

Teen Health Clinic Nursing Care Guidelines

Clinic Opening Responsibilities:

1. Each AM unlock medication drawers: work station in lab and nurse's desk in office. Keys Condom ring opens. Key with blue dot opens desk drawer and unique key shape opens lab station drawer.
2. Check nurse phone voice mail; address phone messages.

Clinic Closing Responsibilities:

1. Ensure all specimens to be sent to WI Diagnostics are received, packaged appropriately and placed in pick up box.
2. Ensure all urine specimens discarded.
3. Ensure lab work area is clean, microscope is turned off and covered.
4. Place Depo Provera stock into lab drawer and lock medication drawers, unless late clinic and medications will be required after you depart.

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. EPIC medication refill requests: please forward to appropriate provider.
 - a. If provider on vacation, forward to covering provider.
3. Assist providers in completing prior authorization or appeal process for a patient's insurance
 - a. Obtain sign on and access Forward Health web page for Medicaid patients
4. Please contact patients as requested by medical providers to discuss:
 - a. Lab results
 - b. Need for further testing/follow up care/return to clinic
 - c. Additional teaching information
5. Identify and send normal lab letters from Teen Health Results pool; send follow up letters as directed by providers
6. Provide patient education:
 - a. Contraceptive methods

Supervise and ensure MA has completed below. If no MA in clinic please provide as appropriate below:

1. Ensure MA is following clinic rooming procedures, i.e obtaining correct vitals
2. 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. Lab area cleaned.
 - d. Urine specimens discarded and WI Diagnostic labs placed in pick up box.
3. Tuesday evenings:

- a. Empty all laundry bins and place gowns to be cleaned in lab laundry bin, so ready for Wednesday 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. Medication drawer locked.
 - e. Lab cleaned and urine specimens discarded.
4. 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. Lab tests:
 - a. Maintain weekly CLIA logs for clinic POCT: urine pregnancy, UA Macro dip, rapid strep, hemoglobin and lipid panel
 - b. Maintain, update and post Teen Clinic POCT and Medication Summary Table
 - i. Summary table to be filed on Teen Health Q drive
 - ii. Summary table to include a list of POCT and Medications dispensed in clinic
 - 1. Lot number and expiration date to be include for each item listed
 - c. Keep inventory and order supplies as needed from Dynacare
2. Medications: Keep inventory and order as appropriate via CHW Intranet Stock Medication.
 - a. Oral contraceptives, Nexplanons, Ella and Plan B, Azithromycin, Ceftriaxone, Flagyl and topical Lidocaine gel
 - i. Ensure THC always has 3 doses in medication drawer, as clinic becomes busier will determine appropriate number needed
 - b. Depo Provera, please ensure we have the box of 25 we are actively using; 1 box of 25 in reserve
3. Supplies: Keep inventory and order as appropriate from Henry Shein. Currently Mondays are best day to order, so supplies arrive when clinic is staffed.
 - a. Ensure we have supplies needed to place Nexplanon. (See supply list)
4. Lab tests: Keep inventory and order as appropriate from WI Diagnostic.
 - a. Ensure we have adequate PAP supplies
 - b. Vaginal Self Collect NAAT supplies
5. Medical Equipment: Maintain autoclave supplies.
 - a. Ensure we always have 2 sets of sterilized Nexplanon removal instruments in clinic.
6. 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 information; send an EPIC In Box message regarding the patient to Mary Jeung.
7. Develop and maintain Nursing Procedure Manual for Teen Health Clinic
 - a. Identify CMG Nursing procedures that pertain to Teen Health Clinic and incorporate into Teen Health Nursing Procedure Manual
 - b. Nursing procedure unique to Teen Health Clinic create appropriate nursing procedure

8. Provided coverage to front desk if receptionist away; SWP cannot provide coverage

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.
 - i. Ask parent to discuss with their teen/young adult to provide access; will gladly discuss once provided
 - 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 to whom you are speaking to 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.
4. Non-urgent Calls:
- a. Patient calls needing assistance with home management (no acute health status change), questions regarding lab or imaging orders, providing lost AVS information, contact names and numbers of referrals, requesting completion of forms.
 - b. Clinic goal is to return all calls regarding non-urgent acute health concerns in 4 hours.
 - c. Call regarding prescription refills, completion of forms (Physical exam forms, work related forms, etc) should have attempt to contact within 1 business day of the original call.
 - d. Web requested appointments requiring nurse triaging should have documentation of attempt to contact within 1 business day of having the request forwarded
5. Provider Directed Follow up Phone calls:
- a. Complete requested phone calls in a timely manner
 - i. If unable to speak directly to patient within 24 hours will need to discuss with provider appropriate course of action, i.e letter to home, calling emergency contact numbers, texting, etc
 - b. Communicate/route phone documentation to appropriate provider post making patient contact

General Rooming Procedures:

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.

Revision 2.28.16

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
- Please provide High Iron Diet Handout

MA/Nursing:

Open Note: CGHPHEAVYPERIODS

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: OPEN NOTE: CGHPSTIFEMALE

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: OPEN NOTE: CGHPSTIFEMALE

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:

OPEN NOTE: CGHPOCPACUTE COMPLAINT

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:

OPEN NOTE: CGHPOCP

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: OPEN NOTE: CGHPOCPFU

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 initial injection:

Front Desk Prep:

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

MA/Nursing:

OPEN NOTE: CGHPDEPO

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

Depo Provera subsequent injections:

Front Desk Prep:

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

MA/Nursing:

OPEN NOTE: CGHPDEPO2PLUS

6. Vitals: Weight, 1st day LMP, every 6 months BMI(will need height)
7. Second injection even if on time POTC Urine HCG
8. If patient beyond 13 weeks (late for an injection) needs Urine HCG for the next 2 consecutive on time injections
9. If appropriate, Annual Self collect vaginal CT/GC NAAT screening (if patient comfortable collecting)*
10. 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:

8. CHW Calcium and Vitamin D Handout
9. Condoms (if sexually active)
10. Handout STI prevention (if sexually active)
11. Planned Parenthood Healthy Relationship Pamphlet
12. If patient engaging in mindless eating: Young Women's Mindless Eating Handout
13. Provide Young Women's Emergency Contraception handout if history late for Depo Provera injections
14. 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 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
- 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:

OPEN NOTE: GIRLS NEVER A PERIOD: CGHPAMENORRHEAPRIMARY

GIRLS \geq 90 DAYS NO PERIOD: CGHPSECONDARYAMENORRHEA

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:

OPEN NOTE: CGHP IRREGULAR PERIODS

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

Vaginitis/Vaginal Discharge not sexually active:

Front Desk Prep:

- Please print patient labels

MA/Nursing:

OPEN NOTE: PREMENARCHE: CGHPVAGINITIS

POSTMENARCHE: CGHPTEENVAGINITIS

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, polydipsia, pruritus, 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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