

November 2019 Clinical Protocol Manual Updates

The Montana Family Planning Program would like to thank the following Medical Standards Committee Members for their time and dedication to review and revise the Montana Title X Family Planning Clinical Protocol Manual: Dr. Andrew Malany, Dr. Gregory Holzman, Dr. Lisa Fleischer, Penny Denning, Alex Loudermilk, Anna McCracken, Laura Weiss, & Patty Kuehl. Special thanks to Jaci Phillips for her time on the committee!

1.1 Comprehensive Female Health History and Periodic Physical Assessment

Definition: Provided clarification around which clinical staff can obtain health history and which staff need to review the health history and make notation in the medical record regarding self-reported variants

Subjective: Revised review of systems section (removed examples)

Objective: Added "For clients with abnormal BP, see **Elevated Blood Pressure-Prehypertension**; Pelvic Exam – updated guidelines per new ACOG guidelines:

- a. Pelvic exams for all women should be performed when indicated by medical history or symptoms.
- b. Based on the current limited data on potential benefits and harms and expert opinion, the decision to perform a pelvic examination should be a shared decision between the patient and her gynecologic care provider.
- c. After reviewing risks and benefits, the pelvic examination also may be performed if a woman expresses a preference for the examination.

Plan/Education: Added "Provide or recommend vaccines according to current CDC ACIP guidelines." Added "If client is seeking infertility evaluation, both partners should begin at the same time (**see Basic Infertility Services protocol**)."

1.2 Comprehensive Male Health History and Periodic Physical Assessment

Definition: Provided clarification around which clinical staff can obtain health history and which staff need to review the health history and make notation in the medical record regarding self-reported variants

Subjective: Revised review of systems section (removed examples)

Objective: Added "For clients with abnormal BP, see **Elevated Blood Pressure-Prehypertension**

Plan/Education: Added "Review with client any potential physical findings and/or laboratory results. The client must demonstrate clear understanding that they will be notified of abnormal test results." Added "Review immunization recommendations per CDC guidelines. Provide or recommend vaccines according to current CDC ACIP guidelines."

Referral to Medical Provider: Added "Any health services beyond the scope of Title X services are referred to specialty care as warranted. Whenever possible, clients should be given a choice of providers from which to select for referral services." Added "Any psychological problems which need immediate assessment including social services, and victim services." Added "Any infertility outside basic infertility services."

2.2 Diaphragm Fitting

Education: Added "Advise client that diaphragm use during menses is not advised due to potential risk of toxic shock syndrome."

- 2.4 Internal Condom (Changed language from female condom to internal condom throughout)
Definition: Added “The internal condom may also be placed inside the anus for prevention of HIV and other sexually transmitted infections among men and women during anal intercourse.”
Education: Added “Educate client that the internal condom can be used off-label for protection during anal sex, but it is recommended that the inner ring be removed after placement and before beginning anal intercourse (page 374, Contraceptive Technology).”
- 2.5 External Condom (New Protocol)
- 2.6 Vaginal Spermicide (Updated Protocol # - no other revisions)
- 3.1 Extended Combined Hormonal Contraception
Education: Added information on unscheduled/breakthrough bleeding and client instructions.
- 4.1 Depo Provera
Plan: Added “offer emergency contraception (except ulipristal acetate) if they have had unprotected intercourse in the last 5 days” if injection is > 15 weeks from the last injection.
- 5.1 IUC Candidate/Insertion/Removal of Device
Plan: Added “If IUC expulsion occurs within 3 months after insertion, consult with pharmaceutical representative for possible free replacement of device.”
Education: Updated manufacturer suggested removal time for Liletta from 5 to 6 years.
- 6.2 Fertility Awareness-Based Methods (FABM), Natural Family Planning (NFP) and Fertility Awareness Combined Methods (FACM)
Definition: Added information on successful use of FABMs and pregnancy rates.
Plan: Added types of FABM methods
Education: Added “Provide information on apps available for FABM use.”
- 7.1 Positive Pregnancy Test Results & Counseling Services – Full revision to reflect new Title X Federal Regulations
- 7.2 Negative Pregnancy Test Results & Counseling Services
Subjective: Added Reproductive Life Plan and Medical/Health history to must include.
- 10.3 Candidiasis
Plan: Removed “For women experiencing three or more yeast infections a year, some evidence suggest oral or intravaginal probiotics may help prevent candida overgrowth.”
Education: Added “Educate that clients are at higher risk of candida infection/carriage in uncircumcised males.”
- 10.4 Chlamydia
Definition: Added CDC screening guidelines for males and men who have sex with men (MSM).
Objective: Added CDC screening guidelines for males, MSM, and persons with HIV.
- 10.6 Gonococcal Infection
Definition: Added CDC screening guidelines for MSM
Objective: Added CDC screening guidelines for MSM, and persons with HIV.

