

FAMILY PLANNING CLINICAL PROTOCOLS 2010



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Section I

Introduction

Purpose: The purpose of the ODH Family Planning Program is to support women and men in planning their families for when and if they decide they are physically, emotionally, and financially prepared. Responses from the Ohio Pregnancy Risk Assessment Monitoring System from 2004 indicated that only 55.5% of Ohio pregnancies were intended. Pregnancy intent is directly linked to timing of prenatal care entry and early and continuous prenatal care is associated with healthy birth outcomes. In addition, an analysis of fetal infant deaths in Ohio indicates that the best opportunity for improving birth outcomes is in helping women get healthy before they become pregnant through preconception and interconception care. Birth outcomes are influenced by social, psychological, behavioral, environmental, and biological factors. The time period before and in between pregnancies offer a unique opportunity to alter these influences in a positive way. A pre-pregnancy health promotion program should be standard in all family planning clinics. Since only about half of all pregnancies are planned; lifestyle issues must be addressed at every encounter with reproductive-aged individuals.

The promotion of healthy lifestyles is the key to effective reproductive health care. Elimination of unhealthy practices and prevention of chronic diseases have a positive impact on the long-term health of women and the reduction of poor birth outcomes. This provides opportunities for screening in women's health target conditions such as reproductive tract cancers, breast cancer, sexually transmitted diseases, human immunodeficiency virus, sexual coercion, intimate partner violence, substance abuse, tobacco abuse, obesity, and poor birth outcomes.

Federal funding of family planning programs continues to decrease. This is accompanied by the rise in program-related expenses, particularly medication costs. Funding must be directed to programs that are focused on the highest priority population of clients who are at the greatest risk for poor health outcomes. Clients at the greatest risk for poor birth outcomes include those less than 20 years of age, with less than 12 years of formal education, smokers, African-Americans, and those with a previous poor pregnancy outcome.

The ODH Family Planning Program strives to improve and expand access to family planning and health services and to strengthen the quality of reproductive health care in the ODH Family Planning service area. The grant provides financial support; technical assistance; training and education to community based health providers; and helps to develop effective solutions to health care challenges.

Services provided must include the following clinical family planning and related preventive health services:

- Appropriate and effective family planning methods
- Reproductive cancer screening
- Education, counseling and testing for STD and HIV
- Education for adolescents to resist sexual coercion
- Abstinence education and counseling
- Nutrition and exercise counseling

- Smoking cessation
- Substance abuse screening
- Blood pressure screening

Goals: The goals of the ODH Family Planning Program include reducing unintended pregnancy; improving pre-conception and interconception overall health; decreasing the rates of sexually transmitted diseases; decreasing cancer-related deaths; increasing the level of the priority population served; and implementing and evaluation program quality assurance measures.

These goals are to be accomplished in coordination with internal and external stakeholders, including but not limited to, local public health agencies; community health centers; community-based organizations (CBO); faith-based organizations (FBO); and other public health-providers (e.g., correctional facilities, immigrant organizations, homeless shelters and organizations that focus on adolescents) that serve racial and ethnic groups that are disproportionately affected by poor health outcomes. Goals for the program are listed below.

Goal 1: To reduce the percentage of unintended pregnancy in the family planning target population by increasing the availability and voluntary choice in effective contraceptive use.

Goal 2: To improve the pre-conception and interconception overall health (physical, emotional and financial) of clients served by the ODH Family Planning Program.

Goal 3: To decrease the rates of sexually transmitted diseases (STDs) among ODH family planning clients.

Goal 4: To decrease cancer-related deaths within the service community by increasing cancer screening, including cervical, breast, and Colorectal screening for ODH family planning clients.

Goal 5: To increase the proportion of the priority population served by conducting focused community outreach programs.

Goal 6: To implement and evaluate quality assurance for ODH Family Planning Program personnel and services.

Healthy People 2010 Focus Areas as stated in the *Healthy People 2010 Reproductive Health* document located at http://www.hhs.gov/opa/pubs/hp2010/hp2010_rh.pdf

Healthy People 2020 will be released in two phases. According to the *U.S. Department of Health and Human Services* website, “the framework (the vision, mission, goals, focus areas, and criteria for selecting and prioritizing objectives) will be released in 2009. In 2010, the Healthy People 2020 objectives will be released along with guidance for achieving the new 10-year targets”. For more information, please visit the website for the Healthy People 2020 at <http://www.healthypeople.gov/HP2020/>

Section II

Clinical Protocol Review by Clinicians

The following clinical protocols provide a consistent approach to the provision of quality family planning services. A clinical protocol is a written plan of clinical management for an identified health condition. It is used to guide the clinician in the provision of health care to a client in an ambulatory health care setting. Clinical protocols incorporate standards of health care and reflect compliance with appropriate laws and regulations. Clinicians include nurse practitioners, certified nurse midwives, physician's assistants and physicians.

All clinicians must review each clinical protocol during orientation to the agency and prior to the provision of family planning medical services. Acceptance and agreement to use the clinical protocols in their entirety as practice guidelines is documented by clinician signature below. Each clinician must repeat this procedure annually. Knowledge, skills and legal scope of practice of each clinician must be assessed by the medical director prior to use of a clinical protocol that includes medically delegated responsibility to the clinician. In the event that a clinician cannot accept medically delegated responsibilities as included in all of the medically-delegated clinical protocols, the clinician and medical director must document which clinical protocols that the clinician is permitted to use. This may happen if the clinician is new to the agency or during clinician preceptorship. One approach is for both to sign or initial the individual clinical protocols that by mutual agreement the clinician is permitted to use.

On an appropriate line below, each clinician must: print name, sign name, sign initials and date signature. This information also provides a legal record of clinician signatures. Additional lines will be added as necessary.

Medical Director	Date
Physician	Date
Physician	Date
Physician	Date
Nurse Practitioner	Date
Nurse Practitioner	Date
Nurse Practitioner	Date
Certified Nurse Midwife	Date
Physician's Assistant	Date

Section III

General

PART A - HEALTH HISTORY

1. Demographic/Financial Information
2. Family – pertinent history of immediate family members, including genetic history
3. Client – Male and Female
 - a. Significant illnesses; hospitalizations; surgery; blood transfusion or exposure to blood products; chronic and acute medical conditions
 - b. Medical, including allergies; current use of prescription and over the counter medication; immunization status, including rubella status
 - c. Review of body systems including health habits and cultural practices
 - d. Sexual Route (ie. oral, vaginal, anal); contraceptive practices; safe sex practices; exposures to sexually transmitted infections (STIs) including HIV/AIDS, herpes, gonorrhea, Chlamydia, Hepatitis B and C; partner preference (male, female, both); number of lifetime partners and number of partners within the last six months; sexual coercion
 - e. Extent of use of tobacco, alcohol, and other drugs
 - f. Genetic – basic information regarding genetic conditions should be offered (extensive genetic counseling and evaluation is beyond the scope of the ODH FP Program)
 - g. Nutrition
 - h. Psychosocial, including encouragement of family participation with minors (see Section IV, Psychosocial of Clinical Protocols and Section 9.3 of the Guidelines)
 - i. Occupational
 - j. Plans for future pregnancy (see Section VII, Part B, Pre-pregnancy planning)
4. Partner history which includes:
 - a. Injectable, illicit drug use, prescription and inhalant drug use
 - b. Multiple partners
 - c. Risk history for sexually transmitted infections (including HIV, Hepatitis B & C)
 - d. Sexual history (sexual preference i.e. Male, Female, Bisexuality), type of sex
5. Histories of reproductive function in female clients must include at least the following:
 - a. Contraceptive use; past and current (including adverse effects)
 - b. Menstrual history
 - c. Obstetrical history
 - d. Gynecological conditions including PAP smear history (date of last PAP, any abnormal PAP, and treatment if indicated)
 - e. DES exposure
6. Histories of reproductive function in male clients must include at least the following:
 - a. Urological conditions
7. Annual history updates are recommended for all clients

PART B - PHYSICAL EXAMINATION

1. Blood pressure measurement
2. Height measurement
3. Weight measurement
4. The body mass index should be calculated and recorded
5. Thyroid palpation
6. Heart auscultation
7. Lung auscultation
8. Breast inspection and palpation, including axillary nodes
9. Breast self-examination, including axillary nodes: instruction, demonstration, return demonstration
10. Abdominal palpation
11. Extremities inspection
12. Pelvic examination: external genitalia inspection, visual with speculum, and bimanual examination for women
 - a. Deferred Pelvic Exam (may be done at the provider's discretion). Reasons to do so may include:
 - i. Any client not sexually active at any time
 - ii. Client currently on their menses who needs to start a contraceptive method as soon as possible (i.e. Quickstart)
 - iii. Client who declines or refuses a pelvic for reasons of their own
 - iv. All clients should be counseled about the reasons for and importance of a pelvic exam
 - v. All deferrals, including the reason for deferral must be documented in the client record
 - vi. Pelvic exams should not be deferred beyond 3 months after the initial/annual visit
 - vii. Only if in the clinician's judgment there is a compelling reason for extending the deferral beyond 6 months
 - viii. Project protocols should be developed accordingly
13. Rectal or recto-vaginal examination, as indicated
14. Plan/Referral
 - a. Management/treatment of identified health problems according to written protocol
 - b. Management of contraceptive and reproductive health care including follow-up (See Section V)
 - c. Provision of supplies
 - d. Client education, counseling, and referral

PART C - LABORATORY TESTING

1. Laboratory procedures must be provided to clients if required in the provision of a contraceptive method.
2. They may be provided for the maintenance of health status and/or diagnostic purposes.
3. They may be provided either on-site or by referral.
4. Agencies must comply with Clinical Laboratory Improvement Amendment (CLIA) requirements for laboratory licensure.

5. A procedure which addresses client confidentiality must be established to allow for client notification and adequate follow-up of abnormal laboratory results. Documentation must include:
 - a. Date of test
 - b. Abnormal result
 - c. Attempt made to contact client
 - i. Three attempts must be made to contact client within 30 days of receipt of abnormal result. At least one attempt must be made by phone and one by mail unless otherwise directed to maintain client confidentiality.
 - ii. If unable to contact clients after three attempts, a certified letter must be sent unless otherwise directed to maintain client confidentiality.
 - 1) If certified letter is returned, place in client file and consider follow-up closed until client contacts the clinic again for services.
 - 2) If certified not returned and client does not contact clinic, consider follow-up closed until client contacts clinic again for services.
 - 3) If client declines suggested follow-up for abnormal result, document this in the medical record.
6. Referrals to another provider for services
 - a. Staff should obtain a written release of information for records to be sent to the referral provider and for the referral provider to send information and results back to the service site or contract agency. Documentation includes:
 - i. Client consent for referral arrangements
 - ii. Referral appointment was made and client was provided with the name, phone number, and address of the referral provider
 - iii. Client was advised of the referral and counseled on their responsibility to comply with the referral
 - iv. Client kept the appointment
 - v. Reports are received from the provider to whom the client was referred
7. Testing that should be offered includes, but is not limited to:
 - a. Pregnancy testing (must be provided onsite)
 - b. STI testing, including testing for gonorrhea, Chlamydia, and syphilis
 - i. Chlamydia and gonorrhea testing must be available for clients requesting IUD insertion.
 - c. HIV testing
 - d. Anemia assessment
 - e. Urinalysis
 - f. Vaginal wet mount and KOH test
 - g. Rubella titer
 - h. Hepatitis B and C testing
 - i. Diabetes assessment
 - j. Colo-rectal screenings for clients over 50 years of age or as indicated
 - k. Mammography for clients over 40 years of age or as indicated

PART D - PREGNANCY DETERMINATION

1. Urine or Serum HCG Test

a. If Test is **POSITIVE**:

- i. All options counseling must be offered to pregnant women. The opportunity must be provided for information and counseling regarding each of the following options:
 - 1) Prenatal care and delivery
 - 2) Infant care, foster care/kinship care, or adoption; and
 - 3) Pregnancy termination
- ii. Provide neutral, factual information and nondirective counseling on each of the options, and referral upon request
- iii. Women may decline information about any of the option(s). Document if the client declines information and counseling
- iv. If a minor, strongly encourage that she involve her family in any decisions she will make
- v. Make appropriate referrals. Referrals may be made using lists or brochures naming community facilities
- vi. Must be counseled as to the importance of receiving a physical assessment as soon as possible, preferably within 15 days if medical examination cannot be performed in conjunction with the laboratory testing.
- vii. If an ectopic pregnancy is suspected, client must be referred for immediate diagnosis and therapy
- viii. If seeking pregnancy, clients with positive pregnancy results should be provided with prenatal vitamins

b. If Test is **NEGATIVE**:

