

Teen Health Clinic MA Clinic Guidelines

Clinic Closing Responsibilities:

1. At the end of each clinic:
 - a. Ensure rooms are clean and ready for next clinic day
 - b. All exam rooms lights are turned off
 - c. Check break room; ensure any "communal treats" are put away; room is clean
 - d. Ensure lab is clean. Urine specimens discarded. Microscope turned off and covered.
 - e. Ensure WI Diagnostic specimens are placed in box for pick up. If THC nurse is busy returning end of day phone calls, please ensure all WI Diagnostic specimens are packaged and ready for pick up.
2. Late Clinic evenings:
 - a. Empty all laundry bins and place gowns to be cleaned in lab in laundry bin, so ready for Monday pick up.
 - b. Replace plastic liner in each linen hamper in each exam room as needed.
 - c. Shut down exam room computers and reception computer.
 - d. Ensure lab is clean. Urine specimens discarded. Microscope turned off and covered.
 - e. Lock medication drawers: nurse desk and lab work station. Please place Depo Provera vial box into lab work station drawer.
 - f. Package WI diagnostic specimens and place in specimen container.
3. Weekly responsibility (may do at clinic closing/or another time of the week)
 - a. Ensure rooms are adequately stocked with medical supplies, re-stock as indicated.
 - b. Replace gowns returned by laundry service to exam rooms.

Administrative Responsibilities:

1. Evening Clinics: You may need to arrive patients; schedule follow up appointments.
 - a. If patients have insurance issues, please make a copy of their insurance card; send an In Box message regarding the patient to Mary Jung.
2. Provided coverage to front desk if receptionist away; SWP cannot provide coverage

Patient Support Responsibilities:

1. Faxed refill medication prescription requests. Please enter prescription information into patient's EPIC medical record; pend order and route to appropriate physician.
2. If you open a new box of POCT tests or Depo Provera with a new lot number and new expiration:
 - a. At minimum make nurse aware so she can update Teen Clinic POCT and Medication Summary Table
 - b. If time allows, update Teen Clinic POCT and Medication Summary Table on Teen Health Clinic folder on Q drive. Please print and post at each provider and exam room computer in clinic.

3. You may be asked to assist the THC nurse with making follow up calls of normal results. Typically these phone calls are made to patients who do not want a letter sent to their home regarding the testing. We call these good news phone calls.
 - a. The phone calls go to the patient's phone number.
 - b. We attempt to document if we can leave a message on the phone.
 - c. If call goes to voice mail, state THC with good news, no problems identified. Call if they have questions.
 - i. Do not identify the type testing.
4. 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 back closet
 - c. Order additional copies as indicated by clinic supply

In Coming Phone calls:

1. Document all incoming patient phone calls in EPIC. (Clinic goal 100% real time documentation).
 - a. Nursing staff ok to have calls go to voice mail so can open and have access to patient's chart in EPIC when talking with patient/parent.
 - b. If parents call and request health information regarding their teen/young adult ≥ 18 y; check Teen Health Clinic FYI: Consent to discuss, if not listed, checked media tab. If there is no consent discuss, inform unable to provide information.
 - c. For patients < 18 years old, do not provide reproductive health (contraception, STI information) or substance abuse information unless Teen Health FYI: Consent to Discuss and lists person on phone.
2. Front desk to route calls for patients/families requesting to speak with provider to RN for triage on clinic days or MD/NP on-call on Wednesday or Friday. Urgent requests on Wednesday or Friday, please page provide on-call for clinic.
3. Urgent Calls:
 - a. Any concerns or requests to be seen for same day appointments for mental health issues or for heavy vaginal bleeding, abdominal pain, fever, dizziness, feeling faint, chest pain, shortness of breath, leg/arm swelling pain or swelling, severe headache, vision problems should be triaged and handled by RN or MD/NP Immediately.
 - b. 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.
 - c. **If parent or patient calls and makes statements they are suicidal or any concerns they are actively suicidal, please get phone number and address in case you become disconnected.**
 - i. Write down incoming phone number posted on phone. If present in clinic without a RN or provider, inform parent, if concerned for immediate safety hang up and Dial 911.
 - ii. If alone in clinic and on-line with patient, stay on line with patient while calling 911 with your cell.

- iii. If no cell phone available, alpha-page on-call provider patient's name, MRN, current telephone number and location "John Do suicidal needs EMS MRN 2988767 262-555-5555 1616 Pleasant St. New Berlin"
- d. **Above patient will need assessment by nurse or MD, inform patient getting provider, talk directly to provider about this phone call. (THC nurse or medical provider).** These calls need immediate attention and should not be routed as a message.

