

## Teen Clinic Front Desk Staff Procedures

**Clinic Opening:** Arrive at 8:45 AM.

Organize magazines in waiting area if messy.

**Scheduling/Registration:** Patients 18 years and younger No Well Child Care Appointments, refer back to PMD. You may ask patients if currently transitioning from their PMD office. See appointment script posted at front desk work station. If seeking Contraception and Annual visit/Sports physical/work physical/or school physical exam, you will need to schedule 2 appointments.

- a. You will follow CMG registration and scheduling processes.
- b. Every appointment type requires input of the referring physician because they will be receiving a letter from our providers
- c. Outside providers should be added to team members in EPIC

ALTHOUGH CMG PROVIDERS/CLINICS ARE SUPPOSE TO CONTACT THC MEDICAL PROVIDERS DIRECTLY FOR PATIENTS NEEDING SAME DAY APPOINTMENTS, WE CONTINUE TO RECEIVE CALLS DIRECTLY FROM PATIENTS. All of the presenting complaints below need to be triaged directly to the nurse so patient can be appropriately scheduled for their medical needs.

Please open a patient telephone documentation, confirm contact phone number and route to nurse.

- a. Frequent, Prolonged or Heavy Menstrual Bleeding (Referral Menorrhagia)
- b. Acute complaints: New onset pelvic pain, dysuria, new vaginal discharge, fever
- c. All Mental Health Concerns
- d. Any potential child endangerment such as sexting, nonconsensual sex activities, assault, or abuse
- e. Unprotected sexual activity

*Initial Appointments = Use New Appointment slot only.*

*Follow up Appointments = 30 minutes, unless otherwise specified in follow up*

*Tuesday evening appointments, 3:15 Pm til closing are only given to those identified in follow up comments as appropriate for those time slots*

When making appointments, **if patient** is making appointment and the **patient is less than 18 years old**, please verify purpose of appointment:

- a. Reproductive Health and Ambulatory Substance Abuse treatment can be confidentially provided to these patients (provide without parent involvement)
- b. Mental Health Services their parents must be involved and aware of the care

1. If patient is **less than 18 years old** and the appointment is for reproductive health or substance abuse issues the patient may be seen confidentially without parent permission:

- a. If patient is privately insured and they do not want their parent to receive an Explanation of Benefits, (he/she wants confidential reproductive health services), we can enroll them in coverage through a state program (Family Planning Only insurance)
- b. To enroll in program:
  - i. patient will need their social security number
  - ii. it is mandatory for completing the application
  - iii. THC can help them complete the application. Patients may apply before their appointment by visiting Access <https://access.wisconsin.gov/> or they may wait to apply until their appointment.

**2. Parents who are making appointments for Teens less than 18 years old:**

- a. **Initial Appointment:** they should plan for the appointment to last at least 1 hour
- b. **Information for parents:**
  - i. Remind parents one goal of our clinic is to prepare teens to transition to independent user of healthcare after age 18.
  - ii. Teen clinic providers will spend time alone with their teens to practice communicating with health care providers.
    1. One third to ½ of appointment time is spent alone with the teen, so parents may want to bring some reading or work materials for this portion of the visit
  - iii. Remind teen to come with full bladder since we typically collect a urine.

**3. Nexplanon:** If patient/parent makes appointment for Nexplanon placement, please send Inbox Message requesting prior authorization to be completed to clinic nurse and copy provider who will place the device.

- a. Insertions place in 60 minute spot.
- b. **Removals should be placed in 60 minute spot.**

**4. When you input patient information into your template, please complete referral column. Unless otherwise identified by the patient, place the PMD listed for that patient. This information is necessary so the letter to their PMD is auto populated when we compose the patient letter to the PMD.**

**5. Patients who are not followed by a CMG/MCW/CHW provider, please ask them for the name and location of their provider so we can access their records via "Care Everywhere" if applicable.**

- a. Place MD name into Referral Column
- b. Please add their provider's information gathered above into the Care Team tab so a referral letter can be sent via EPIC; not require us to print and fax.

6. Patients who will be seen for menstrual management or reproductive health/contraception concerns, please make them aware we will need a urine on arrival to clinic.