- i. If the client does not desire pregnancy, provide information about the availability of contraceptive as appropriate
- ii. If the client desires pregnancy and no signs of problems with conception, give pre-conception counseling and provide multi-vitamins (see Section VII, Part B)
- iii. If the client desires pregnancy consider infertility evaluation if:
 - 1) Couple has been trying to conceive for >1 year
 - 2) The woman has history of frequent amenorrhea, irregular menses, or is > 35 years and the couple has been trying to conceive for >6 month

Reference:

- *Program Guidelines for Project Grants for Family Planning Services (Guidelines)*, 8.6.Pregnancy Diagnosis and Counseling

PART E - CLINIC EMERGENCIES

1. Syncope
 - a. Symptoms (sudden onset of one or more of the following):
 - i. Nausea and/or vomiting
 - ii. Diaphoresis
 - iii. Weakness
 - iv. Dizziness
 - v. Pallor
 - b. Clinical Signs
 - i. Weakness, sweaty, possible decreased level of consciousness
 - ii. Pulse < 60/min. or >110
 - iii. BP < 80 systolic
 - c. Laboratory
 - i. Consider checking a Hgb/HCT
 - ii. Consider finger stick glucose
 - d. Plan
 - i. Check vital signs and perform physical examination
 - ii. Lie client flat with legs elevated
 - iii. Treat symptomatically; supportive care only
 - 1.) Aromatic spirits of ammonia may be helpful (Do not use if patient is asthmatic)
 - 2.) Offer juice or cola with sugar for clients with hypoglycemic episode
 - iv. If cardiovascular collapse is suggested by examination activate EMS system and begin basic life support (see Section III, Part A, Number 3—Cardio-Pulmonary Arrest)
2. Anaphylactic Shock
 - a. Symptoms (Sudden onset of one or more of the following):
 - i. Hives
 - ii. Pruritus
 - iii. Swelling
 - iv. Red, watery eyes
 - v. Rhinorrhea
 - vi. Dizziness or syncope
 - vii. Change of voice
 - viii. Coughing or wheezing
 - ix. Throat tightness or closing
 - x. Difficulty with breathing or swallowing
 - xi. Sense of doom
 - xii. Change of color
 - b. Plan
 - i. If cardiovascular collapse, respiratory distress or facial/oral swelling is suggested by examination, activate EMS system and begin basic life support if needed (see Section III, Part A, Number 3—Cardio-Pulmonary Arrest)
 - ii. Monitor vital signs frequently (every 2 to 5 minutes)

- iii. Medications (below), as available:
 - iv. If available, give Aqueous Epinephrine 1:1,000, 0.5 ml subcutaneously, with a dose for adults of 0.01 mL/kg up to a maximum dose of 0.2 to 0.5 mL. Repeat q 10-15 min. as needed if available
 - v. Administer oxygen by facial mask at 8-10 liters/min if available
 - vi. Give Benadryl (diphenhydramine) 25-50 mg I.M.
 - vii. If anaphylaxis is due to an injection, give aqueous epinephrine, 0.15-0.3 ml, into injection site to inhibit further absorption
3. Cardio-Pulmonary Arrest (Basic Life Support for Health Care Providers)
- a. Establish unresponsiveness
 - i. Activate Emergency Medical System (EMS) or appropriate resuscitation team
 - b. Open Airway
 - i. Head tilt-chin lift or jaw thrust
 - c. Check for Breathing
 - i. Look, listen and feel
 - ii. If victim is breathing or resumes effective breathing, place in the recovery position
 - iii. If victim is not breathing, give 2 slow breaths (1 second each) while using pocket mask or bag-mask. Allow for exhalation between breaths.
 - d. Check for signs of circulation (breathing, coughing, movement), including pulse. (Carotid)
 - i. If signs of circulation/pulse present but breathing is absent, provide rescue breathing (1 breath every 5 seconds for adult, 10-12 breaths per minute)
 - ii. If signs of circulation/pulse absent, begin chest compressions interposed with breaths
 - 1) 1.5-2 inches compression depth
 - 2) Compression rate: 100
 - 3) Compression/Breath Ratio (1 Person): 30:2 – 5 cycles (about 2 minutes)
 - 4) Compression/Breath Ratio (2 people): 30:2 – 5 cycles (check pulse and switch roles every 2 minutes)
 - iii. Integrate procedures appropriate for newborn advanced cardiovascular life support at the earliest opportunity
 - e. Defibrillation
 - i. The use of an automated external defibrillator (AED) is now considered an integral part of adult basic life support by healthcare providers
 - ii. Per local EMS protocol

Reference:

- The American Heart Association. The 2005 Handbook of Emergency of Cardiovascular Care for HealthCare Providers.

4. Shock/Hemorrhage
 - a. Symptoms (sudden onset of one or more of the following):
 - i. Uncontrolled, profuse bleeding
 - ii. Pallor, weakness, diaphoresis, fainting
 - b. Clinical Signs
 - i. Client may appear weak and may exhibit disorientation
 - ii. Pulse may be weak, shallow, rapid, or slow
 - iii. Blood pressure may be decreased (hypo)
 - iv. Skin may appear pale and cold
 - c. Plan
 - i. Place client in Trendelenberg position
 - ii. Activate EMS system
 - iii. Monitor vitals as indicated
 - iv. If able, start intravenous line and infusion
 - v. If etiology identified, attempt to control bleeding
5. General Emergency Information
 - a. Staff should be trained in emergency procedures and must be familiar with the emergency plans. All licensed medical staff should be trained in CPR and hold current certification.
 - i. All client medical emergencies requiring referral to another provider should have referral results documented in client's record.
 - ii. If appropriate, copy pertinent records to send with emergency personnel.
 - iii. Staff should engage in periodic drills; if multiple use facility, coordinate drills with other personnel.
 - b. After Hours Emergencies (all facilities must have in place at least one of the following for the management of after hours contraceptive emergencies):
 - i. Answering service that can direct a client to either an on-call staff nurse or the nearest ED.
 - ii. Message left on clinic phone with clear instructions to the nearest ED.
 - iii. Call-forwarding to the on-call staff nurse.
 - iv. In addition to the above, written instructions must be provided to every client during the initial and subsequent visits detailing the facilities after-hour policies.
 - c. Emergency situations (fire, natural disaster, vandalism, power failure, harassment, bomb/terrorism, earthquake, and tornado) may occur at any time. All projects must therefore have written plans and procedures for the management of emergencies.
 - i. Disaster plans must be developed and made available to all staff.
 - ii. Staff must understand all assigned emergency escape routes.
 - iii. Staff must complete training and understand their role in an emergency or natural disaster.
 - iv. All exits must be recognizable and free from barriers.

PART F – LATEX

1. A facility-wide strategy to manage latex allergies in the health care environment should be in place.
2. Powder free, low protein or non-latex gloves should be used to reduce latex exposure.
3. Latex free materials should be readily available for those patients with allergies.

4. See websites below for more details.

References:

- The diagnosis and management of anaphylaxis. An updated practice parameter. J Allergy Clin Immunol 2005; 115:S483-S523.
- http://www.jcaai.readyportal.net/file_depot/0-10000000/20000-30000/27387/folder/63948/Anaphylaxis_20051.pdf
- <http://www.acaai.org/public/physicians/latex.htm>

Section IV

Psychosocial

PART A - FAMILY AND INTIMATE PARTNER VIOLENCE

1. ACOG recommends that physicians screen ALL patients for intimate partner violence. Be sure to inform patients of any legal reporting requirements prior to screening. For women who are not pregnant, screening should occur:
 - a. At routine ob-gyn visits
 - b. At family planning visits
 - c. At pre-pregnancy visits
2. Domestic violence screening can be conducted by making the following statement and asking these three simple questions:

“Because violence is so common in many women’s lives and because there is help available for women being abused, I now ask every patient about domestic violence:

- a. Within the past year—or since you have been pregnant—have you been hit, slapped, kicked or otherwise physically hurt by someone?
 - b. Are you in a relationship with a person who threatens or physically hurts you?
 - c. Has anyone forced you to have sexual activities that made you feel uncomfortable?”
3. Interventions if any screening questions are positive
 - a. Assess her level of danger
 - i. Recent threats, escalating physical violence, and firearms in the home
 - ii. Presence of abuse to children within the household
 - iii. Homicidal/suicidal ideation expressed by patient
 - b. Provide local resources
 - c. Encourage “safety plan”
 - d. Document using patient’s own words and list resources provided
 4. General signs and symptoms of family and intimate partner violence
 - a. Conditions such as chronic fatigue or headaches, abdominal and/or pelvic pain, frequent use of pain medication, sexual dysfunction, frequent vague complaints of physical discomfort, or gastrointestinal problems
 - b. Drug and alcohol abuse by the patient or her partner
 - c. History or signs of depression or anxiety, or use of sedatives and/or tranquilizers
 - d. Attempts or thoughts of suicide
 - e. Self-injury
 - f. Signs of post-traumatic stress disorder
 - g. Suspicious injuries that are explained in ways that are inconsistent with the type or severity of the injury
 - h. Multiple sites of injury and/or a pattern of repeated injury
 - i. Delay in seeking medical care including delayed prenatal care

- j. Description of a partner as jealous, controlling or domineering, prone to anger, and/or frustrated with the patient and/or children

References:

- The American Bar Association (www.abanet.org/)
- The Ohio Domestic Violence Network: Health Care Providers Handbook (www.odvn.org)
- *Program Guidelines for Project Grants for Family Planning Services* (Guidelines), Section 9.3

Appendix D: Sample Safety-Planning Guide for the Patient

PART B - DRUGS AND ALCOHOL USE

1. General Screening
 - a. Clinic staff should utilize face to face time with proven screening instruments
 - b. Agencies need to have policies and procedures in place to assist the client when further assessment is indicated
 - c. Agencies should consult their legal counsel for processes when a minor warrants referral for a professional substance abuse assessment
2. Drug Abuse
 - a. To screen patients, first use a statement like the following:

“Substance use is so common in our society that I now ask all my patients, what, if any substances they are using?”

 - b. Then, ask direct questions:
 - “Have you ever tried?”
 - “How old were you when you first used?”
 - “How often; what route; how much?”
 - “How much does your drug habit cost you?”
3. Alcohol Abuse (Adults)
The Short Michigan Alcohol Screening Test (SMAST) may be administered in less than 5 Minutes
4. Alcohol Abuse (Adolescents)
CRAFFT Screening Instrument for Adolescents
5. Create an alcohol and drug related resource area
 - a. Ideal location in each program’s waiting room and screening room
 - b. Feature publications on substance abuse and family violence
 - c. Consider pamphlets and posters from either Channing Bete Company and/or the Hazelden Foundation
 - d. Post names of local counseling centers: mental health, drug-specific, alcohol-specific. Include pamphlets/magnets for the general public from these agencies
 - e. Post meeting schedules from Alcoholics Anonymous and Narcotics Anonymous
 - f. Post directory of domestic violence shelters and related local resources

Appendix E: The Short Michigan Alcohol Screening Test (SMAST)

Appendix F: Michigan Alcoholism Screening Test (MAST)

Appendix G: CRAFFT Screening Instrument for Adolescents

Appendix H: Identification of At-Risk Drinking and Intervention with Women of Childbearing Age – Health Screening Survey

PART C - TOBACCO USE

The Five A's for Brief Tobacco Intervention

Successful intervention begins with identifying users and is based on the patient's willingness to quit. A brief cessation message of 5-15 minutes should be delivered by a trained provider.

The five major steps to intervention are the "5 A's": Ask, Advise, Assess, Assist, and Arrange.

1. Ask all patients about their smoking status at every visit; place a sticker on the patient chart indicating tobacco use (current, former, or never)
2. Advise to quit in a clear, strong, personalized manner
3. Assess willingness to make a quit attempt
4. Assist in quit attempt (counseling and pharmacotherapy as appropriate)
5. Arrange follow-up (preferably within the first week after the quit date)

The same treatments benefit both men and women, but some are less efficacious in women, such as nicotine replacement therapies. Women may face different stresses and barriers to quitting such as depression, weight control concerns, and hormonal cycles.

Reference:

- U.S. Department of Health & Human Services, Office of the Surgeon General (www.surgeongeneral.gov/tobacco/default.htm)

PART D – NUTRITION

1. General
 - a. Family planning clinics may be a woman's first or only access to health care.
 - b. The purpose of nutrition care is to identify possible nutrition problems and to provide nutrition education and information, screening, and health care that will assist in the

reduction of individual nutrition risk factors that potentially impact health, health care and contraceptive practice.