10.9 HIV Testing

Definition: Added “Clients should be screened according to current CDC STI Treatment Guidelines.”

Objective: Added CDC STI screening guidelines for Females, Males, and MSM.

Plan: Added Refer for “Post-Exposure Prophylaxis (PEP)” if indicated.

10.10 Syphilis

Definition: Added “Clients should be screened according to current CDC STI Treatment Guidelines.”

Objective: Added CDC STI Screening guidelines for MSM and persons with HIV.

11.1 Abuse and/or Violence – Updated to reflect new Title X Federal Regulations

Definition: Added “Title X clinics must conduct a preliminary screening of any minor who presents with a sexually transmitted disease (STD), pregnancy, or any suspicion of abuse, in order to rule out victimization of a minor (age 17 and under).”

11.3 Substance Use Disorders (Formerly Nicotine Use and/or Dependence) – Full revision to include other substance use disorders and information on SBIRT.

12.3 Breast Imaging Guidelines

Objective: Added “Offer in the context of shared, informed decision-making approach that recognizes the uncertainty of additional benefits and harms of clinical breast examination beyond screening mammography” to Clinical Breast Exam recommendations.

13.2 Penile Skin Lesions

Subjective: Added “Difficulties urinating” and “phimosis.”

Plan: Added “Consider HPV vaccine depending on age.”

13.3 Tinea Corporis (Ringworm)

Definition: General update to better define ringworm.

Subjective: Added “Present weeks to months to years.”

Objective: Added “(Note: Central clearing may not occur with hydrocortisone use).”

Plan: Added “Allylamine (naftifine and terbinafine and butenafine allylamine derivative) are a more costly yet more convenient treatment regimen.” Added “Topical treatment is often sufficient to cure tinea corporis, although oral medications can be used for patients with severe infection or for infections that do not respond to topical therapy.”

13.4 Tinea Cruris (Jock Itch)

Definition: General update to better define jock itch.

Plan: Added “Allylamine (naftifine and terbinafine and butenafine allylamine derivative) are a more costly yet more convenient treatment regimen.”

14.1 Abnormal Hemoglobin – Elevated (New Policy – Previously Abnormal Hemoglobin Policy included both low and elevated)

14.2 Abnormal Hemoglobin – Low (New Policy – Previously Abnormal Hemoglobin Policy included both low and elevated)

14.3 Hyperglycemia – Prediabetes

Subjective: Added history of “diabetes, Cushing’s disease, hemochromatosis, pancreatitis”; Added Medications causing hyperglycemia (ex. antipsychotics).

Laboratory: Added “Lipid Panel.”

14.4 Glycosuria

Subjective: Updated to match Hyperglycemia protocol.

Laboratory: Added “Chem 7 and Microalbuminuria.”

Education: Updated to match Hyperglycemia protocol.

15.2 Purpose and content of the Medical Record and Record Retention

Removed record retention guidelines for client medical records that should be retained indefinitely: Abnormal Pap test results with a result of CIN 2 or 3, IUC users, Clients referred for PID, Clients referred for possible emergencies (ectopic pregnancies); and any other charts as indicated by the clinic.

15.7 Contraceptive Services (Updated reference to 340 B Drug Discount Policy (MT TX FP Administrative Manual, Policy 2.20)

15.9 Sexually Transmitted Infection and HIV Services – Updated to reflect new Title X Federal Regulations

- Added Abuse and/or violence screening of minors: “Title X clinics must conduct a preliminary screening of any minor who presents with a sexually transmitted disease (STD), or any suspicion of abuse, in order to rule out victimization of a minor.”
- Added/Updated MT Title X STI Screening Guidelines for Chlamydia, Gonorrhea, Syphilis, and HIV.

15.17 Social Service Referral Guidelines & 15.18 Medical Service Referral Guidelines – Updated to reflect new Title X Federal Regulations

- Added “Referral definition: Written information from a Title X provider for a client to see a comprehensive primary care provider or OB-GYN, and/or to receive certain medical or social services.”
- Added “A Title X project may not use the provision of any prenatal, social service, emergency medical, or other referral, of any counseling, or of any provider lists, as an indirect means of encouraging or promoting abortion as a method of family planning.