**Appointment Preparation:**

1. Call and confirm appointment using appropriate telephone number and use password if indicated patient FYI.
  - a. Have arrive 15 minutes prior to their scheduled appointment
  - b. Remind late arrival times: 10 minutes (30 minute appt) and 20 minutes (New patient) late may be asked to reschedule.
  - c. Please remind patients who will be seen for menstrual management or reproductive health/contraception, will need a urine on arrival to clinic. (will not do until we have new phone system.)
2. Prior to appointment print labels, face sheet. Place Vukovich appointments in Red folders, Gaebler in Yellow folders.
  - a. Include in each folder:
    - i. Encounter form
    - ii. New Patients: Clinic Welcome letter for patients less than 18 yo
    - iii. Patient labels cut sheet in half horizontally
    - iv. Family Health History and Patient Health History Form with patient labels attached
    - v. Teen Safety Handout
    - vi. Flu Screening form (If seasonally appropriate)
    - vii. Family Planning Only Services (FPOS) Temporary Applications as indicated by insurance and appointment type
    - viii. PHI form for patients 18 years and older

MW288 3/14/16 2:04 PM

**Comment:** Candace checking with Sue Waivra regarding if THC call reminders stopped.

**Check In:** In addition to routine check in procedures (verification of insurance, parent/family contact information).

1. Patients 16 years and older, please check if patient has their own cell phone number . If they do and it is not already listed in EPIC
  - a. In EPIC Contact Information, input patient's name and phone number
  - b. If possible, please check if the phone is password protected and if we can leave detailed medical information, if we can in comment state "password protected"
  - c. Identify preferred contact phone number for appointment reminder calls, bold this number
2. Patient  $\geq$  18 years, change to guarantor, identify address they would like Explanation of Benefits to be sent, they may want it sent to their college/apartment address or their parent's address

3. Patients  $\geq$  18 years old offer the PHI form to discuss care if arrive alone, if with parent will offer in exam room
4. For those you offer PHI form, please review below with patient.(only patients who come without parent/guardian.
  - a. Please have them list all individuals with whom clinic can discuss their care i.e parent(s), foster parent, aunt, uncle or significant other
5. Patients  $\geq$  18 yo please offer My Chart sign up.
6. First time patients  $\geq$  14 yo and  $<$  18 yo provide parents with Teen Clinic Goal Letter (currently awaiting authorization to give, not released)
7. New patients identify and ask them complete Family History Form, returning patients ask them to update any changes to their Family History
8. Please provide parents or young adults with FPOS fact sheet. Teens or Young Adult is seen for reproductive health services, STD testing or STD treatment they could be eligible for FPOS.
  - a. Please provide Temporary Family Planning Only Services Application in patient folder ; provide instructions and web site for Access <https://access.wisconsin.gov/>
9. Identify if patient and/or parent will need school/work excuse. If needed, please print while patient is being seen, may provide to parent if in sitting area or at time of check out.

**Phone calls:**

1. Document all incoming patient phone calls in EPIC. (Clinic goal 100% real time documentation).
2. Route calls for patients/families requesting to speak with provider to RN for triage on clinic days or MD/NP on-call on Wednesday.
3. Urgent Calls:
  - i. Any concerns or requests to be seen for same day appointments for mental health issues or for heavy vaginal bleeding, abdominal pain/severe menstrual cramps, fever, dizziness, feeling faint, chest pain, shortness of breath, leg/arm swelling pain or swelling, severe headache or vision problems should be triaged and handled by RN or MD/NP Immediately.
  - ii. If MD/NP/RN not at desk, one of these individuals should be pulled out of exam room, place patient on hold while you get the provider. Be sure to get a return number in case patient is disconnected.
  - iii. If patient is suicidal, please have them provide their current address/location, keep talking to the patient if possible while getting a provider, if the patient should hang up, 911 will need to be contacted and provided with address/location of patient (see details above)
4. On Wednesdays if the nurse is not in the clinic; if a medical provider is not in clinic:
  - a. Please periodically take off messages from the nurse voice mail
  - b. Document messages as telephone encounter in EPIC provide the following:

- i. Patient contact information and document complaint
- ii. Route message to provider on call for the clinic
- iii. Page On Call provider via Children's Connect Specialty On Call - Teen Health provider. Notify provider and route message.
- iv. If message seems urgent, provide CC, patient name and patient call back information