- c. Nutrition services must be provided in concordance with the Ohio Dietitian Licensure Law, Chapter 4759 of the Ohio Revised Code.
 - d. The nutrition component, as with other components, should be integrated into total client services.
 - e. All staff should have familiarity with goals, guidelines, and protocols, even when there is a specific nutrition provider identified in the project.
2. Nutrition services in family planning clinics (complete at initial reviewed/updated at revisits)
- a. Nutrition Assessment
 - i. Information in each client's chart will be reviewed for nutritional relevance:
 - 1) Personal health history (e.g., age, speech or hearing problems, gynecologic and obstetric history, gastrointestinal issues, chronic respiratory diseases, chronic/genetic diseases, dental and periodontal disease, infection, allergies, food intolerances, nutritional deficiencies, mental health diagnoses, history of physical or verbal abuse, medications (over-the-counter and prescriptive), drug and alcohol use, smoking, eating disorders, special diets, overweight, underweight, weight changes, method(s) of contraception, pregnancy plans, breastfeeding, activity level, blood donations, other medical/dental care)
 - 2) Family history, including parents, children, and siblings (e.g. genetic disorders/birth defects, (including PKU and neural tube defects) history of premature births or low birth weight, history of large births, cardiovascular and renal diseases, hypertension, diabetes, cancers, sickle cell anemia, obesity)
 - 3) Clinical data (e.g., height, weight, body mass index, weight change(s), blood pressure, physical signs of nutritional deficiencies or problems)
 - 4) Biochemical data (e.g., hemoglobin or hematocrit; urine dipstick: glucose, ketones, and/or proteins; presence of infections; triglycerides; cholesterol)
 - 5) Socioeconomic indicators (e.g. employment, financial resources, housing, food resources, education, literacy, language barriers, family size, head of household)
 - 6) Psychosocial indicators (e.g., self-image, mental health, history of domestic violence, support systems)
 - ii. Dietary evaluation if clinically applicable
 - 1) Dietary intake assessment (e.g. food frequency and/or diet recall) to estimate nutrient intake and general overview of dietary patterns (e.g. dietary fat intake)
 - 2) Adequacy of dietary patterns, based upon the revised Dietary Guidelines for Americans and/or Food Guide Pyramid
 - 3) Nutrition practices assessment (e.g., cultural/religious practices, special diets, eating disorders, pica, dieting, eating patterns, food fads, nutrient supplements, caffeine, alcohol)
 - 4) Access to food (e.g. proximity to food sources, food stamps, WIC, commodity food distribution, food pantry, ability to prepare food, access to shelters)

- 5) Sources of nutritional care/education (e.g., WIC, Cooperative Extension Offices, schools, health departments, media)
- b. Nutrition counseling and education (printed education materials used as appropriate)
 - i. Basic nutritional needs discussed with each client
 - 1) Importance of optimal nutritional status
 - a) For personal health
 - b) Prior to pregnancy (planned or unplanned)
 - 2) Adequacy of dietary patterns, based upon the revised Dietary Guidelines for Americans and/or Food Guide Pyramid
 - 3) Nutritional needs specific to family planning goals
 - ii. Nutrition education/counseling provided for clients according to individualized need regarding identified health conditions that respond to nutrition intervention or that may impact personal health status as well as the outcome of future pregnancies:
 - 1) Anemia (type of anemia should be determined by clinician)
 - 2) Weight (under, over, rapid change(s))
 - 3) Eating disorders
 - 4) Inadequate diet, nutrient deficiencies
 - 5) Prescription and non prescription medication
 - 6) Drug/alcohol/caffeine/tobacco use
 - 7) Elevated blood pressure
 - 8) Elevated cholesterol or triglyceride levels
 - 9) Presence of glucose, ketones or protein on urine dipstick
 - 10) Risk of developing chronic disease
 - 11) Existing chronic diseases (e.g. diabetes, hypertension, cardiovascular and renal diseases, thyroid disorders)
 - 12) Nutrient supplement and herb use/misuse
 - 13) Activity level and “screen time” (TV or computer)
 - 14) Presence/severity of infections, including HIV/AIDS
 - 15) Dental and periodontal conditions
 - 16) Food resources and shelters
 - 17) Male services
 - 18) Adolescence
 - 19) Other
 - iii. Preventive nutrition education/counseling provided for clients according to risk (family and personal history, current dietary habits) of developing long-range health problems:
 - 1) Cardiovascular and renal diseases, hypertension
 - 2) Cancers
 - 3) Osteoporosis
 - 4) Diabetes
 - 5) Genetic conditions/disorders
 - 6) Pregnancy complications
 - 7) HIV/AIDS
 - 8) Arthritis
 - 9) Other

- iv. Appropriate referral(s), as indicated, with follow-up to nutrition services and food assistance beyond the scope of the family planning clinic or qualifications of clinic staff:
 - 1) WIC
 - 2) Food stamps
 - 3) Medicaid/Children's Health Insurance Plan (CHIP)
 - 4) Expanded Food and Nutrition Education Program (EFNEP)/Cooperative Extension
 - 5) Food pantries/banks
 - 6) Commodity food distribution
 - 7) High school teen pregnancy programs
 - 8) Dental services
 - 9) Licensed Dietitian
 - 10) Prenatal clinic
 - 11) Well child clinic
 - 12) Hospital outpatient clinic
 - 13) Health department clinics, Community Health Centers
 - 14) Eating disorders treatment centers
 - 15) Appropriate support groups
 - 16) Mental Health Counseling providers
 - 17) Other
- c. Documentation
 - i. All nutrition assessment and intervention documented in the client health care record and accessible to other health care providers in the clinic
 - ii. A nutrition care plan in the client health care record
- 3. Agency plan for nutrition services for family planning
 - a. Nutrition related activities in family planning
 - i. Development of program goals and objectives (e.g. Healthy People 2010)
 - ii. Staff development/in-services/training
 - iii. Community outreach
 - b. Community nutrition resources for staff – Possible resources for local and regional nutrition resources to facilitate the provision of nutrition planning, training, and services in family planning clinics include, but are not limited to, the following:
 - i. Providers of community nutrition services
 - ii. Dairy Council
 - iii. Local dietetic associations
 - iv. Dial-A-Dietitian
 - v. Local colleges/universities
 - vi. March of Dimes
 - vii. Other

References:

- U. S. Dietary Guidelines for Americans. www.cnpp.usda.gov/dietaryguidelines.htm

- The American Medical Association. Assessment and Management of Adult Obesity: A Primer for Physicians. <http://www.ama-assn.org/ama/pub/physician-resources/public-health/general-resources-health-care-professionals/roadmaps-clinical-practice-series/assessment-management-adult-obesity.shtml>

Appendix I: Assessment and Management of Adult Obesity

Appendix J: Techniques for determining height and weight

PART E - SEXUAL ASSAULT

ACOG recommends that physicians screen ALL patients at EVERY visit for sexual assault. To help physicians with this difficult process, ACOG has developed tools to screen for sexual assault:

Screening women for rape and sexual assault can be conducted by making a statement and asking the following questions:

1. “Because sexual violence is an enormous problem for women in this country and can affect a woman’s health and well being, I now ask all my patients about exposure to violence and about sexual assault.
2. Do you have someone special in your life? Someone you’re going out with?
3. Are you now—or have you been—sexually active?
4. Think about your earliest sexual experience. Did you want this experience?
5. Has a friend, a date, or an acquaintance ever pressured or forced you into sexual activities when you did not want them? Touched you in a way that made you uncomfortable? Anyone at home? Anyone at school? Any other adult?
6. Although women are never responsible for rape, there are things they can do that may reduce their risk of sexual assault. Do you know how to reduce your risk of sexual assault?”

If screening results in a positive screen and/or an acute situation, refer client to the nearest emergency room.

References:

- *Minor Consent, Confidentiality, and Child Abuse Reporting In Title X Funded Family Planning Settings OHIO* (www.youthlaw.org)

PART F - DEPRESSION

1. Background
 - a. One in four women will experience severe depression sometime during their lifetime. Only 20% of women with depression seek treatment.
 - b. A history of or on-going sexual and physical abuse are risk factors.
 - c. Ninety percent of women with eating disorders are also depressed.
 - d. About 20% of women experience some depressive symptoms during pregnancy, and about 10% develop major depression.
2. Symptoms:
 - a. Depressed mood most of the day, nearly every day, for 2 weeks or longer and/or loss of interest or pleasure in activities that the person usually enjoys
 - b. Fatigue or lack of energy
 - c. Restlessness or feeling slowed down
 - d. Feelings of guilt or worthlessness
 - e. Difficulty concentrating
 - f. Trouble sleeping or sleeping too much
 - g. Recurrent thoughts of death or suicide
3. Recommendations
 - a. Screening should occur annually or as part of a problem-focused visit.
 - b. This screening is not designed to be a substitute for a complete clinical evaluation.
 - c. If there are still concerns about symptoms, a physician or mental health professional referral should be made.
 - d. This screening is not designed to respond to a suicide crisis.
 - e. If the patient is believed to be at risk for suicide, dial 911 or send immediately to the nearest hospital emergency room for an evaluation.

Reference:

- Mental Health America, formerly known as the National Mental Health Association (www.nmha.org)

Section V

Contraception

PART A - EFFECTIVENESS, AND RATES OF CONTINUATION (USA)

Method	% of Women Experiencing an Unintended Pregnancy within the First year of Use		% of Women Continuing Use at One Year
	Perfect Use	Typical Use	
Abstinence	0	Unknown	
No Method	85	85	
Spermicides	18	29	42
Periodic Abstinence			51
Standard Days method	5		
TwoDays method	4		
Ovulation method			
Withdrawal	4	27	43
Sponge			
Parous	20	32	46
Nulliparous	9	16	57
Diaphragm w/spermicide	6	16	57
Male Condom	2	15	53
Female Condom Reality	5	21	49
Pill (COCs & POP's)	0.3	8	68
Ortho-Evra Patch	0.3	8	68
Nuva Ring	0.3	8	68
Depo-provera	0.3	3	56
IUD			
Copper T (Paragard)	0.6	0.8	78
Levonorgestrel-releasing(Mirena)	0.2	0.2	80
Implanon	0.05	0.05	84
Female Sterilization	0.5	0.5	100
Male Sterilization	0.10	0.15	100

Reference: Hatcher et al; Contraceptive Technology, 19th Edition, pg. 24-25

PART B - TIMING FOR STARTING CONTRACEPTIVES

WHEN TO START	METHOD						
CONDITION	Progestin Pill	Combined Pill	DMPA	Patch	IUD/IUS	NuvaRing	Implanon
Menses	First day	1st Day or 1st Sunday***	Day 1-5*	1st Day or 1st Sunday***	Day 1-12	1st Day or 1st Sunday***	Day 1-5
Spontaneous Abortion < 12 weeks	First day	1st Day or 1st Sunday***	Day 1-5	1st Day or 1st Sunday***	>4 weeks with menses	1st Day or 1st Sunday***	Within the 1 st 5 days
Induced Abortion < 12 weeks	First day	1st Day or 1st Sunday***	Day 1-5	1st Day or 1st Sunday***	>0-3 weeks with menses	1st Day or 1st Sunday***	Within the 1 st 5 days
Abortion > 18 Weeks Pregnant	First day up to five days	2 weeks	Day 1-7	2 weeks	>6 weeks with menses	2 weeks	Day 21-28
Postpartum Not Breastfeeding	First day up to two weeks	2-3 weeks	0-3 weeks	2-3 weeks	>6 weeks with menses	2-3 weeks	Day 21-28
Postpartum Breastfeeding	First day up to three weeks	Avoid 1st 6 weeks **	0-5 weeks*	Avoid 1st 6 weeks **	>6 weeks * with menses	Avoid 1st 6 weeks **	Avoid 1 st 4 weeks

Women who are beyond the parameters should use barrier contraception until their next menses.

Women with amenorrhea may have menses induced with oral Provera as per protocol.

Women using Depo-Provera may start another method within 10-13 weeks of last injection.

* Women with amenorrhea, such as women beyond 10-13 weeks since last Depo-Provera injection or breastfeeding mothers beyond 5 weeks above must use barrier contraception or abstinence for 2-3 weeks and have a negative pregnancy test before starting one of these methods. It is best to wait until breastfeeding has been well established for DMPA.

** When weaning or over 6 months postpartum and significantly supplementing breastfeeding may start combined pill. Start with a menses or in woman with amenorrhea from lactation start at any time but rule out pregnancy with two weeks contraceptive protection and a pregnancy test first.

***Use of backup method is recommended for the first seven days after the initiation of certain forms of hormonal contraceptives. Keep this backup method available for use in case any of the following should occur:

1. Client stops taking the contraceptive method
2. Client forgets to take a pill for two or more days
3. Client is taking antibiotics that may interfere with the contraceptive method
4. Client has an illness that may prevent absorption of the contraceptive method

Quick Start or Same-Day Start method may be initiated for the following prescribed methods: COC, NuvaRing and Patch so long as pregnancy can reasonably be ruled out. Advise the client to use a backup method for first seven days.

