

2.3 DIAPHRAGM CHECK

TITLE	DESCRIPTION
DEFINITION:	May be independent problem visit or part of routine annual evaluation.
SUBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> 1. LMP. 2. Medical, sexual, and contraceptive use history update, as appropriate. 3. History of any method related problems such as: <ol style="list-style-type: none"> a. Discomfort when diaphragm in place. b. Vaginal or penile irritation. c. Inconsistent diaphragm use (consider another method). d. Dislodgement during intercourse. e. Increased incidence of UTIs. f. Increased incidence of vaginitis.
OBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Pelvic exam to check correct sizing. 2. Visualization of cervix and vagina.
LABORATORY:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Pap smear. 2. Vaginitis/cervicitis testing.
ASSESSMENT:	Diaphragm check
PLAN:	<ol style="list-style-type: none"> 1. Check diaphragm for "wear," fit, and correct usage, as appropriate. 2. Replace diaphragm, as appropriate. 3. Refit if not adequately covering cervix (too small) or if erosions indicate diaphragm is too large. 4. Replace diaphragm if 1-2 years old or if it shows signs of wear.
EDUCATION:	<p>Must Include:</p> <ol style="list-style-type: none"> 1. Reinforce diaphragm education. 2. Review safer sex education, as appropriate. 3. Recommend that client RTC for annual exam, after pregnancy, with weight change of at least 10 lbs., or PRN for problems. 4. Offer hormonal methods of ECP in advance of need (see Progestin Only Contraceptives: Emergency Contraceptive Pills).
REFERRAL TO MEDICAL PROVIDER:	Client with symptoms of toxic shock syndrome (see Preventive Health Services for Women: Toxic Shock Risks).
REFERENCES:	<ol style="list-style-type: none"> 1. Hatcher RA, Trussell J, Nelson A, Cates W, Kowal D, Policar M. <i>Contraceptive Technology</i>. 20 edition. Atlanta GA: Ardent Media, Inc., 2015. Pp.391-408. 2. Diaphragm (http://whcc.labiomed.org/book/2.2.2%20Diaphragm.pdf) (Retrieved 1/4/17).