**Administrative Support:**

1. Medication request faxes, please on nurse's keyboard, so nurse can input and forward to appropriate provider.
2. Since our appointments can run long, please offer parent choice of coffee, tea or water if sitting in waiting area for an extended time period. (Provide from our kitchen supply, use disposable thermal cups for hot beverages)
3. Print and send patient result letters routed to you by Melissa and/or Dr. Gaebler.
  - a. Send all letters in envelopes with just our return address, only use Teen Health Logo envelopes if identified as ok to do so
  - b. Please acknowledge to provider who routed letter that letter was sent.
4. Please keep a file of items to be scanned into computer (i.e PHQ9-A, Health Habit Screening Forms, etc),
  - a. Label with correct routing label
  - b. please batch and send to medical records at least weekly.
  - c. Medical records will process and incorporate into the patient's medical record.
5. Wednesday Receptionist will do surveillance and ordering of clinic handouts:
  - a. Weekly check the file cabinets in each exam room for adequate supply of handouts
  - b. Refurbish handouts from stock in break room
  - c. Order additional copies as indicated by clinic supply
6. Wednesday Receptionist will complete surveillance and rotation of magazines in waiting area:
  - a. Weekly go through magazines, recycle magazines that appear well worn or have been out for more than 4 weeks
  - b. Place new magazines as they arrive or are needed
7. Office repairs/maintenance supported by CHW, please place work order for required work via the CHW intranet.
8. Please complete communication book with building maintenance, making requests as needed for clinic and check if they have correspondence
9. Participate in THC PR projects, i.e. obtain addresses for mailing, print letters, stuff and address envelopes, etc
10. Review billing and drop charges.

**Revised September 12, 2016**

**Amenorrhea (> 90 days no period or never had period by 15 years old):**

**Front Desk Prep:**

- Patient labels cut sheet in half horizontally
- Include standard information into folder

**MA/Nursing:**

1. Height, weight, BMI
2. Vitals: BP\*, HR, RR, and 1<sup>st</sup> day LMP
  - a. If LMP > 28 days highlight and bring to attention of provider
  - b. If LMP  $\geq$  35 days please obtain urine and run pregnancy test
3. POCT Urine HCG

**Discharge handouts/materials:**

1. Teen Clinic Menstrual Calendar

## **CONTRACEPTION**

### **Initiation Contraception secondary to sexual activity:**

#### **Front Desk Prep:**

- Patient labels cut sheet in half horizontally
- Include standard information into folder
- Privately insured patients, please provide Temporary Family Planning Only Services Application in patient folder ; provide instructions and web site for Access <https://access.wisconsin.gov/>

#### **MA/Nursing Staff:**

1. Vitals: Pulse, BP, weight, height, BMI and 1<sup>st</sup> day LMP
  - a. If LMP > 28 days highlight and bring to attention of provider
  - b. If LMP  $\geq$  35 days please obtain urine and run pregnancy test
2. POCT Urine HCG
3. Self collect vaginal CT/GC NAAT (if patient comfortable collecting)\*#, if patient not comfortable collecting please have labeled CT/GC NAAT tube labeled with patient's name
4. Self Collect wet prep if indicated

\*If patient has been screened within the past 12 months and has no complaints or no new risk factors for STI (no new partners, inconsistent condom use) do not need to collect.

#If patient has been treated for CT/GC  $\geq$  3 months, patient needs rescreening CT/GC if not already done.

#### **Discharge handouts/materials:**

1. Condoms
2. Young Women's Healthy Sex Decisions handout/ if going to college substitute with College Health handout.
3. Young Women's Emergency Contraception handout
4. If contraception initiated please provide appropriate Young Women's Contraceptive Handout: Nexplanon, Mirena, Depo Provera#, OCP, Patch or Ring
5. Planned Parenthood Healthy Relationship Pamphlet

#Depo Provera patients should receive CHW Calcium and Vitamin D Handout

## **CONTRACEPTION**

### **Combined estrogen progestin\* contraception Acute Complaint Appointment:**

#### **First year of use, closer to initiation increased risk of embolis:**

- Abdominal pain
- Chest pain
- Headaches
- Eye changes<sup>#</sup> [double/blurry/loss of visual fields]
- Extremity swelling

ACHES is the pneumonic used with patients to remember symptoms that they need to contact office.