PART C - COMBINATION ORAL CONTRACEPTIVES

1. Absolute contraindications for estrogen-containing oral contraceptives
 - a. Thrombophlebitis or thrombo-embolic disorder
 - b. History of thrombophlebitis or thrombo-embolic disorder
 - c. Cerebrovascular or coronary artery disease
 - d. Valvular heart disease with thrombogenic complications
 - e. Uncontrolled hypertension
 - f. Diabetes with vascular involvement
 - g. Headaches with a focal aura
 - h. Major surgery with prolonged immobilization
 - i. Breast cancer
 - j. Endometrial cancer
 - k. Undiagnosed abnormal genital bleeding
 - l. Cholestatic jaundice of pregnancy or jaundice with prior pill use
 - m. Acute/chronic hepatocellular disease with abnormal liver function, hepatic adenomas, or hepatic carcinomas
 - n. Known or suspected pregnancy
 - o. Hypersensitivity to any component of the product
2. Prescribing Precautions
 - a. Women over age 35 years who smoke
 - b. Breast-feeding
 - i. A progestin-only contraceptive is preferred during nursing.
 - c. Migraine Headaches
 - i. Try three cycles at a time for the first six months while evaluating the effect of COCs on the headaches.
 - ii. Many neurologists now consider only migraine headaches that are significantly worsened with oral contraceptive use to be a problem. This also applies if the onset of migraine headaches coincided with the initiation of the oral contraceptive.
 - d. Hypertension
 - i. For women with well-controlled or mild hypertension, (140-159/90-99), any COC should be used with caution as the risks may outweigh the benefits. Consideration should be given to progestin-only and non-hormonal methods.
 - ii. For women with severe hypertension (> 160/ > 100) or is associated with vascular changes, estrogen-containing contraceptives are contra-indicated. Depo-provera should also be used with caution since it contains a higher dose of hormone than other progestin-only methods.
 - iii. Specific therapy should be tailored to the individual patient and her risk factors.

- iv. The proper cuff size should be used; one that is too small may give a falsely elevated reading.
- 3. Oral Contraceptive Side Effects
 - a. Nausea
 - i. Taking the pill with the evening meal or with food at bedtime may help.
 - ii. If a pill change seems necessary, a lower estrogen pill may be helpful.
 - iii. Progestin-only or non-oral methods may be needed.
 - b. Breakthrough Bleeding (BTB); evaluate for causes
 - i. Missing pill(s) or pills being taken at variable times
 - ii. Pregnancy
 - iii. Infection
 - iv. Endometriosis
 - v. Cervical polyps/ endometrial hyperplasia
 - vi. Antibiotic use
 - vii. Encourage continuation of the same pill for three cycles
 - c. Oligomenorrhea and Amenorrhea
 - i. Offer pregnancy test.
 - ii. Offer emergency contraception if recent unprotected intercourse.
 - iii. Advise patients there are no adverse events associated with decreased withdrawal bleeding.
 - iv. If patient prefers monthly withdrawal, consider switching to formulation with higher estrogen or lower progestin.
 - v. Otherwise, continue current regimen.
- 4. Oral Contraceptives Initial Examination
 - a. History and Physical Examination as described in Section III, Parts C and D
 - b. Plan
 - c. Client Education
 - d. Use "Timing for Starting Contraceptives" table to advise on when to start
 - e. Review benefits, side effects, and danger signs
 - f. Review and sign the informed consent (see appendix)
 - g. Give a 3 months supply of a low dose combination oral contraceptive
 - h. RTC for a BP and symptoms check in three months
 - i. Return as needed for problems or questions
- 5. Oral Contraceptives—3 month visit/Follow-up
 - a. Interval history and physical examination
 - i. Menstrual History
 - ii. Medical History update
 - iii. Any new pill-related problems
 - iv. Weight
 - v. Blood Pressure
 - b. Plan
 - i. Provide 9-12 months worth of COCs
 - ii. RTC prn and for next annual exam, including breast exam
 - c. Client Education
 - i. Reinforce benefits, side effects, and danger signs

- ii. The need for an annual PAP smear and breast exam, and monthly breast self exam
- 6. Annual visit for oral contraceptive users
 - a. History and Physical Examination as described in Section III, Parts C and D
 - i. Menstrual History
 - ii. Medical History update
 - iii. Any new pill-related problems
 - iv. Body Mass Index
 - v. Blood Pressure
 - b. Laboratory
 - i. PAP smear
 - ii. GC/Chlamydia testing, if indicated
 - iii. Wet mount, if indicated
 - iv. Hemoglobin, if indicated
 - v. Urine testing, if indicated
 - c. Plan
 - i. Provide 12 months worth of COCs
 - ii. RTC prn and for next annual exam
 - d. Client Education
 - i. Reinforce benefits, side effects, and danger signs
 - ii. The need for an annual PAP smear and breast exam, and monthly breast self exam
- 7. Post-Coital Contraception (Emergency COCs)
 - a. History of unprotected coitus or method failure within past 72 hours
 - b. History of Sexual Assault
 - c. No history of contraindications for COCs
 - d. Physical examination as per Section III, Part D
 - e. Laboratory
 - i. Negative sensitive pregnancy test
 - f. Plan
 - i. Review and sign method specific informed consent.
 - ii. Two methods (see below)
 - 1) High dose progestin-only pills (Plan B One Step or Next Choice)
 - 2) Use regimen of standard oral contraceptives
 - iii. Take first dose as soon as possible after intercourse (POP's within 120 hours and COCs within 72 hours).
 - iv. Note: Triphasic pills may be used. Check for correct estrogen and progesterone doses.
 - v. A list of birth control pills that can be used are as follows:

<u>Pill Brand</u>	<u>Pills per Dose*</u>
Alesse*	5 pink pills
Levlen*	4 light orange pills
Levlite*	5 pink pills
Levora*	4 white pills
Lo/Ovral*	4 white pills
LowOgestrel*	4 white pills
Nordette*	4 light orange pills

Ogestrel*	2 white pills
Ovral*	2 white pills
Plan B/One Step	1 white pill
Next Choice	2 peach pills
Tri-Levlen*	4 yellow pills
Triphasil*	4 yellow pills
Trivora*	4 pink pills
Cryselle*	4 white pills
Portia*	4 pink pills
Seasonale*	4 pink pills
Seasonique*	4 light blue pills
Enpresse*	4 orange pills
Lessina*	5 pink pills
Lutera*	5 white pills
Aviane*	5 orange pills

* Repeat second dose twelve hours later

- g. A single dose of an antiemetic taken one hour before the first pill dose may be helpful.
- h. Have client repeat the dose if she vomits within 2 hours of taking it.
- i. RTC for pregnancy testing if she does not have menses within 3 weeks after treatment.
- j. Advise STD testing and encourage client to have physical examination as soon as possible.

Reference:

- Contraceptive Technology, 19th Revised Edition, page 284
- American College of Obstetricians and Gynecologists (ACOG) Statement on Single-Dose EC Reformulation (http://www.acog.org/from_home/publications/press_releases/nr07-15-09.cfm)

PART D - PROGESTIN-ONLY CONTRACEPTIVES

1. Progestin-only pills (POP) (Start and Refill)
 - a. Same as combined oral contraception
2. Progesterone implants (Implanon)
3. Depo-provera (DMPA) start
 - a. History and Physical Examination (see Section III, Parts C and D)
 - b. See Section V, Part B for initiation of therapy guidelines
 - i. Women who currently are effective users of oral contraceptives or who wear an IUD may receive an initial DMPA injection at any time in the cycle. COC use should continue until the current pack is completed. IUD removal must be delayed for at least two weeks.

- ii. If this time is exceeded for postpartum women who have had unprotected sex, they must use barrier contraception for two weeks and return for either a urine or serum HCG.
 - c. Administration of medication
 - i. Give DMPA 150 mg I.M. deep in either the gluteus or deltoid muscle. Deltoid site should be used for obese women.
 - ii. Consider using backup contraception during the first two weeks if not given within the 5 days of onset of menses.
 - iii. Clients with a history of depression may be offered Provera 10 mg once a day for three to four weeks to help rule out increased depression with DMPA.
 - d. Side effects
 - i. Weight gain
 - ii. Bleeding irregularities
 - iii. About 30% of women will have prolonged bleeding (>7 days/month)
 - iv. 10% will have >15 days of bleeding/month after the first cycle
 - v. Bleeding decreases with time and many are amenorrheic after one year of usage
 - vi. Delayed re-onset of fertility (up to 6 months to one year following discontinuation)
 - vii. Bone densitometry should be considered after more than 2 years of continuous use because of possible decrease in bone density
 - viii. Patients should be counseled as to the potential risk of long-term use and encouraged to maintain adequate dietary intake of calcium and Vitamin D and to engage in weight-bearing exercise
 - ix. Potential for deficits are greatest in women initiating therapy under 21 years of age and with greater than 15 years of accumulated therapy
 - x. Other patients at high risk
 - 1) Metabolic bone disease
 - 2) Chronic alcohol/tobacco use
 - 3) Anorexia nervosa
 - 4) Strong family history of osteoporosis
 - 5) Chronic use of drugs that decrease bone mass
 - a) Anticonvulsants
 - b) Corticosteroids
 - xi. Lipid changes
 - e. Return for next Depo-Provera injection at week 12 (Range: 10 to 13 weeks)
- 4. Depo-provera refill/annual exam
 - a. History and physical examination (See Section III, Parts C and D)
 - i. Menstrual history
 - ii. No history of severe depression or emotional liability
 - iii. Review for other possible method related side effects
 - iv. Blood Pressure
 - v. Body Mass Index
 - b. Negative sensitive urine or serum pregnancy test (not necessary to do if client comes within 10-13 weeks of her last injection)
 - c. Plan

- i. If patient is on time for her injection (10-13 weeks since last shot), give as per Depo-Provera Start Protocol
- ii. If a client returns for re-injection beyond the 13 week interval, an evaluation including pregnancy testing and thorough inquiry regarding the possibility of unprotected sexual activity must be performed. If there is a possibility that the client may be pregnant but is undetected by a pregnancy test done at that visit, advise abstinence for two weeks, signing a statement in the chart stating abstinence for what length of time, and a negative pregnancy test is indicated before re-injection (two negative pregnancy tests done sequentially).
- iii. If she desires to change her method, she should do so about 2 weeks before the next injection is due
- iv. Review benefits and side effects

PART E - INTRAUTERINE DEVICE/SYSTEM (IUD)/(IUS)

1. Initial evaluation for IUD placement
 - a. History and Physical Examination, See Section III, Parts C and D
 - b. Absolute contraindications
 - i. Active pelvic infection
 - ii. Knowledge of suspected pregnancy
 - c. Strong Relative Contraindications:
 - i. History of ectopic pregnancy/PID
 - ii. Client or partner has multiple partners
 - iii. History of uterine or pelvic surgery (D & C and C-Section are not contraindications)
 - iv. Gynecologic cancer
 - v. Untreated dysplasia on recent Pap smear
 - vi. Unexplained genital bleeding
 - vii. Presently with abnormal vaginal discharge and/or infection
 - viii. Decreased immune system function
 - ix. Abnormality of the uterine cavity
 - x. Any contraindication to copper usage
 - xi. Current genital actinomycosis
 - xii. Uterus <5 cm or more than 9 cm by sounding
 - xiii. Heart disease (mitral valve prolapse is not a contraindication)
 - xiv. Nulliparity
 - d. Laboratory
 - i. A normal Pap within the last 6 months
 - ii. Hct >30%
 - iii. Negative testing for Gonorrhea, Chlamydia, and Trichomonas
 - iv. May include positive Wet Mount for Bacterial Vaginosis
 - e. Insertion
 - i. Have client read and sign IUD consent prior to insertion
 - ii. Plan to give Ibuprofen 400-800 mg p.o. 1 hr. before insertion

- iii. Advise client to eat within 3 hours of insertion to minimize any vasovagal response
 - iv. Do bimanual exam to determine uterine position
 - v. Insert sterile speculum
 - vi. Cleanse cervix and endocervical canal with antiseptic solution
 - vii. Use topical anesthetic or paracervical block at tenaculum site
 - viii. Apply tenaculum to straighten and stabilize uterus
 - ix. Sound uterus and insert IUD according to package instructions
 - x. Record: sounding size, type and lot number of IUD, and strings length
 - xi. Provide interim birth control
 - xii. Insert IUD at onset of next menses
 - 1) If insertion when not on menses
 - a) No unprotected sex since end of pregnancy or end of last menses
 - b) Immediately after or within 3 weeks of spontaneous or induced abortion
- f. Return to clinic 6 weeks IUD check, annually and as needed for problems
- i. Note and record the length and type of IUD strings
 - ii. Compare the present string length with the previous length
 - iii. If the string length exceeds the prior length by two centimeters or more then check for a history of uterine cramping
 - iv. If uterine cramping is present suspect partial expulsion and sound the endocervix for the presence of the IUD
 - v. Remove the IUD if it is present in the endocervical canal
 - vi. If the history and physical examination are negative cut string to 3 or 4 cm from the cervical os and record the new length.
 - vii. Rule out pregnancy if the string is shorter than the prior length by 2 cm or more by using sensitive urine and/or serum HCG
 - viii. If the findings do not suggest pregnancy, gently probe the endocervix for a coiled string taking care not to dislodge the IUD and, if possible, restore the prior length of the string
 - ix. If the string length cannot be easily restored, have the client return on her menses for reevaluation
 - x. If the IUD string is not visible, refer to IUD Missing String Protocol
- g. Client Education
- i. Reinforce monogamy
 - ii. Stress to patient the importance of checking the strings after each menses
 - iii. Discuss possible side effects with patient including increased menstrual bleeding, pain or cramping
 - iv. Discuss increased risk for PID if patient acquires an STI
2. Annual Examination
- a. Interval history and physical examination
 - b. Visualize IUD string
3. Complications
- a. Uterine perforation during insertion (Rate: 1/1,000)
 - b. Missing IUD string, not pregnant
 - i. Gently sound the endocervical canal to feel for the IUD

