindications: No verbal consent from patient or substitute decision maker for the RN/RPN to implement this medical directive. Patients that have not met criteria of the Ontario Cervical Cancer Screening Guidelines and/or been referred by the responsible physician.	
Consent:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**
Patients of TVFHT Family Physicians RN/ RPN obtains verbal consent from patient prior to implementation of care.	
Guidelines for Implementing the Order/Procedure:	**Appendix Attached:** ☒ **Yes** ☐ **No** **Title:** Appendix 23 – Detailed Well Woman History and Examination Appendix 24 – Collection of Specimens for Cervical Cancer Screening, Sexually Transmitted Infection (STI) screening, and Preparation of Requisitions

For Patients who meet the above Indications:

1. Prior to examination the RN/RPN addresses client questions or concerns and describes the process of examination to the patient.
2. RN/RPN must give patients the option of having a third-party present during intimate examinations, including bringing their own third party if the RN/ RPN does not have one.
3. If a third party is declined by the patient, RN/RPN must document in EMR. If a third party is present, document whether the third party was provided by the patient of RN/RPN.
4. If the patient wants a third-party present and one is not available, or there is no agreement on who the third party will be, RN/RPN will give patient the option of rescheduling the examination or refer to another clinician if examination is not urgently needed. RN/RPN must document in the EMR the risks of delaying the examination if the examination is urgently needed. The RN/RPN may also choose to have a chaperone present for an intimate examination. The name and role of chaperone must be documented in the EMR. If a chaperone is recommended by the RN/RPN and declined, the RN/RPN will discuss options with the patient proceeding without a chaperone and accepting the associated risks, returning another day with a chaperone of the patient's choice, after discussing the risks of delaying the examination. Document in patient record is mandatory.
5. If indicated, the RN/RPN obtains a full health history and/or performs an examination, as per Appendix 23 – Gynecological Assessment.
6. The RN/RPN will collect appropriate specimens (which may include specimen for cervical screening for cancer (i.e., Pap smear) and specimens for STI screening) and prepare appropriate laboratory requisitions as per Appendix 24 Collection of Specimens for Cervical Cancer Screening, Sexually Transmitted Infection (STI) screening, and Preparation of Requisitions.
    - The RN/RPN will consult the physician or a nurse practitioner with any abnormal findings as advised by the Ontario Cervical Screening Program; including but not limited to suspicious moles/lesions on the perineum, genitourinary pain (e.g., PID, suspected ectopic pregnancy, presence of an abscess), systemic symptoms, inability to complete required screening d/t anatomy or woman's comfort level, and special circumstances (e.g., sexual assault).
    - The RN/RPN will send a delayed message to themselves to track cytology and STI results.
    - The RN/RPN will communicate need for follow up for women with abnormal cytology to physician/NP as outlined by the Ontario Cervical Screening Program available online at: https://www.cancercareontario.ca/en/guidelines-advice/types-of-cancer/2156
    - The RN/RPN will communicate need for follow up to physician/NP for women with positive STI screening and provide health teaching surrounding STIs as per Public Health Agency of Canada guidelines: http://www.phac-aspc.gc.ca/std-mts/sti-its/guide-lignesdir-eng.php
7. The RN/RPN will discuss HPV vaccination with women as recommended by the latest National Advisory Committee on Immunization.

Documentation and Communication:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

1. The RN/RPN will document chaperone details and discussions, initial and ongoing assessment data, reason for exam, interventions, health teaching, patient response to exam, referral/consultation and follow up.
2. Documentation in the patient's medical record needs to include name and number of the directive, name of the implementer (including credential), and name of the physician/authorizer responsible for the directive and patient and intimate examination chaperone details.
3. Information regarding implementation of the procedure and the patient's response should be documented, in the patient's medical record, in accordance with standard documentation practice*
4. Standard documentation is recommended for prescriptions, requisitions, and requests for consultation.

∗ *Potter, P.A. & Perry, A.G. (2006). Fundamentals of Nursing. St. Louis: Mosby.*

Review and Quality Monitoring Guidelines:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

1. The Directive remains in force until and unless amendment occurs. Review will occur biennially or if the following situations occur. In case the Medical Director identifies the need to change the Medical Directive, at least one TVFHT member of the implementing discipline will be consulted.
2. At any such time that issues related to the use of this directive are identified, the team must act upon the concerns immediately by identifying these concerns to the Medical Director. The Medical Director will review these concerns and consult with at least one TVFHT member of the implementing discipline, before necessary changes are made.
3. If new information becomes available between routine renewals, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the Medical Director and a minimum of one implementing RN/RPN.

Approving Physician(s)/Authorizer(s):	**Appendix Attached:** ☒ **Yes** ☐ **No** **Title:**

TVFHT Family Physician Authorizer Approval Form signed in HR Downloads.