#### **Front Desk Prep:**

- Patient labels cut sheet in half horizontally
- Include standard information into folder

#### **MA/Nursing Staff:**

1. Vitals: Pulse\*, BP, RR and pulse ox. Weight, Height, BMI and LMP
2. <sup>#</sup>Visual acuity check if vision changes

\*Includes OCPs, patch and NuvaRing

Tachycardia is the most typical vital sign finding of a pulmonary embolus.



## **CONTRACEPTION**

***Combined Contraception: OCP/Patch or NuvaRing Post Initiation Follow up Appointment:***

### **Front Desk Prep:**

- Patient labels cut sheet in half horizontally
- In addition to standard handouts, please provide Temporary Family Planning Only Services Application in patient folder ; provide instructions and web site for Access <https://access.wisconsin.gov/>

### **MA/Nursing Staff:**

1. Vitals: Weight, Pulse, BP per BP measurement protocol
2. Document LMP
  - a. If LMP > 28 days highlight and bring to attention of provider
  - b. If LMP  $\geq$  35 days please obtain urine and run pregnancy test
3. Review patient use of method. Missed pills.
4. Review occurrence of concerning serious side effects: ACHES (Abdominal Pain, Chest Pain, Headaches: clarify if new onset chronic, severity of headache, Extremity Swelling, Vision Changes: blurry, loss of visual fields)
5. Review if taking correctly, late and missed pills, patch detachment, delayed patch change, or delayed ring removal

**Annual Visit OCP/Patch or NuvaRing:**

**Front Desk Prep:**

- Patient labels cut sheet in half horizontally
- In addition to standard handouts, please provide Temporary Family Planning Only Services Application in patient folder ; provide instructions and web site for Access <https://access.wisconsin.gov/>

**MA/Nursing Staff:**

1. Vitals: Pulse, BP, weight, height, BMI and 1<sup>st</sup> day LMP
  - a. If LMP > 28 days highlight and bring to attention of provider
  - b. If LMP  $\geq$  35 days please obtain urine and run pregnancy test
2. Review of method use: late and missed pills, patch detachment, delayed patch change, or delayed ring removal
3. Self collect vaginal CT/GC NAAT \*(if patient comfortable collecting)
4. POCT Urine HCG if concerns of pregnancy

\*Sexually active females 25 yo and younger require annual CT/GC screening. Patients treated for CT/GC require rescreen at 3 months post treatment.

**Discharge handouts/materials:**

1. Condoms (if sexually active)
2. Young Women's Contraceptive information for method if not using correctly
3. Planned Parenthood Healthy Relationship Pamphlet
4. If going to college provide Young Women's College Health handout

## **CONTRACEPTION**

### ***Depo Provera subsequent injections:***

#### **Front Desk Prep:**

- Patient labels cut sheet in half horizontally
- Include standard information in folder
- CHW Calcium and Vitamin D Handout

#### **MA/Nursing:**

1. Vitals: Weight, 1<sup>st</sup> day LMP, every 6 months BMI(will need height)
2. Second injection even if on time: POTC Urine HCG
3. If patient beyond 13 weeks (late for an injection) needs Urine HCG for the next 2 consecutive on time injections
4. If appropriate, Annual Self collect vaginal CT/GC NAAT screening (if patient comfortable collecting)\*
5. If gaining weight, review of dietary intake/practices – check for mindless eating

\*Sexually active females 25 yo and younger require annual CT/GC screening, patients treated for CT/GC require rescreen at 3 months post treatment

#### **Discharge handouts/materials:**

1. CHW Calcium and Vitamin D Handout
2. Condoms (if sexually active)
3. Handout STI prevention (if sexually active)
4. Planned Parenthood Healthy Relationship Pamphlet
5. If patient engaging in mindless eating: Young Women's Mindless Eating Handout
6. Provide Young Women's Emergency Contraception handout if history late for Depo Provera injections
7. Complaints of spotting/lots of bleeding Teen Health Clinic Menstrual calendar

## **CONTRACEPTION**

### **Post insertion Mirena Follow up Appointment:**

#### **MA/Nursing:**

1. Vitals: Pulse, BP, weight, LMP
2. Room set up for speculum exam

### **Mirena and Nexplanon Annual Follow up:**

#### **Front Desk Prep:**

- Print Patient Labels cut sheet in half horizontally
- In addition to standard handouts, please provide Temporary Family Planning Only Services Application in patient folder ; provide instructions and web site for Access <https://access.wisconsin.gov/>