- ii. If palpated, remove it
 - iii. If unable to palpate, obtain pelvic ultrasound
 - iv. Use another contraceptive method
 - v. If string found in endocervical canal, withdraw and record new length
 - c. Missing IUD string, pregnant
 - i. If strings seen, remove IUD
 - ii. If strings not seen, obtain pelvic ultrasound
- 4. IUD removal
 - a. Perform removal during menses
 - b. Begin new contraceptive at least two weeks before IUD removal
 - c. Give ibuprofen 400 mg about 1 hour prior to procedure

PART F - FERTILITY AWARENESS

Calculation of Expected Time of Fertility

NUMBER OF CYCLE DAYS	FIRST FERTILE DAY	LAST FERTILE DAY
21	3rd	10th
22	4th	11th
23	5th	12th
24	6th	13th
25	7th	14th
26	8th	15th
27	9th	16th
28	10th	17th
29	11th	18th
30	12th	19th
31	13th	20th
32	14th	21st
33	15th	22nd
34	16th	23rd
35	17th	24th

PART G - CERVICAL CAP (FEMCAP)

1. Subjective (Menstrual history)
 - a. Medical history
 - b. Known contraindications to the cervical cap:
 - i. History of Toxic Shock Syndrome
 - ii. Allergy to rubber or spermicide
 - iii. Anomalies of cervix
 - iv. Less than 2 weeks postpartum
 - v. Frequent UTI's or vaginitis
2. Objective
 - a. Pelvic exam with current, normal Pap smear and complete physical examination if annual exam
 - b. No current cervicitis, vaginitis or cervical or vaginal anomalies
 - c. Cervix long enough to hold a cap in place
 - d. Cervix symmetrical and without extensive laceration
3. Laboratory
 - a. Wet mount as indicated
 - b. Testing for GC and chlamydia if indicated
4. Plan
 - a. Fit the client with a cervical cap, comparing at least two different sizes
 - b. Have the client demonstrate her ability to properly insert, remove and check placement of the cervical cap
 - c. Return to clinic in one to two weeks (or after the client has had intercourse 6 to 10 times) for cervical fitting check
 - d. Recommend a backup birth control method until the cervical cap is rechecked. Suggest regular use of condoms for added protection against STIs and pregnancy
 - e. Return to clinic in 3 months for Pap smear
 - f. Return to clinic annually and as needed for problems
 - g. Refit after every pregnancy or pelvic surgery
 - h. Client not to use during menses or longer than 48 hours at a time

PART H - CONTRACEPTIVE SPONGE (TODAY SPONGE)

1. Insert sponge just before intercourse or ahead of time; it provides immediate, effective contraception
2. Provides effective contraception for 24 hours regardless of number of episodes of intercourse
3. Use
 - a. Moisten sponge with 2 tablespoons of water and squeeze it once
 - b. Insert sponge into the vagina and slide it along the back wall until it rests against your cervix. The dimple side should face cervix and the loop should be away from the cervix. Patient should check placement by feeling cervix covered by the sponge.
 - c. Leave in place for 6 hours after last intercourse
 - d. Grasp loop and pull to remove

PART I - OTHER CONTRACEPTIVE METHODS

1. Condoms
 - a. Encourage use by all clients, unless in long-term, monogamous relationships
 - b. Use
 - i. Male condoms should have a reservoir and be used with spermicide, if possible
 - 1) Use only water based lubricants or spermicide
 - 2) Do not use with petroleum jelly based lubricants (high risk of condom damage), antifungal creams/suppositories (moderate risk of condom damage)
 - ii. Use a new condom with every act of intercourse
 - iii. Before penetration, carefully unroll the condom onto the erect penis, all the way to the base
 - iv. During withdrawal of the penis after ejaculation (while penis is still erect), hold the rim of the condom against the base of the penis
 - c. If condom breaks, falls off, leaks, or is not used—consider emergency contraception
 - d. Benefits
 - i. Male participation and responsibility
 - ii. Low cost
 - iii. Good protection against STIs
 - iv. No prescription needed
2. Vaginal spermicides (foam, jellies, creams, suppositories, and film)
 - a. Benefits
 - i. Provides vaginal lubrication
 - ii. Some protection against STIs
 - iii. Few side effects
 - iv. No prescription needed
 - v. Encourage use with condoms
 - b. Creams, foams, gels
 - i. Apply less than one hour prior to intercourse
 - ii. Immediately active
 - c. Film, suppositories and tablets
 - i. Insert 15 minutes before intercourse
 - ii. Finish sexual intercourse within 60 minutes
3. Contraceptive Patch (Ortho-Evra Transdermal System)
 - a. History and Physical Examination as in Section III, Parts A and B
 - b. Contraindications and prescribing precautions as in Section V, Part C, Numbers 1 & 2
 - c. Side Effects
 - i. As listed in Section V, Part C, Number 3
 - ii. Possible skin irritation at the patch site
 - d. Instruct on the initiation of the Patch as follows:
 - i. If no effective contraception in preceding cycle, apply on or prior to day 5 of cycle – backup method recommended for 7 days
 - ii. If progestin-only pills in preceding cycle, apply any day of month – do not skip days between last pill and first day of Patch – backup method recommended for 7 days
 - iii. If using COCs or NuvaRing in preceding cycle, apply within 7 days of the Last COC or ring removed – no backup method recommended
 - iv. If using DMPA in preceding cycle, apply Patch on the day when the next injection is due – backup method recommended for 7 days

- v. If using IUD in preceding cycle, apply patch on the same day that the IUD is removed – backup method recommended for 7 days
 - vi. If post first trimester abortion, apply patch within 5 days of completed procedure – no backup method recommended
 - vii. If post second trimester and postpartum, apply 4 weeks post abortion or 4 weeks postpartum in women who are not breastfeeding – backup method recommended for 7 days if menses has not resumed
 - e. Instruct client on the application of the patch as follows:
 - i. Remove patch from protective pouch
 - ii. Apply patch to the abdomen, buttock, upper outer arm or upper torso (excluding the breast), rotating sites after each application
 - iii. Apply weekly (on the same day of the week) for three weeks, breakthrough bleeding should occur on the patch-free week
 - iv. There should never be more than 7 consecutive patch-free days
 - v. If the patch becomes detached for less than one day (24 hours), try to reapply in same place or replace it with a new patch. If the patch is detached for more than one day, client may not be protected from pregnancy. Client should apply a new patch (changing the “patch change day”) and use backup contraceptive for 7 days
 - f. Follow-up:
 - i. Return visits should be scheduled in the same order as other hormonal contraceptive users, including starting the initial clients with a return visit in no more than three months
 - ii. Complete annual exams must be a part of the follow-up for the client that uses the Contraceptive Patch.
 - iii. The client must be given clear instructions concerning adverse events, when to return to the clinic, and when to seek emergency medical attention
4. Birth Control Vaginal Ring (NuvaRing)
- a. History and Physical Examination as in Section III, Parts A and B
 - b. Contra-indications and prescribing precautions as in Section V, Part C, Numbers 1 & 2
 - c. Timing of insertion
 - i. If no preceding hormonal contraception or progestin-only method have been used in the past month
 - 1) Insert the NuvaRing between day 1 to day 5 of menstrual cycle
 - 2) Back up recommended in the first 7 days of the initial use of NuvaRing
 - ii. If COC has been used in the previous month, insertion of the NuvaRing may occur within seven days after the last COC dose and no later than the day a new cycle of pills would have been started
 - iii. Any day of month when switching from a progestin-only pill; do not skip any days between the last pill and the first day of NuvaRing use
 - iv. On the same day as removal of a progestin-containing IUD
 - v. On the day when the next contraceptive injection would be due
 - vi. Following complete first trimester abortion, NuvaRing insertion may occur within first 5 days after abortion
 - vii. Following delivery or second trimester abortion, insert 4 weeks post-partum unless breast-feeding.
 - 1) Back up recommended for the first 7 days
 - d. Insertion of the NuvaRing
 - i. Wash and dry hands

- ii. Keep foil pouch that the NuvaRing housed in for future disposal of the NuvaRing
 - iii. Choose a comfortable position (lying down, squatting, or standing with leg up)
 - iv. Hold the NuvaRing between your thumb and index finger and press opposite sides of ring together
 - v. Gently push the folded ring into your vagina, the exact position of the NuvaRing in the vagina is not important for it to be effective.
 - vi. If feeling of discomfort, the NuvaRing may not be far enough into the vagina, there is no danger of placing it too far, so use finger to gently slide the NuvaRing into place
 - vii. Once inserted, keep the NuvaRing in place for three weeks in a row.
 - e. Removal of the NuvaRing
 - i. Remove the ring 3 weeks after insertion on same day of week as it was inserted
 - ii. Can be removed by hooking index finger under the forward rim or by holding rim between index and middle finger and pulling
 - iii. Place used ring in foil pouch and keep away from children and pets – do not flush
 - iv. Menstrual period will usually start two to three days after the ring is removed and may not have finished before the next ring is inserted
 - f. Insertion of a new NuvaRing
 - i. After a one week ring-free break on the same day of week as it was inserted last cycle, insert a new ring
 - g. NuvaRing expulsion before three week time period
 - i. If it slips out and it has NOT been more than three hours:
 - 1) Rinse the NuvaRing in cold to lukewarm (not hot) water and reinsert.
 - 2) If the NuvaRing lost, insert new ring and use on same schedule as lost ring.
 - ii. If it slips out and it HAS been >3 hours:
 - 1) Client may not be protected from pregnancy.
 - 2) Rinse the NuvaRing and replace as soon as possible, use backup method until ring has been in place seven days in a row.
 - h. NuvaRing left in vagina for more than three week
 - i. If the NuvaRing has been in place for one extra week or less, remove the ring and insert a new ring after a one week ring-free break.
 - ii. If the NuvaRing has been in place longer than 4 weeks
 - 1) Consider performing a pregnancy test.
 - 2) Back-up method must be used for the first 7 days of use of the new ring.
5. Implanon
- a. History and physical examination
 - b. Inserted only by a certified provider
 - c. Single rod inserted subcutaneously
 - i. Contains 68 mg of progestin
 - ii. Prevents ovulation for up to three years
 - d. Side effects
 - i. Bleeding irregularities
 - ii. Weight gain
 - iii. Emotional lability
 - iv. Headache
 - v. Acne
 - vi. Depression

- e. Contraindications
 - i. Known or suspected pregnancy
 - ii. Current or past history of thrombosis or thromboembolic disorders
 - iii. Hepatic tumor or active liver disease
 - iv. Undiagnosed abnormal genital bleeding
 - v. Known or suspected carcinoma of the breast or history of breast cancer
 - vi. Hypersensitivity to the components of the implant
- f. Timing of insertion
 - i. Must rule out pregnancy before insertion
 - 1) Insert within five days of the start of menses
 - 2) Insert within seven days of last active tablet (combined COC)
 - 3) Insert any day if switching from progestin-only pill
 - 4) Insert same day as IUD or implant removal
 - 5) Insert on due date for next contraceptive injection
 - 6) Insert within five days of a first trimester termination
 - 7) Insert within six weeks of a second trimester termination or childbirth
 - ii. May use “quick start” method
 - 1) Insert any time after a negative pregnancy test
 - 2) Repeat pregnancy test in three weeks
 - 3) Use back-up method or abstinence for seven days

6. Abstinence

- a. Abstinence is defined as a choice to not have sex vaginally, orally, or anally.
- b. Abstinence must be reviewed with all adolescent clients.
- c. Abstinence education must be age appropriate, delivered clearly and not based on fear or shame.
- d. Some important issues to include in the discussion about abstinence are as follows:
 - i. Abstinence is the only 100% effective method for pregnancy prevention.
 - ii. Abstinence helps to protect fertility by eliminating exposure to STIs and the sequelae from infection.
 - iii. Abstinence from vaginal, oral, and anal sex greatly reduces the risk for STIs; however, refraining from vaginal sex only does not reduce the risk of STIs.
 - iv. While discussing abstinence, other forms of sexual intimacy should be discussed. The client must be informed that in order to prevent pregnancy, semen must not come in contact with the vaginal opening.
 - v. Discuss how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances.