All patients seen at Teen Health Clinic:

1. Verify Front desk inputted patient's cell phone number into patient contact information
2. Verify patients ≥ 18 years old completed consent form to discuss care
 - a. Listed all the family members/individuals with whom clinic can discuss care
 - b. Signed and handed consent form into front desk
3. Review WIR, if patient is due for a vaccine, please offer, document vaccines patients want right upper corner of encounter sheet, highlight with yellow marker
4. *Since height and weight to be obtained in lab, please direct parent to appropriate exam room prior to obtaining patient's weight and height.*
5. Height, weight[#], BMI
6. Vitals: BP*, HR, RR, and 1st 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
7. Orthostatic pulse obtain on patients with prolonged and heavy menstrual bleeding, significant weight loss
 - a. First pulse should occur after 5 minutes of rest
If patient has orthostatic changes in pulse (increase of ≥ 20 beats/minute from lying to standing (count after 2 minutes standing) will need orthostatic BP (orthostatic change ≥ 10 mmHg drop from lying to standing)
8. Screen for tobacco, sexual activity or confidential concerns
9. If patient insured via private insurance; may need confidential reproductive care, provide with resource card – in every exam room, cards are in drawer with self collect vaginal swabs
10. Patients ≥ 16 yo, if front desk was unable to obtain patient's cell number, when parent not in room, please ask patient if they would like to provide
11. If parent and patient will need to wait for MD/NP you can direct them to resources in folder:
 - a. CHW Teen Safety Sheet Handout
 - b. CHHS Practical Advice for Parents of Teens booklet
 - c. Planned Parenthood "Is this Love?" pamphlet
 - d. CHHS Booklet: Practical Advice for Parents of Teens

*BP per BP measurement protocol

Weights obtained with no shoes and down to lowest layer of clothes, no coats or sweaters

Patients who present with complaints/diagnosis that should obtain a self collect CT/GC NAAT; are not comfortable collecting, please have a CT/GC NAAT tube out and labeled in the room for the provider. Also have wet prep tube out and labeled. (cotton applicator and test tube 1 ml of 0.9 normal saline)

All Patients who screen positive for smoking should be offered confidentially WI QuitLine Fact sheet

Patients who receive vaccines in clinic, please place patient label on printed WIR; document vaccine(s) given and initial so they can use for their records.

Revised Feb 28, 2016

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 headedness when goes from sitting to standing
- Fatigue
- Syncope
- Pale appearing
- Tachycardia (see age specific heart rates)

Front Desk Prep:

- Please print patient labels
- Please provide High Iron Diet Handout

MA/Nursing:

1. Vitals: Ht, Wt, BMI, Pulse, BP and RR. Will need orthostatic pulse.
2. Documentation of 1st 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)

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 ≥ 3 months without rescreen for CT/GC

Front Desk Prep:

- Please print patient labels

MA/Nursing:

1. Vitals: Ht, Wt, BMI, Pulse, BP, RR and Temp.
2. 1st 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
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[#] (+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

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

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 1st 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
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

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[#] [double/blurry/loss of visual fields]
- Extremity swelling

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

MA/Nursing Staff:

1. Vitals: Pulse*, BP, RR and pulse ox. Weight, Height and BMI

2. [#]Visual acuity check if vision changes

*Includes OCPs, patch and NuvaRing

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

CONTRACEPTION

Initiation Contraception secondary to sexual activity:

Front Desk Prep:

- Please print patient labels

MA/Nursing Staff:

1. Vitals: Pulse, BP, weight, height, BMI and 1st 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 Contraception: OCP/Patch or NuvaRing Post Initiation Follow up Appointment:

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:

- Please print patient labels

MA/Nursing Staff:

1. Vitals: Pulse, BP, weight, height, BMI and 1st 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:

- Please print patient labels
- CHW Calcium and Vitamin D Handout

MA/Nursing:

1. Vitals: Weight, 1st 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

Mirena and Nexplanon Annual Follow up:

Front Desk Prep:

- Print Patient Labels

MA/Nursing:

1. Vitals: Pulse, BP, weight ,height BMI and 1st 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

Post insertion Mirena Follow up Appointment:

MA/Nursing:

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

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

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)

PAP Testing begins at:

Healthy patients ≥ 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

MA/Nursing:

1. Vitals: BP, Pulse, weight, height , BMI and 1st 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

MA/Nursing:

1. Vitals: Pulse, BP, weight, height, BMI and 1st 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 polydipsia/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
- CHW Pelvic Ultrasound Instructions

MA/Nursing Staff:

1. Height, weight, BMI
2. Vitals: BP*, Pulse, RR, and 1st 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

Amenorrhea (\geq 90 days no period) or never had period by 15 years old:

Front Desk Prep:

- Please print patient labels
- CHW Pelvic Ultrasound Instructions

MA/Nursing:

1. Height, weight, BMI
2. Vitals: BP*, HR, RR, and 1st day LMP
3. POCT Urine HCG

Discharge handouts/materials:

1. Teen Clinic Menstrual Calendar

Oligomenorrhea (Infrequent or Irregular Periods less than 9 per year):

Front Desk:

- Please print patient labels

MA/Nursing:

1. Vitals: Pulse, BP, weight, height, BMI and 1st 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

Vaginitis/Vaginal Discharge not sexually active:

Front Desk Prep:

- Please print patient labels

MA/Nursing:

1. Height, weight, BMI
2. Vitals: BP, HR, RR, and 1st 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, polydipsea, prutitis, 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.

Revised Feb. 28, 2016