#### **MA/Nursing:**

1. Vitals: Pulse, BP, weight ,height BMI and 1<sup>st</sup> day LMP
2. Self collect vaginal CT/GC (if patient comfortable collecting)\*

\*Sexually active females 25 yo and younger require annual CT/GC screening

#### **Discharge handouts/materials:**

1. Condoms (if sexually active)
2. Planned Parenthood Healthy Relationship Pamphlet
3. If going to college provide Young Women's College Health handout
4. Nexplanon if lots of complaints of spotting provide Teen clinic Menstrual Calendar
5. If Mirena unable to feel strings, change in bleeding pattern, pain with sex CHW Pelvic ultrasound instructions

## **CONTRACEPTION**

### ***Mirena Insertion $\leq$ 20 days and patient concerning PID post insertion:***

- Lower abdominal pain
- Back pain
- Generalized abdominal pain
- Fever/chills/nausea or vomiting

### **Front Desk Prep:**

- Please print patient labels cut sheet in half horizontally
- In addition to standard handouts, please provide Temporary Family Planning Only Services Application in patient folder ; provide instructions and web site for Access <https://access.wisconsin.gov/>

### **MA/Nursing:**

1. Vitals: pulse, RR, temperature, BP and weight
2. If excessive vomiting, clinical appearance dehydration or symptoms dehydration will need orthostatic pulse
3. Set up for pelvic: speculum set up out and available
4. Vaginal CT/GC NAAT tube with patient label
5. Wet prep tube with patient label (1 cc 0.9 NS in test tube and cotton applicator)

## **Heavy Menstrual bleeding (Frequent and prolonged Bleeding)**

- >7 days bleeding
- cycle length < 21 days
- > 80 ml of blood loss: > 7 soaked pads per day (frequently complaints of changing q 1-2 hours)
- Frequently require use of double protection (pad and tampon)

Concerning presenting complaints and findings:

- Dizziness or light headiness when goes from sitting to standing
- Fatigue
- Syncope
- Pale appearing
- Tachycardia (see age specific heart rates)

**Front Desk Prep:**

- Please print patient labels cut sheet in half horizontally
- Please provide High Iron Diet Handout

**MA/Nursing:**

1. Vitals: Ht, Wt, BMI, Pulse, BP and RR. Will need orthostatic pulse.
2. Documentation of 1<sup>st</sup> day LMP
  - a. If LMP > 28 days highlight and bring to attention of provider
  - b. If LMP  $\geq$  35 days please obtain urine and run pregnancy test
3. POCT Hgb
4. POCT Urine HCG
5. POCT UA Macro
6. Self collect CT/GC NAAT if patient sexually active and comfortable collecting, if not comfortable Vaginal CT/GC NAAT tube with patient label ready in room

**Discharge Patient education materials:**

1. CHW High Iron Diet (If not given by front desk staff)
2. Young Women's Medical Use OCPs (especially if patient is **not** sexually active)

**Oligomenorrhea:** (Infrequent or irregular periods, greater than 45 days for girls who are young gynecological age < 8 per year; established periods greater than 35 days, less than 10 per year)

**Front Desk:**

- Please print patient labels cut sheet in half horizontally

MA/Nursing:

1. Vitals: Pulse, BP, weight, height, BMI and 1<sup>st</sup> day LMP
  - a. If LMP > 28 days highlight and bring to attention of provider
  - b. If LMP  $\geq$  35 days please obtain urine and run pregnancy test
2. Review of menstrual management medication use
3. Completion Teen HHS form
4. Complaints of polydyspnea/polyuria: POCT UA
5. Sexually active concerns of pregnancy: POCT urine HCG
6. Self collect vaginal CT/GC NAAT annual screening (if patient comfortable collecting)\*

\*Sexually active females 25 yo and younger require annual CT/GC screening, patients treated for CT/GC require rescreen at 3 months post treatment

**Ovarian Cyst/Lower Abdominal Pain Presenting to clinic – not already diagnosed:**

**Front Desk Prep:**

- Please print patient labels cut sheet in half horizontally
- CHW Pelvic Ultrasound Instructions

MA/Nursing Staff:

1. Height, weight, BMI
2. Vitals: BP\*, Pulse, RR, and 1<sup>st</sup> day LMP(if vomiting, poor intake take orthostatic pulse
  - a. If LMP > 28 days highlight and bring to attention of provider
  - b. If LMP  $\geq$  35 days please obtain urine and run pregnancy test
3. POCT Urine HCG
4. POCT UA if patient with complaints of dysuria