Appendix K: Consent for the Provision of Medical Services / Treatment / Contraceptive Method

Appendix L: Method-Specific Consent Form Samples

Section VI

Cervical Cancer Screening

PART A - CERVICAL CYTOLOGY SCREENING

1. Both liquid-based and conventional methods of cervical cytology are acceptable for screening.
2. Females age 21 to 29 years should have a PAP Smear every two (2) years
 - Pap Smears should begin at age 21 regardless of onset of sexual intercourse.
 - Annual gynecological examinations are recommended for women over age 21 even if they do not require a pap smear.
3. Female's age less than 21 years should not be routinely screened with PAP smears due to their low risk for cancer.
 - Exceptions include:
 - Adolescent girls who are HIV-infected should have cervical screening twice in the first year after their HIV diagnosis and once a year thereafter.
 - Sexually active adolescents with a weakened immune system from an organ transplant or because of long-term steroid therapy should be screened six months apart in the first year after they begin having sex and then continue with annual pap tests.
 - Sexually active females under the age of 21 should be counseled and tested for sexually transmitted infections, and should be counseled regarding safe sex and contraception. These measures may be carried out without a pap smear, and in the asymptomatic patient without the introduction of a speculum.
 - Females under age 21 do not need a pelvic exam if they are asymptomatic.
 - Females under age 21 do not need a pelvic exam to receive oral contraceptives.
 - ACOG recommends that the first visit to an ob-gyn should take place at 13-15 years old to set the stage for optimal reproductive health. This visit will often not include a pelvic examination.
 - HPV testing is not recommended for adolescents.
4. Women aged 30 years and older should have a Pap test every three (3) years if they have had three (3) normal PAP tests in a row. If one or more of the following is present, more frequent screening should occur:
 - History of moderate or severe dysplasia
 - Infected with HIV
 - Immune system weakened (ex. organ transplant)
 - Exposure to diethylstilbestrol (DES) before birth
5. Females beginning at age 65 to 70 years may discontinue PAP screening if they have had three (3) or more negative PAP smears in a row and had no abnormal test results in the past ten (10) years
6. Females of any age who have had a hysterectomy with no history of cervical dysplasia and a surgery that was performed for benign indications may discontinue routine cytology testing

References:

- ACOG Practice Bulletin Number 109; December, 2009
- ACOG News Release, Exceptions to Pap Screening in Adolescents, July 21, 2010. Retrieved from www.acog.org on March 24, 2011

Suggested Websites:

- American Society for Colposcopy and Cervical Pathology www.asccp.org
- Journals of the American Medical Association <http://jama.ama-assn.org>
- American Cancer Society www.cancer.org

- American College of Obstetricians and Gynecologists www.acog.org
- American Public Health Association www.apha.org

Appendix K: Consent for the Provision of Medical Services / Treatment / Contraceptive Method

Appendix L: Pap Smear Comparison and Follow-Up Charts, 2009 ASCCP

Appendix M: Definitions of Terms Utilized in the Consensus Guidelines

Appendix S: Pap Smear/Pelvic Examination ACOG recommended guidelines

PART B - THE 2001 BETHESDA SYSTEM (ABRIDGED)

1. Specimen adequacy
 - a. Satisfactory for evaluation (note presence/absence of endocervical/transformation zone component)
 - b. Unsatisfactory for evaluation (specify reason)
 - c. Specimen rejected/not processed (specify reason)
 - d. Specimen processed and examined, but unsatisfactory for evaluation of epithelial abnormality because of (specify reason)
2. General Categorization (optional)
 - a. Negative for intraepithelial lesion or malignancy
 - b. Epithelial cell abnormality
 - c. Other
3. Interpretation/Result
 - a. Negative for Intraepithelial Lesion or Malignancy
 - b. Organisms
 - i. Trichomonas vaginalis
 - ii. Fungal organisms morphologically consistent with Candida species
 - iii. Shift in flora suggestive of bacterial vaginosis
 - iv. Bacteria morphologically consistent with Actinomyces species
 - v. Cellular changes consistent with herpes simplex virus
 - c. Other non-neoplastic findings (Optional to report; list not comprehensive)
 - i. Reactive cellular changes associated with inflammation (includes typical repair)
 - ii. Radiation
 - iii. Intrauterine contraceptive device
 - iv. Glandular cells status post-hysterectomy
 - v. Atrophy
 - d. Epithelial Cell Abnormalities
 - i. Squamous cell
 - ii. Atypical squamous cells (ASC) of undetermined significance (ASC-US)
 - iii. Cannot exclude HSIL (ASC-H)
 - iv. Low-grade squamous intraepithelial lesion (LSIL)
 - 1) Human papillomavirus
 - 2) Mild dysplasia
 - 3) Cervical intraepithelial neoplasia (CIN)
 - v. High-grade squamous intraepithelial lesion (HSIL)
 - 1) Moderate dysplasia
 - 2) Severe dysplasia
 - 3) Carcinoma in situ;

- 4) CIN 2 and CIN 3
- 5) Squamous cell carcinoma
- e. Glandular cell
 - i. Atypical glandular cells (AGC) (specify endocervical, endometrial, or not otherwise specified)
 - ii. Atypical glandular cells, favor neoplastic (specify endocervical or not otherwise specified)
 - iii. Endocervical adenocarcinoma in situ (AIS)
 - iv. Adenocarcinoma
 - v. Other (list not comprehensive)
 - vi. Endometrial cells in a woman >40 years of age
2. Automated Review and Ancillary Testing (Include as appropriate)
3. Management (See charts in Appendix M – ASCCP 2006-2007)

PART C - COLPOSCOPY

(Note: Colposcopy services may be offered, provided that clinicians performing these services have specialized training. Colposcopy may only be a part of a Title X Family Planning Program with written consent of the grantee; Guidelines 9.1)

1. Indications (see Charts in Appendix M)
2. Laboratory
 - a. Directed cervical biopsy specimens
 - b. Repeat PAP smear
 - c. STI screening
 - d. Endocervical curettage (ECC)
3. Quality of examination
 - a. Satisfactory (limit of lesion seen, squamocolumnar junction seen) or
 - b. Unsatisfactory colposcopic exam
4. Procedure
 - a. Give client Ibuprofen 400-600 mg prior to procedure
 - b. Explain the procedure, benefits, risks and side effects; sign informed consent
 - c. Insert speculum without lubrication
 - d. Gross inspection
 - e. Test for STIs, if indicated
 - f. Cytology sampling prior to application of acetic acid
 - g. Cleanse the cervix with acetic acid
 - h. Examination of endocervical canal, which can be performed with the aid of cotton tip applicator or endocervical speculum
 - i. Perform ECC
 - j. Evaluate adequacy of colposcopy
 - k. Take biopsies of any suspicious areas
5. Hemostasis following biopsy; apply Monsel's solution to biopsy site, if needed
6. Insert tampon
7. Perform Schiller's test (Lugol's staining) of the vagina for clients with DES exposure
8. Record findings and adequacy of the evaluation (satisfactory or unsatisfactory); a map will be drawn to document the location and types of abnormal patterns or lesions seen and the location of any biopsies

Section VII

Special Conditions

PART A - COLO-RECTAL CANCER SCREENING

1. Indications
 - a. Rectal bleeding (bright red blood)
 - b. >50 years of age
 - c. Anemia (Hgb <9.0)
 - d. Change in bowel habits (persistent or prolonged diarrhea; constipation; and/or string like stools)
 - e. Rectal intercourse
 - f. Risk factors that elevate an individual to high risk status include, but are not limited to:
 - i. Presence of adenomatous polyps
 - ii. Personal history of curative-intent resection of colo-rectal cancer
 - iii. Family history of colo-rectal cancer
 - iv. Colo-rectal adenomas in a first degree relative before age 60
 - v. The same conditions in multiple first degree relatives of any age
2. Laboratory
 - a. Hemocult test for occult blood
 - b. Any other indicated tests such as for STI detection in a client who has had rectal intercourse
3. Plan
 - a. If examination and testing are normal, reassure client
 - b. If the above indications are ongoing, plan to do rectal exam at each annual visit
 - c. If examination or testing is abnormal, seek physician consultation (see below)
 - d. Treat any identified STIs (NOTE: perianal warts require physician referral)
 - e. For women aged >50 years without risk factors, annual fecal occult blood testing is recommended
 - f. For those women of any age with risk factors that elevate them to high risk status, more frequent screening is recommended (see American Cancer Society website for guidelines)

References:

- The American Cancer Society (www.cancer.org)
- The American Cancer Society Guidelines on Screening and Surveillance for the Early Detection of Colo-rectal Adenomas and Cancer—Average-Risk Women and Men Ages 50 and Older.
- The American Cancer Society Guidelines on Screening and Surveillance for the Early Detection of Colo-rectal Adenomas and Cancer—Women and Men at Increased Risk.
- Centers for Disease Control and Prevention www.cdc.gov/cancer/colorectal

PART B PRE-PREGNANCY PLANNING

1. General Information
 - a. Approximately 46% of all pregnancies are unintended in Ohio (PRAMS 2003).
 - b. This includes those that are unwanted as well as those that are mis-timed.
 - i. In certain populations, this number is higher.
 - ii. It may be as high as 90% in adolescents.
 - c. Birth outcomes are influenced by social, psychological, behavioral, environmental, and biological factors. The time period before and in between pregnancies offer a unique opportunity to alter these influences in a positive way.
 - d. A pre-pregnancy health promotion program should be standard in all family planning clinics. Since so few pregnancies are planned, pre-pregnancy care issues must be addressed at ALL encounters with reproductive-aged individuals.
 - e. Both the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics recommend that prenatal care begin before conception.
2. Goals of Family planning
 - a. Increase the inter-pregnancy interval
 - b. Optimize maternal health for improved fetal well-being
3. Components of Pre- and Inter-Conception Health
 - a. Risk Assessment
 - b. Health Promotion
 - c. Intervention
4. The following are areas of assessment in the non-pregnant reproductive-aged woman. A positive risk assessment should lead to an opportunity for counseling, education and improvement in status.
 - a. Medical conditions. For each of the following, assess all current medications and make changes as needed. All chronic diseases should be under optimum control prior to pregnancy. Consultation with a maternal-fetal medicine specialist should be considered prior to conception.
 - i. Diabetes mellitus
 - 1) Glycemic control should be maximized (mean daily glucose of 90) to prevent birth defects, spontaneous miscarriage, and intra-uterine fetal demise
 - ii. Chronic hypertension
 - 1) ACE inhibitors are contra-indicated in pregnancy secondary to teratogenesis
 - iii. Seizure disorder
 - 1) All medications need to be assessed in terms of effectiveness in controlling seizures
 - 2) Potential teratogenic effects of medications need to be considered
 - 3) There are no absolute contra-indications. Risk/benefits need to be considered on an individual basis
 - 4) For patients on valproic acid and carbamazepine, there is increased (1-2%) of open neural tube defects
 - 5) Patients who are unable to change these medications and will be conceiving on them, should consider concomitant folic acid supplementation at a dose 0.4 mg/day
 - iv. System lupus erythematosus
 - 1) Review of medications should take place

- 2) Patients should try to conceive when their autoimmune disease is currently in remission or has been dormant for a period of time prior to conception
- v. Thrombo-embolic disease
 - 1) For patients that are being currently anti-coagulated on coumadin, they should be changed to heparin, standard or low molecular weight, prior to pregnancy or menstrual week 8 of gestation
- vi. HIV infection
- vii. Thyroid disorders
 - 1) Optimize medications such that patients are euthyroid at conception and during pregnancy
- viii. Cardiac Disease
 - 1) Consider consultation with both maternal-fetal medicine and cardiology
- ix. Asthma
- x. Infectious diseases
 - 1) Screen for sexually transmitted infections
 - 2) Provide anticipatory guidance in terms of prevention
 - 3) Immunizations
 - a) Tetanus-diphtheria booster (every 10 years), may give during pregnancy
 - b) Rubella vaccine if non-immune (give 3 months before pregnancy)
 - c) Consider Varivax if non-immune (give 1 month before pregnancy)
 - d) High risk groups: Hepatitis B vaccine, pneumococcal vaccine—may give during pregnancy
- b. Teratogens and environmental toxicants
 - i. Assess home and workplace and provide anticipatory guidance
- c. Genetic issues—See prenatal guidelines
 - i. Family history of genetic disease
 - ii. Age-related risks
 - iii. Carrier screening
 - iv. Options of genetic testing
- d. Nutrition/Dietary
 - i. Daily multi-vitamins, including 0.4 mg of folic acid
 - ii. Optimize weight—avoid being either under- or over-weight
- e. Substance abuse, alcohol & tobacco use
 - i. Patient education regarding fetal effects
 - ii. Screening for use/abuse
 - iii. Referral for treatment program
- f. Psycho-social Issues
- g. Exercise and physical activity
- h. Advise on injury prevention
- i. Screening for depression and domestic violence
- j. Financial Issues
- k. Life Plans
 - i. Education
 - ii. Career
- l. Pre-pregnancy care for Men—areas of assessment
 - i. Alcohol
 - ii. Genetic counseling

