Thames Valley
Family Health Team

Medical Directive

Gynecological Assessment with Specimen Collection	**Assigned Number: 024**
Activation Date: February 23, 2016	**Review due by: December 2026**

Approval Signature & Date

Medical Director: _____ Date: April 15, 2025

Clinical Services Director: _____ Date: April 15, 2025

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

Gynecological assessment with pelvic examination and specimen collection for cervical cancer screening and infections, including STIs.

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

All active patients (attached or unattached) served by Thames Valley Family Health Team affiliated physicians and nurse practitioners, as identified on the Authorizer Approval Form.

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

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

The implementer must complete educational requirements for this medical directive, including review of the education package and medical directive and successful completion of any quizzes. If additional orientation or shadowing is needed, the implementer must make arrangements for this with their clinical supervisor. Once all of the above has been completed, they are required to sign the Implementer Performance Readiness Form electronically, via Citation Canada, indicating they have the knowledge, skill and judgment to safely enact the medical directive.

Indications:	**Appendix Attached:** ☐ **Yes** ☒ **No**
1. Patient meets the eligibility criteria for the most current Ontario Cervical Cancer Screening Guidelines 2. Patient has been referred by authorizing physician or nurse practitioner for assessment and exam	
Contraindications:	**Appendix Attached:** ☐ **Yes** ☒ **No**
Patients who do not meet the criteria outlined in the Ontario Cervical Cancer Screening Guidelines or have not been referred by the authorizing physician or nurse practitioner.	
Consent:	**Appendix Attached:** ☐ **Yes** ☒ **No**
Implementer obtains informed verbal consent from patient/substitute decision maker, per TVFHT: Informed Consent of Patient Healthcare Procedure, consent prior to the implementation of care.	
Guidelines for Implementing the Order/Procedure:	**Appendix Attached:** ☒ **Yes** ☐ **No** Appendix 1: Detailed Gynecological Assessment Appendix 2: Collection of Specimens for Cervical Cancer Screening, Sexually Transmitted Infection (STI) Screening, and Release of Requisitions

1. Discuss the option of having a chaperone during the exam, including bringing their own chaperone, per TVFHT Chaperone Procedure.
2. Determine patient's eligibility for cervical cancer screening according to the Ontario Cervical Screening Program guidelines and patient history.
3. Obtain detailed history per Appendix 1: Detailed Gynecological Assessment.
4. Provide patient education of what testing will be done, review equipment, what to expect, and allow time for questions.
5. Inform patient of purposes, risks, harms, and benefits of testing, including when results will be available, and potential follow up required if test(s) positive or negative.
6. Discuss HPV vaccination as recommended by the latest National Advisory Committee on Immunizations.
7. If patient reports vaginal symptoms of infection (e.g., atypical vaginal discharge, foul odor, itching), intermenstrual spotting, post-coital spotting, and/or the patient is, or has been, sexually active with risk factors for STIs, appropriate swabs will be taken and requisitions released for STI tests and/or vaginal C&S per Appendix 2: Collection of Specimens for Cervical Cancer Screening, Sexually Transmitted Infection (STI) Screening, and Preparation of Requisitions.

8. Inform patient of physical assessment findings, noting any abnormal findings, potential diagnoses, and follow up. If there are abnormal findings during the exam, the implementer will review with the authorizing physician or nurse practitioner and arrange for follow up as necessary.

9. If collecting STI specimens for testing, inform the patient of mandatory reporting and the importance of contact notification in the event of positive STI results.

10. Inform the patient lab results will be sent to their physician or nurse practitioner.

11. Send message to primary care provider regarding assessment completion and to track results.

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

- The implementer will follow the documentation standards set by their governing college.
- The implementer will offer patients the opportunity to have a chaperone present during all intimate examinations, in accordance with the TVFHT Chaperone Procedure.
- In the patient's medical record, documentation must be completed on the TVFHT documentation template provided for this directive.
- Information regarding implementation of the directive and the patient's response will be documented in the patient's medical record, in accordance with standard documentation practice.
- Requisitions released must include the name and number of the directive, name of authorizer, name and signature of implementer.

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

The directive remains in effect until amended. It will be reviewed biennially or under the following circumstances:

1. The Medical Director identifies a need for change
2. Issues arise related to the directive's use--the team must promptly communicate concerns to their clinical supervisor, Medical Directives Coordinator, or Clinical Director
3. New information becomes available between scheduled reviews, particularly if it affects outcomes

The Medical Directives Committee will then review the concerns in consultation with at least one implementer and the Medical Director, as needed, before making necessary changes.

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

TVFHT Authorizer Approval Form signed in Citation Canada.

Appendix 1

Detailed Gynecological Assessment

1. The implementer will obtain the following information as part of a full health history when performing a gynecological examination:
   - 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 implementer 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 implementer will perform the pelvic exam, including speculum and bimanual, as indicated:
   - Inguinal lymph nodes: Palpate to identify enlargement and tenderness
   - 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)
   - Vagina: appearance, discharge, vaginal tone, rectocele, cystocele
   - Cervix: position, colour, shape, size, consistency, discharge, lesions, motion tenderness, friability
   - Uterus: position, size, contour, mobility, tenderness and/or pain on movement, descent
   - Adnexa: tenderness and/or pain on palpitation, any abnormal exam findings (i.e. masses)

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Appendix 2

Collection of Specimens for Cervical Cancer Screening, Sexually Transmitted Infection (STI) Screening, and Release of Requisitions

1. The implementer will obtain a specimen for cervical cancer screening (HPV test) using the ThinPrep® System with the broom-like collection device, or endocervical brush-spatula combination if indicated.
2. If indicated (i.e., presence of cervical discharge or symptoms consistent with cervicitis), the implementer 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 or symptoms consistent with vaginitis), the implementer 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 implementer will provide requisitions for additional serological tests for STIs, such as Hepatitis, HIV, syphilis—specific HIV testing consent will be obtained.
5. The implementer 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).
6. The implementer will prepare and release all necessary requisitions:
    - Ontario Health-Cancer Care Ontario Human Papillomavirus (HPV) and Cytology Tests Requisition—For Cervical Screening.
    - Standard Ontario laboratory requisition for vaginal culture swab and/or STI tests (including endocervical swab or urine sample for Chlamydia trachomatis and Neisseria gonorrhea testing).
    - Public health requisition for proposed serological tests for STIs excluding HIV.
    - Public health HIV test requisition.