**Discharge handouts/materials**

1. Not sexually active:
  - a. CHW Pelvic Ultrasound Instructions
  - b. Young Women's Medical Use OCP
2. Sexually Active
  - a. CHW Pelvic Ultrasound Instructions
  - b. Young Women's OCP handout

**PAP Testing begins at:**

Healthy patients  $\geq 21$  years every 3 years (if normal results)

Sexually active adolescents chronically immunosuppressed\* (other than HIV ) **Annual screening**

Acquired HIV Infected adolescents: **PAP at diagnosis, 6 months post diagnosis and then annually**

Congenital HIV: annually at onset sexual activity

**Front Desk Prep:**

- Please print patient labels cut sheet in half horizontally

**MA/Nursing:**

1. Vitals: BP, Pulse, weight, height , BMI and 1<sup>st</sup> day LMP
  - a. If LMP > 28 days highlight and bring to attention of provider
  - b. If LMP  $\geq 35$  days please obtain urine and run pregnancy test
2. Sexually active review contraception method, concerns for pregnancy
3. If sexually active can offer self collect CT/GC NAAT, otherwise provider will collect with speculum exam (NAAT tube labeled)
4. Speculum, liquid pap set up (patient label on specimen tube)

\*Solid organ transplants, systemic illnesses such as SLE, IBD, Crohn's Disease requiring chronic immunosuppressant medications

**Discharge handouts/materials:**

Per contraception method using.



**Polycystic Ovarian Syndrome all appointments:**

**Front Desk:**

- Please print patient labels cut sheet in half horizontally

MA/Nursing:

7. Vitals: Pulse, BP, weight, height, BMI and 1<sup>st</sup> day LMP
  - a. If LMP > 28 days highlight and bring to attention of provider
  - b. If LMP  $\geq$  35 days please obtain urine and run pregnancy test
8. Review of menstrual management medication use
9. Completion Teen HHS (health history form) form
10. Complaints of polydyspnea/polyuria: POCT UA
11. Sexually active concerns of pregnancy: POCT urine HCG
12. Self collect vaginal CT/GC NAAT annual screening (if patient comfortable collecting)\*

\*Sexually active females 25 yo and younger require annual CT/GC screening, patients treated for CT/GC require rescreen at 3 months post treatment

**Sexually active female concerns STI or following complaints:**

- dysuria, urgency and frequency (**if major complaint add clean catch urine**)
- new vaginal discharge or change in vaginal discharge
- post coital bleeding
- new onset spotting
- dyspareunia/pain with sex
- inconsistent use of condoms
- new sexual partner
- concerns/request STI screening
- treatment for CT/GC  $\geq 3$  months without rescreen for CT/GC

**Front Desk Prep:**

- Please print patient labels cut sheet in half horizontally
- In addition to standard handouts, please provide Temporary Family Planning Only Services Application in patient folder ; provide instructions and web site for Access <https://access.wisconsin.gov/>

**MA/Nursing:**

1. Vitals: Ht, Wt, BMI, Pulse, BP, RR and Temp.
2. 1<sup>st</sup> day LMP
  - a. If LMP > 28 days highlight and bring to attention of provider
  - b. If LMP  $\geq 35$  days please obtain urine and run pregnancy test
3. PCOT Urine HCG
4. PCOT Macro UA
5. Self collect vaginal CT/GC NAAT (if patient comfortable collecting), if not comfortable Vaginal CT/GC NAAT tube with patient label ready in room
6. Self collect wet prep (if patient comfortable collecting)
7. Clean catch urine and spun urine if predominate complaints are urgency, frequency, dysuria or flank pain

**Discharge Patient education/materials:**

1. Condoms
  2. Young Women's Healthy Sex Decisions handout
  3. Pertinent CDC STI patient information pamphlet
  4. Planned Parenthood Healthy Relationship pamphlet
  5. If contraception initiated appropriate Young Women's Contraceptive Handout: Nexplanon, Mirena, Depo Provera\*, OCP, Patch or Ring
  6. If partner needs appointment<sup>#</sup> (+GC preferred TX IM ceftriaxone plus Azithromycin), offer assistance to help schedule online appointment Planned Parenthood
  7. If quick start, please reinforce patient to repeat Urine HCG at home(call with results) or return to clinic in 2 weeks
- \*Depo Provera patients should receive CHW Calcium and Vitamin D Handout  
<sup>#</sup> Can offer follow up for partner at Teen Health