- iii. Occupational exposures
- iv. Sexually transmitted diseases

References:

- ACOG Planning Your Pregnancy and Birth, Third Edition, 2007
- The March of Dimes www.modimes.org
- The Association of Maternal and Child Health Programs www.amchp.org
- ACOG Guidelines for Women's Health Care, Third Edition, 2007
- Jack B and Atrash HK (guest editors). Preconception Health and Health Care: The Clinical Content of Preconception Care. Am J Obstet Gynecol 2008; Vol 199 No 6B

Appendix O: The Pre-Conception Screening and Counseling Checklist from the March of Dimes website www.modimes.org

Appendix R: Immunization Forms (Vaccines for Children)

PART C - DIETHYLSTILBESTROL (DES) EXPOSURE

1. DES was prescribed to some women in the United States between 1938 and 1971 as preventive therapy for miscarriage and preterm birth
2. Various health risks have been linked to such exposure and are summarized in the table below
3. Annual Exams for DES Daughters should include the following
 - a. Clinical breast exam
 - b. Vulvar inspection
 - c. Vaginal and cervical inspection
 - d. Rotation of speculum to view anterior and posterior walls of vagina
 - e. Cytology
 - f. Separate specimens from vaginal fornices and cervix
 - g. Palpation of vagina and cervix
 - h. Bimanual rectal-vaginal exam
4. Biopsy
 - a. Cervix/Vagina: Areas of thickening or induration
 - b. Palpable nodules
 - c. Discrete areas of varied colors or textures
 - d. Atypical colposcopic findings
5. Colposcopy
 - a. For abnormal Pap smear
 - b. Iodine staining of vagina and cervix
 - c. To confirm boundaries of epithelial changes
 - d. Use Lugol's solution (half strength)

Women Prescribed DES While Pregnant	DES Daughters	DES Sons
Modestly increased breast cancer risk	Clear cell carcinoma of the vagina	Non-cancerous epididymal cysts
	Infertility	
	Ectopic pregnancy/Preterm Delivery	
	Cervico-Uterine anomalies	

Reference:

- Centers for Disease Control and Prevention (www.cdc.gov/DES)

PART D – MENOPAUSE

1. Hormone replacement therapy (HRT) is still an acceptable option for the treatment of menopausal symptoms in selected cases and under specific circumstances.
2. The decision to use HRT is very complex and should be made only after consultation with a physician and a review of individual risks and benefits.
3. For women in the peri-menopausal and post-menopausal age groups, primary and preventive care should be carried out as recommended by the American College of Obstetricians and Gynecologists.

Reference:

- The American College of Obstetricians and Gynecologists' Committee Opinion. Number 452. December, 2009. Primary and Preventive Care: Periodic Assessment.

PART E – CLIENT COUNSELING AND EDUCATION

1. Must have written plans for client education that include goals and content outlines to ensure consistency and accuracy of information provided
2. Must be documented in the chart
3. Counseling and education must be provided and include, although not be limited to:
 - a. STDs and HIV – discussion of personal risks for STDs/HIV, and the steps to be taken by individual to reduce risk
 - b. If positive risk behaviors found for STD/HIV, client must receive risk reduction education
 - c. HIV infection and AIDS information: risks, infection, prevention, and referral services
 - d. List of health care providers who can provide services when a project does not offer
 - e. Contraceptive choice and potential adverse effects
 - f. Breast/testicular exam
 - g. Available services, purpose and sequence of clinical procedures if needed
 - h. Importance of recommended screening tests and other procedures

4. Counseling and education should be provided and include, although not limited to:
 - a. Basic female and male reproductive anatomy and physiology
 - b. Value of fertility regulation in maintaining individual and family health
 - c. Reproductive health; health promotion/disease prevention (including nutrition, exercise, smoking cessation, alcohol and drug abuse, domestic violence and sexual abuse)
 - d. HIV risk assessment, counseling and testing by specially trained staff

References:

- The Guidelines, 8.0, 8.1 and 8.2

PART F - ADOLESCENT SERVICES

1. Services to be provided to the adolescent family planning client:
 - a. Initial health history, physical exam, and appropriate follow-up as indicated in Section III C and D
 - i. Screening and preventive health services should occur between ages 13 and 15, ideally before initiation of sexual activity
 - ii. Baseline Pap Smear approximately three years after initial intercourse or by age 21, whichever occurs first
 - b. Informed at the initial contact of the confidentiality policy
 - i. Must assure that the counseling sessions are confidential and if follow-up is necessary, every attempt will be made to assure the privacy of the individual
 - ii. Agency will not notify parents/guardians before or after services requested or received
 - c. Counseling should be provided and include, although not be limited to:
 - i. Resisting sexual coercion
 - ii. Encourage family participation in family planning decision-making
 - d. Staff must have knowledge of the following:
 - i. Child abuse reporting requirements
 - ii. Required reporting laws for the State of Ohio
 - iii. Contact person(s) for reporting abuse cases
 - iv. County contact for Job and Family Services, police and sheriff's office

References:

- Ohio Domestic Violence Network www.odvn.org
- Center for Young Women's Health www.youngwomenshealth.org
- Minor Consent, Confidentiality, and Child Abuse Reporting In Title X Funded Family Planning Settings OHIO www.youthlaw.org

PART G - THYROID DISORDERS

1. The American Thyroid Association recommends measuring thyroid function in all adults beginning at age 35 years and every 5 years thereafter, noting that more frequent screening may be appropriate in high-risk or symptomatic individuals.
2. The American Association of Clinical Endocrinologists recommends TSH measurement in women of childbearing age before pregnancy or during the first trimester.
3. Reasonable to screen women greater than fifty years of age.
4. Preferred method is a sensitive TSH test.
5. If TSH result is undetectable or greater than 10 mU/L then a free thyroxine test should be done.

References:

- The American College of Obstetricians and Gynecologists Practice Bulletin. Number 37, August, 2002. Thyroid Disease in Pregnancy.
- The United States Preventive Services Task Force. Recommendation Statement. Screening for Thyroid Disease.
- The American Thyroid Association <http://thyroidguidelines.org>

PART H - BREAST CANCER SCREENING

1. Early detection of breast cancer is imperative to ensure the best outcome for the affected client
2. The American Cancer Society (ACS) recommends screening techniques, depending on the age, medical history, and family history of the client
3. The ACS breast cancer screening guidelines for mammography are outlined at <http://www.cancer.org>
4. The family planning client may present to the project to have a breast exam for reasons that include:
 - a. Routine complete physical examination
 - b. Breast pain which may be caused by:
 - i. Use of hormonal contraception
 - ii. Menstrual cycle
 - iii. Breastfeeding
 - iv. Cystic lumps
 - v. Breast cancer – although usually lesion are painless until advanced stages
 - vi. Fibrocystic disease
 - c. Breast mass which may be caused by:
 - i. Breast cancer
 - ii. Fibrocystic disease
 - iii. Infection
 - d. Nipple discharge which may be caused by:
 - i. Breastfeeding
 - ii. Breast mass (benign or malignant)
 - iii. Excessive breast stimulation
 - iv. Amenorrhea
 - v. History of drug use

5. If the presence of a pathological disorder cannot be ruled out by the appropriate physical exam or laboratory testing, a referral must be made

Reference:

- The ACS has provided patient education materials addressing breast cancer on their website at <http://www.cancer.org>

PART I - MENSTRUAL PROBLEMS

1. Dysfunctional Uterine Bleeding (DUB)
 - a. History of a menstrual pattern that is unusual in pattern, duration, frequency, and/or quantity
 - b. May include history of:
 - i. Teen with menarcheal age <12 years old
 - ii. Peri-menopause
 - iii. Obesity, hirsutism, ovarian cysts and/or infertility
 - iv. Menopausal or post menopausal women
 - v. Not taking any hormonal products or breastfeeding
 - vi. No history of thyroid problems
 - c. Plan
 - i. Keep a menstrual calendar for at least 3 months
 - ii. If bleeding is rather heavy and continuous, consider Ovril T.I.D. with meals for 5-7 days then Q.D. for 14 more days to stop the bleeding or use low dose COC (<50 mcg) or try Provera. Warn her that the withdrawal bleeding after finishing will be heavy because of shedding a very thick lining (equivalent to a medical D&C)
 - iii. Consider low dose OC's to regulate thereafter (teens may require up to 2 years of regular OC usage).
 - iv. Consider endometrial biopsy on any woman 20-40 who does not respond to hormonal treatment
 - v. If a woman >40 yrs. old, do endometrial biopsy
 - vi. Endometrial biopsy must be done on any postmenopausal woman not on hormonal replacement who experiences vaginal bleeding.
 - vii. Consider pelvic ultrasound
2. Dysmenorrhea
 - a. History of severe cramping at the time of menses with lower abdominal pain.
 - b. Plan
 - i. Eliminate other diagnoses such as pregnancy
 - ii. Consider symptom diary for one or more cycles
 - iii. Consider a trial of combined oral contraceptives
 - iv. Use Ibuprophen 400-600 mg q6-8hr prn or naproxen 250-500 mg B.I.D.-T.I.D. Try to begin before the onset of pain
 - v. Other helpful remedies: aerobic exercise, heat or cold, massage, and orgasm
3. Premenstrual syndrome (PMS)
 - a. Breast tenderness
 - b. Fluid retention (bloating, swelling, 2-5 lb. wt. gain)

- c. Fatigue, exhaustion
- d. Headache
- e. Food cravings (especially salt, sugar, chocolate)
- f. Occurs during the second half of the menstrual cycle, usually within a few days of menses
- g. Plan
 - i. Have patient keep a menstrual calendar and include symptoms
 - ii. Exercise, relaxation, avoidance of smoking, alcohol, caffeine, and salt
 - iii. Trial of combined oral contraceptives may be beneficial
 - iv. Trial of prostaglandin inhibitors
- 4. Premenstrual Dysphoric Disorder (PMDD)
 - a. depression
 - b. irritability
 - c. anxiety
 - d. nervousness
 - e. inability to concentrate
 - f. tension
- 5. Secondary Amenorrhea
 - a. No period for at least one month
 - b. Plan
 - i. Test for pregnancy
 - ii. Assess thyroid function and consider prolactin
 - iii. If recent discontinuation of progesterone only method, expectant management
 - iv. Otherwise consider provera
 - v. Withdrawal bleeding establishes the diagnosis of anovulation

PART J - ADNEXAL MASSES

- 1. General
 - a. May be an incidental finding on routine pelvic examination
 - b. Lower abdominal pain/tenderness, generally unilateral, dyspareunia or a sense of fullness in the lower abdomen
- 2. Differential Diagnosis
 - a. Ovary
 - i. Functional cyst, endometrioma
 - ii. Neoplasm: benign or malignant
 - iii. Metastatic disease
 - b. Uterus
 - i. Pregnancy
 - ii. Leiomyomata
 - c. Obstructed horn, mullerian anomaly
 - d. Fallopian Tube
 - i. Ectopic pregnancy
 - ii. Hydrosalpinx
 - iii. Tubo-ovarian abscess
 - e. Cancer
 - f. Bowel
 - i. Feces

- ii. Diverticulosis
 - iii. Appendicitis
 - iv. Inflammatory bowel disease
 - v. Cancer
 - g. Genito-urinary tract
 - i. Distended bladder
 - ii. Pelvic kidney
 - iii. Urachal cyst
 - h. Miscellaneous
 - i. Hematoma
 - ii. Retroperitoneal neoplasm
 - iii. Lymphoma
- 3. Plan
 - a. Expectant Management
 - i. Population
 - 1) Women is <30 years old
 - 2) Has a cyst <4 cm in diameter
 - 3) Has no evidence of P.I.D., endometriosis, or ectopic pregnancy
 - ii. Have patient return after one to two menstrual cycles or (2-6 weeks) for reevaluation of enlargement which is most likely due to functional cyst formation.
 - iii. If no contraindications, 2-3 cycles of COCs may be tried to help reduce cyst formation.
 - iv. If she is pregnant and the exam is otherwise normal, re-examine her in a few weeks (functional cysts during pregnancy are common, but must be sure there is no ectopic pregnancy). If in doubt, refer to physician.
 - b. Physician Referral/Pelvic Ultrasound
 - i. Woman is >30 years old, pre-pubertal, peri-menopausal or post-menopausal
 - ii. Has a cyst >4 cm in diameter, and /or enlarging
 - iii. Has bilateral involvement
 - iv. Has persistent ovarian enlargement (more than 2 menstrual cycles).

