



# Medical Directive

**Title:** Cervical Screening Exam with Specimen Collection

**Number:** HFHT 19

**Activation Date:** December 2023

**Review due by:** December 2025

**Sponsoring/Contact Person(s)** Tara Laskowski, RN, BScN Professional Practice Lead,  
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<b>Order and/or Delegated Procedure:</b>	<b>Appendix Attached:</b> Yes No <input checked="" type="checkbox"/>	<b>Title:</b>
Assessment of the cervix including: 1. Pelvic examination, including speculum and the collection of specimens for cervical cancer screening. 2. Clinical assessment and collection of specimens for infections including sexually transmitted infections (STI's).		
<b>Recipient Patients:</b>	<b>Appendix Attached:</b> Yes No <input checked="" type="checkbox"/>	<b>Title:</b>
1. All patients with a cervix, identified on the attached Authorizer Approval Form (Appendix 2), who require completion of a pelvic exam consistent with the Cervical Screening Guidelines.		
<b>Authorized Implementers:</b>	<b>Appendix Attached:</b> <input checked="" type="checkbox"/> Yes No	<b>Title:</b> Appendix 1 Implementer Approval Form
1. Registered Nurses (RN) * 2. Registered Practical Nurses (RPN) *  * The implementing RN/RPN must receive orientation from the authorizing physician, with regards to the task. The RN/ RPN and authorizing physician must sign the attached 'Authorizer Approval Form' after successful completion of the orientation. Following review of this directive, the attached 'Implementer Approval Form' must be signed by the RN/RPN indicating acceptance of this medical directive.		
<b>Indications:</b>	<b>Appendix Attached:</b> <input type="checkbox"/> Yes No <input checked="" type="checkbox"/>	<b>Title:</b>
1. Client consents to examination and specimen collection by the implementing RN/RPN. 2. Client has been referred by authorizing physician for assessment and exam. 3. Client meets Ontario Cervical Screening Guidelines as follows:		

### **Screening Initiation**

- Cervical cytology screening should be initiated at **25 years** of age for a person with a cervix who are or have ever been sexually active. This includes intercourse, as well as digital or oral sexual activity involving the genital area with a partner of either gender.
- If not sexually active by age 25, cervix screening should be delayed until sexually active.

### **Screening Interval \***

- If cytology is normal, screening should be done **every 3 years**. **The absence of T zone is not a reason to repeat a Pap test earlier than the recommended interval.**
- If abnormal cytology should be received, repeat screening as per Ontario Cervical Screening Program guidelines listed here (include CCO website)  
<https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=13104>

**Clients who have received the HPV vaccine** should continue with screening. The vaccine may be considered by unimmunized client according to NACI guidelines:  
<http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/12vol38/acs-dcc-1/index-eng.php>

**\* These guidelines do not apply to women who have been previously treated for dysplasia. Screening intervals should be individualized as per CCO guidelines here:**

<https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=13104>

### **Screening Cessation**

- Screening may be discontinued after the age of 70 if there is an adequate negative screening history in the previous 10 years (i.e. 3-4 negative tests) (B-II).

### **Screening Clients with Special Circumstances**

- Immunocompromised or HIV-positive clients should receive annual screening (C-III).
  - Examples of situations where clients may be immunocompromised include those who have received transplants or undergone chemotherapy.
- Screening can be discontinued for clients who have undergone total hysterectomy. Clients who have undergone subtotal hysterectomy (with an intact cervix) should continue screening according to the guidelines.
- Indications for screening frequency during pregnancy should be the same (B-III). Manufacturer's recommendations for the use of individual screening tools in pregnancy should be taken into consideration. Only conduct Pap tests during pre-natal and postnatal visits if the woman is otherwise due for screen.
- Clients who have sex with women should follow the same cervical screening regimen as clients who have sex with men (B-II)

### **Contraindications:**

1. No verbal consent from patient or substitute decision maker for the RN/RPN to implement this medical directive.
2. Patient's that have not met criteria of the Ontario Cervical Screening Guidelines and/or been referred by the responsible physician.

### **Consent:**

**Appendix Attached:**  Yes  No  Title:

1. RN/ RPN obtains verbal patient consent prior to the implementation of care

**Guidelines for Implementing the Order / Procedure:**

Appendix Attached:  Yes  No

Title:

For clients who meet the above **Indications:**

1. The RN/RPN obtains a full health history, including:
  - Menstrual history: regularity, date of last menstrual period, age at menopause, history of sexual activity
  - Possibility of pregnancy
  - Abnormal vaginal discharge: onset, colour, consistency, quantity.
  - Contraception: method of birth control, use of condoms
  - Sexual history: any new partner
  - Gynecological history: post-coital bleeding, bleeding between periods, previous cervical screening for cytology and results
  - Allergies
  - Screening for woman abuse as per RNAO guidelines.
2. Prior to examination the RN/RPN addresses client questions or concerns and describes the process of examination to the patient.
3. The RN/RPN performs the speculum pelvic exam as indicated above:
  - Vagina: appearance, discharge, vaginal tone, rectocele, cystocele
  - Cervix: position, colour, shape, size, consistency, discharge, lesions, motion tenderness, friability
4. The RN/RPN will collect appropriate specimens which may include: specimen for cervical screening for cancer, specimens for STI screening.
5. The RN/RPN will consult the nurse practitioner or physician with any abnormal findings as advised by the Ontario Cervical Screening Program; including but not limited to: suspicious moles/lesions on the perineum, genitourinary pain, systemic symptoms, inability to complete required screening d/t anatomy or woman's comfort level, and special circumstances
6. The RN/RPN will ensure results are directed to an MD or NP to provide cervical screening follow up for women with abnormal cytology as outlined by the Ontario Cervical Screening Program available online at: <https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=13104>

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

1. The RN/RPN will document assessment data, health teaching and referral/consultation and follow up.
2. Documentation in the patient's medical record needs to include name and number of the directive, name of the implementer (including credential), and name of the physician/authorizer responsible for the directive and client.

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

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

1. Annual routine renewal will occur on the anniversary of the activation date. Renewal will involve a collaboration between the authorizing physician and a minimum of one implementing RN/RPN.
2. At any such time that issues related to the use of this directive are identified, the team must act upon the concerns and immediately undertake a review of the directive by the authorizing physician and a minimum of one implementing RN/RPN.
3. If new information becomes available between routine renewals, such as the publishing of new Cervical screening or STI screening guidelines, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the authorizing physician and a minimum of one implementing RN/RPN.

**Administrative Approvals (as applicable):**Appendix Attached:  Yes No  Title:

Not Applicable

**Approving Physician(s)/Authorizer(s):**Appendix Attached:  Yes No  
Title: Appendix 2 Authorizer Approval Form

1. Family Physician 'Authorizer Approval Form'/ Signatures attached.