**Sexually active female with complaints concerning for PID:**

- lower abdominal pain
- lower back pain
- vaginal discharge
- unable to stand straight
- fever
- nausea and vomiting
- inconsistent use condoms
- new partner
- HX STD

**Front Desk Prep:**

- Please print patient labels cut sheet in half horizontally
- In addition to standard handouts, please provide Temporary Family Planning Only Services Application in patient folder ; provide instructions and web site for Access <https://access.wisconsin.gov/>

**MA/Nursing:**

1. Vitals: Ht, Wt, BMI, Pulse, BP, RR and Temp.
2. If excessive vomiting, clinical appearance dehydration or symptoms dehydration will need orthostatic pulse
3. Documentation of 1<sup>st</sup> day LMP
  - a. If LMP > 28 days highlight and bring to attention of provider
  - b. If LMP ≥ 35 days please obtain urine and run pregnancy test
4. Documentation contraception method included if correct versus incorrect use
5. If not using LARC include POCT Urine HCG
6. POCT UA macro
7. Self collect vaginal CT/GC NAAT (if patient comfortable collecting, ), if not comfortable Vaginal CT/GC NAAT tube with patient label ready in room)
8. Clean catch urine and spun urine if complaints urgency, frequency, dysuria or flank pain

**Discharge handouts/materials:**

1. Condoms
2. CDC PID and STI handouts
3. Young Women's Healthy Sex Decisions handout
4. Planned Parenthood Healthy Relationship pamphlet
5. If partner needs appointment(+GC preferred TX IM ceftriaxone plus Azithromycin), offer partner Teen clinic follow up or help schedule online appointment Planned Parenthood
6. If contraception initiated please provide appropriate Young Women's Contraceptive Handout: Nexplanon, Mirena, Depo Provera\*, OCP, Patch or Ring
7. If quick start, please reinforce patient to repeat Urine HCG at home(call with results) or return to clinic in 2 weeks
8. Young Women's Emergency Contraception handout if contraception initiated  
\*Depo Provera patients should receive CHW Calcium and Vitamin D Handout

**Vaginitis/Vaginal Discharge not sexually active:**

**Front Desk Prep:**

- Please print patient labels cut sheet in half horizontally

**MA/Nursing:**

1. Height, weight, BMI
2. Vitals: BP, HR, RR, and 1<sup>st</sup> day LMP
  - a. If LMP > 28 days highlight and bring to attention of provider
  - b. If LMP  $\geq$  35 days please obtain urine and run pregnancy test
3. POCT Macro UA
4. Self collect wet prep can offer but would anticipate rare patient would feel comfortable collecting, if not collected by patient please have CT/GC NAAT tube labeled and out in room
5. History recent antibiotic use, polyuria, polydipsia, pruritis, history foreign body to vagina

**Discharge handouts/materials:**

1. Pre-pubertal girl: Provide CHW pre-pubertal Health Female Hygiene handout
2. Post Pubertal girl:
  - a. Provide CHW Female Hygiene Teens handout
  - b. Provide CHW Vaginitis handout

**References:**

- MMWR: Sexually Transmitted Disease Treatment Guidelines, 2010.
- MMWR June 21, 2013: U.S. Selected Practice Recommendations for Contraceptive Use 2013
- MMWR March 14, 2014: Recommendations for the Laboratory-Based Detection of Chlamydia trachomatis and Neisseria gonorrhoea – 2014 Vol 63/No.2
- Emans, Laufer, Goldstein's Pediatric and Adolescent Gynecology, Sixth Edition
- CHW Abnormal Vaginal Bleeding Guidelines
- CHW Pelvic Inflammatory Guidelines
- CHW BP Measurement Guidelines
- Teen Health Clinic BP Measurement Guidelines
- Center for Disease Control, Cervical Cancer: What should I know about screening? web page, CDC Summary table of recommendations American Cancer Society, US Prevention Task Force, American College of Obstetrics and Gynecology.
- Nguyen M, Flowers L. Cervical Cancer Screening in Immunocompromised Women. Obstet Gynecol Clin N Am 40(2013) 339-357.

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