Appendix 23: Detailed Gynecological Assessment

1. The implementing RN/RPN will obtain the following information as part of a full health history when performing a well woman examination, as indicated:
   - Menstrual history: age of onset, regularity, date of last menstrual period, age at menopause, history of sexual activity since last menstrual period.
   - Possibility of pregnancy or need for emergency contraception. Conduct urine pregnancy test if appropriate
   - Abnormal vaginal discharge: onset, colour, consistency, quantity.
   - Contraception: method of birth control, use of condoms, use of lubricant.
   - Sexual history: date of last sexual contact, sex/gender of contacts, number of partners in the past 2 months (specific to infections with a 60 day reportable requirement) number of partners in the past 6 months (specific to infections with a 180 day reportable requirement) types of sexual contact (oral, vaginal, anal intercourse) percentage of time for condom use and for which types of sexual contact (anal, vaginal, oral) feasibility of contacting sexual partners should they require notification, testing and treatment locations (e.g., internet, commercial sex establishments, other) where sexual contacts are met sexual and drug use practices of sexual contacts (if known) STI and HIV status of sexual contacts (if known) possible occupational exposure to blood borne pathogens (e.g., needle stick) or accidental exposures (i.e., exposure to blood during a fight)
   - History of STIs
   - Dyspareunia
   - Gynecological history: surgeries, recent procedures, GTPAL (gravida, term, preterm, abortions, living), cesarian versus vaginal birth, post-coital bleeding, bleeding between periods, previous cervical screening for cytology and results, pregnancy complications (e.g., ruptured membranes, vaginal bleeding).
   - Health history: recent procedures, immune status, diabetes, current medications, mobility concerns, smoking, substance abuse, and self-breast examination.
   - Allergies
   - Screening for sexual or other trauma as per RNAO guidelines.
2. The implementing RN/RPN will obtain the following information as part of the initial examination, based on practice policy, as indicated: blood pressure, height, weight, pregnancy test (depending on circumstances) and general state of health.
3. The implementing RN/RPN will perform the pelvic exam, including speculum and bimanual, as indicated:
   a. Inguinal lymph nodes: Palpate to identify enlargement and tenderness
   b. External genitalia: distribution of hair, lesions, masses, induration, areas of different colour, clitoris, urethra, Skene's glands, perineum, anus; palpate Bartholin's glands (for tenderness and swelling)
   c. Vagina: appearance, discharge, vaginal tone, rectocele, cystocele
   d. Cervix: position, colour, shape, size, consistency, discharge, lesions, motion tenderness, friability
   e. Uterus: position, size, contour, mobility, tenderness and/or pain on movement, descent
   f. Adnexa: tenderness and/or pain on palpitation, any abnormal exam findings (i.e.., masses)

Appendix 24: Collection of Specimens for Cervical Cancer Screening, Sexually Transmitted Infection (STI) Screening, and Preparation of Requisitions

1. The implementing RN/RPN will obtain specimen for cervical cancer screening (i.e., Pap smear) using the procedure appropriate for the collection method in use at their site.
    - Most commonly, this method in use is a Liquid-Based cytology medium with a broom-like device that samples both the endo- and ectocervix in one motion.
2. If indicated (i.e., presence of cervical discharge), the implementing RN/RPN will obtain an endocervical swab for STI testing using a Genprobe Unisex swab or a urine sample can be collected for Chlamydia trachomatis and Neisseria gonorrhea testing.
    - Alternatively, for screening in the absence of cervical discharge or in the absence of a cervix, a urine sample can be collected for Chlamydia trachomatis and Neisseria gonorrhea testing. The urine specimen should be a first-catch sample of 20-30ml in quantity.
3. If indicated (i.e., vaginal discharge), the implementing RN/RPN will collect a vaginal culture and sensitivity swab from mucosa high in the vaginal canal using standard swab with gel transport medium.
4. If indicated, the implementing RN/RPN will provide requisitions for additional serological tests for STIs, such as Hepatitis, HIV, syphilis.
5. The RN/RPN will obtain specific consent for HIV testing.
6. The implementing RN/RPN will label all specimens with the patient's name and at least one other identifying piece of information (i.e., health card number, date of birth).
7. The implementing RN/RPN will prepare all necessary requisitions:
    - A cytology requisition for cervical cancer screening specimen (Pap smear).
    - A public health requisition for STI tests (including endocervical swab or urine sample for Chlamydia trachomatis and Neisseria gonorrhea testing.
    - A public health requisition for proposed serological tests for STIs excluding HIV.
    - A public health HIV test requisition.
    - A standard Ontario laboratory requisition for vaginal culture swab.