PART K - URINARY TRACT INFECTIONS

- 1. Clinical signs
 - a. Urgency, frequency, dysuria, hematuria
 - b. Assess for pyelonephritis: costo-vertebral angle tenderness and/or fever
- 2. Laboratory
 - a. Positive urinary nitrites and leukocytes (clean catch)
 - b. Include urine culture with antibiotic sensitivities
- 3. Plan
 - a. Assure that client has no allergies to the proposed medication
 - b. Stress the manner and importance of taking all the medicine
 - c. Treatment options, pending urine culture with sensitivities
 - d. Increase amount of fluids (water) consumed
 - e. Void frequently, especially before and/or after sex
 - f. Proper wiping (front to back)
 - g. Return for re-evaluation if not improving or symptoms recur

PART L – IMMUNIZATIONS

1. General
 - a. Vaccines for Children (VFC) Program
 - i. Federally funded
 - ii. Mandate of supplying free vaccines to eligible providers (public and private)
 - iii. Population
 - 1) Females ages 13 to 18 years in family planning clinics
 - 2) Enrolled in Medicaid (including Medicaid HMO's) or is eligible
 - 3) Has no health insurance
 - 4) Is American Indian or Alaska Native
 - b. Current Vaccine Information Statements (VIS) should be given to all recipients of CDC recommended vaccines prior to vaccine administration to be read carefully and completely.
 - i. www.cdc.gov/vaccines/pubs/vis/default.htm
 - ii. www.immunize.org/vis
 - c. The Ohio Department of Health does not provide any guidance about vaccine administration in the absence of parental consent.
 - i. Each individual clinic must seek their own legal advice on this topic
2. Tdap (Diphtheria, Tetanus, Pertussis)
 - a. Dosing
 - i. One time dose
 - ii. Booster given to adolescents age 11-12 if 5 years has elapsed since last DTaP/DPT
 - b. Booster every 10 years with Td.
 - i. Adolescents who have already received a booster dose of Td are encouraged to get a dose of Tdap for protection against pertussis.
 - c. Contraindications
 - i. Life-threatening allergic reaction after dose of any component of vaccine
 - ii. Encephalopathy developed after previous DTaP
 - iii. Guillian-Barre syndrome
 - iv. Severe allergy to latex
 - v. Coma or seizure within 7 days of receiving DPT or DTaP
 - vi. **NOT** contraindicated in pregnancy
4. MCV4 - Meningococcal
 - a. One time dose to adolescents age 11-18
 - b. May give at the same time as other vaccines
 - c. Population
 - i. Routine for pre-adolescents 11-12 years of age
 - ii. Those traveling to endemic areas world-wide
 - iii. Asplenia or splenic dysfunction
 - iv. Terminal Complement component deficiency (immune system disorder)
 - v. Young men and women entering the military
 - vi. All college freshmen living in dorms

- vii. For pregnant women only if clear indication and benefit outweighs any potential risk(s)
- d. Contraindications
 - i. History of Guillain-Barre syndrome (GBS)—patient should consult with primary care provider
 - ii. Severe allergy to any vaccine component or severe reaction to any previous dose of any meningococcal vaccine
 - iii. Moderate or severe illness at time of vaccination
- 5. HPV (Human Papillomavirus)
 - a. Dosing
 - i. Three dose series
 - ii. Dose #2 should be given 2 months after Dose #1
 - iii. Dose #3 should be given 6 months after Dose #1 (4 months after Dose #2)
 - b. Population
 - i. Girls from age 9-26 years; ideally at ages 11 & 12 prior to initiation of sexual activity
 - c. Contraindications
 - i. Pregnancy
 - ii. Yeast allergy
 - iii. Prior allergic reaction to any component of HPV vaccine or previous dose
- 6. HBV (Hepatitis B)
 - a. The three dose series can be started at any age.
 - i. Minimum spacing between doses: 4 weeks between #1 and #2. 8 weeks between #2 and #3 and at least 16 weeks between #1 and #3.
 - b. Population
 - i. Hepatitis B vaccinations may be given during pregnancy
 - ii. Sex partners of infected persons
 - iii. History of illicit drug injections
 - iv. Chronic liver or kidney disease
 - v. Occupations at risk of blood-borne exposure
 - vi. Household contacts of infected persons
 - vii. Kidney dialysis patients
 - viii. History of HIV infection
 - ix. History of travel to endemic areas
 - c. Contraindications
 - i. Allergy to baker's yeast
 - ii. History of an allergic reaction to a previous dose of Hep B
 - iii. Anyone who is moderately or severely ill should wait until they recover before getting the vaccine.
- 7. Vaccines for Children's' Requirements
 - a. Designation of primary vaccine coordinator and at least one back-up staff
 - b. Proper vaccine storage and handling
 - i. Temperature log
 - c. Vaccine shipping (includes receiving and transport)

- d. Emergency plan
 - i. Vaccine relocation in the event of a power failure, mechanical difficulty or other emergency situation
 - ii. Review and update, if necessary annually or with staff change
- e. Vaccine ordering
- f. Inventory control (stock rotation)
- g. Vaccine wastage

References:

- The American College of Obstetricians and Gynecologists. Meningococcal vaccination for adolescents. Committee Opinion Number 314. September, 2005.
- Centers for Disease Control and Prevention (www.cdc.gov) and (www.cdc.gov/vaccines/pubs/vis/default.htm)
- Immunization Action Coalition (www.immunize.org/vis)

Section VIII

Vaginal Infections and Sexually Transmitted Infections (STIs)

PART A - General

1. Risk Assessment—Sexually Transmitted Infections
 - a. Multiple sexual partners
 - b. New sexual partner since last examination
 - c. Prior history of sexually transmitted infections
 - d. Immuno-compromised patients
 - e. Prior to intra-uterine device (IUD) placement
 - f. Signs or symptoms in patient or partner
2. Counsel as to prevention strategies
 - a. Barrier methods—condoms
 - b. Limitation of partners
 - c. Prompt re-examination and treatment if symptoms in self or partner
3. Treatment as per CDC guidelines – See reference

PART B - Chlamydia/N. Gonorrhea/Pelvic Inflammatory Disease

1. Screen for Chlamydia and gonorrhea at annual visit and under circumstances as in Part A
 - a. Treatment as per CDC guidelines. Treat for pelvic inflammatory disease as per CDC guidelines and consider hospitalization if the following:
 - b. Fever > 101 degrees Fahrenheit
 - c. Tenderness on pelvic examination—cervical motion tenderness
 - d. Elevated white blood cell count

PART C - Non-Gonococcal Urethritis (NGU)

1. Screen for Chlamydia trachomatis in symptomatic men and/or those whose partners are symptomatic and/or tested positive
2. Treatment as per CDC guidelines

PART D - Herpes

1. Symptoms
 - a. Pruritic/burning sensation
 - b. Ulcer-like lesions in client or partner
 - c. Dysuria
2. Diagnosis
 - a. Viral culture or DNA-PCR of lesion
3. Plan
 - a. Treatment as per CDC guidelines
 - b. Screen for other STIs

PART E - Syphilis

1. Timing of screening test
 - a. Prenatal battery
 - b. Only patients with the following risk factors, unless endemic area
 - i. Painless ulcer or condyloma lata noted on genitalia of a woman or her partner
 - ii. Disseminated rash that includes palms and soles
 - iii. Mucous patches in mouth
 - iv. Alopecia
 - v. Crack/Cocaine use
 - vi. Prostitution
 - vii. Recently delivered an infant with congenital syphilis
2. Diagnosis
 - a. Positive darkfield examination of a specimen from a chancre or condyloma lata (only reliable if lesion is relatively new).
 - b. Positive RPR/VDRL (positive 6 or more weeks after infection).
 - c. If previously infected and carrying a low level titre, present titre should rise at least fourfold. Positive FTA antibody.
 - d. FTA useful only for 1st infection, even after treatment test will be positive.
3. Plan
 - a. HIV testing strongly recommended
 - i. Therapy is altered with a positive result
 - b. Treat as per CDC guidelines

PART F - HUMAN IMMUNODEFICIENCY VIRUS (HIV)

HIV/AIDS education, counseling and testing either on-site or by referral should be provided in all family planning service projects. Education regarding the prevention of HIV/AIDS should incorporate the "ABC" message. For adolescents and unmarried individuals, the message should include the "A" for abstinence; for married individuals or those in committed relationships, the message is "B" for be faithful; and, for individuals who are at risk for HIV, the message should include "A", "B" and "C" for correct and consistent condom use.

1. General
 - a. HIV/AIDS education, counseling and testing either on-site or by referral should be provided in all family planning service projects.
 - b. Education regarding the prevention of HIV/AIDS should incorporate the "ABC" message.
 - i. For adolescents and unmarried individuals, the message should include "A" for abstinence
 - ii. For married individuals or those in committed relationships, the message is "B" for be faithful
 - iii. For individuals who are at risk for HIV, the message should include "A", "B" and "C" for correct and consistent condom use.
2. Screening
 - a. All patients should be offered screening. Patients may elect to opt out.
 - i. ACOG recommends:
 - 1) Routine HIV screening for women aged 19-64 years

- 2) Targeted screening for women with risk factors outside of that age range, for example, sexually active adolescents younger than 19 years
- b. Special populations
 - i. Although CDC and ACOG both recommend that reproductive-aged women be tested at least once in their lifetime, there is no consensus regarding how often women should be retested. ACOG recommends that OB-GYN annually review patients' risk factors for HIV and assess the need for retesting. Repeat HIV testing should be offered at least annually to women who:
 - 1) Are injection drug users
 - 2) Have sex partners who are injection drug users or are infected with HIV
 - 3) Exchange sex for drugs or money
 - 4) Have received a diagnosis of another sexually transmitted disease in the past year
 - 5) Have had more than one sex partner since their most recent HIV test

PART G - HUMAN PAPILLOMA VIRUS (HPV)

1. Diagnosis
 - a. Clinical examination
 - b. PAP smear suggestive of HPV infection, or may be normal
 - c. RPR/VDRL negative (to exclude Condyloma lata)
 - d. Viral type may or may not be helpful, consider the cost of the test.
2. Plan
 - a. See PAP smear Protocol for the management of HPV related changes (Appendix M).
 - b. Lesions may or may not be treated. They often will resolve on their own.
 - c. Treatment:
 - i. Provider Administered treatment:
 - ii. Weekly application of 10-25% Podophyllin
 - iii. Trichloroacetic Acid (TCA) and Bichloracetic Acid (BCA) 80-90% weekly application
 - iv. Surgical removal
 - v. Patient applied treatment:
 - a) Podofilox 0.5% solution or gel. Apply as directed BID for 3 days, followed by 4 days of no therapy.
 - b) Condylox or Aldara. Apply once daily at bedtime 3 times a week up to 16 weeks.
 - d. Suggest testing for other STIs such as Gonorrhea, Chlamydia, Syphilis, HIV, HSV, and Hepatitis B & C.
 3. Physician Referral
 - a. Internal or anal warts
 - b. Unresponsive to local treatment; may need laser therapy, surgical excision, or cryotherapy.

PART H - HEPATITIS B (HBV)

1. Screening
 - a. Intravenous drug users and their sexual contacts
 - b. Recipients of clotting factor concentrates

- c. Occupational exposure to blood and blood products
 - d. Patients and workers in dialysis units
 - e. Chronic renal or hepatic disease
 - f. Household or sexual contact of Hepatitis B positive individual
 - g. History of sexual activity with multiple partners, homosexual or bisexual men
 - h. International travelers
 - i. Residents and staff –correctional facilities and institutions for the developmentally disabled
2. Diagnosis
 - a. Hepatitis B Surface Antigen--positive
 3. Plan
 - a. If HBsAg negative:
 - i. Offer vaccination
 - ii. Pregnancy is not a contraindication to HBV vaccination
 - b. If Anti-HBsAg:
 - i. Physician referral
 - ii. Check hepatitis/liver profile and CBC
 - iii. Recommend testing and vaccination, if negative, to partner

PART I - HEPATITIS C (HCV)

1. Screening
 - a. History of injecting illegal drugs
 - b. Recipients of clotting factor concentrates before 1987
 - c. Recipient of blood, blood component, or organ transfusion/transplant prior to July, 1992
 - d. Recipient of blood from a donor later testing positive for Hepatitis C
 - e. Chronic hemodialysis
 - f. Persistently elevated alanine aminotransferase levels
 - g. Occupational percutaneous or mucosal exposure to HCV-positive blood
 - h. HIV-positive patients
2. Diagnosis
 - a. Identification of anti-C antibody
 - i. Initial screen is by an enzyme immunoassay
 - ii. Confirmatory test is a recombinant immunoblot assay against four specific viral antigens
 - b. Does not distinguish between acute and chronic infections
3. Plan
 - a. Physician referral

PART J - BACTERIAL VAGINOSIS (BV)

1. Signs/Symptoms
 - a. Slight grayish or white frothy discharge
 - b. Fish like odor, noticed especially after intercourse or at menses
2. Diagnosis
 - a. pH of vaginal discharge >4.5
 - b. "Clue" Cells in >20% of vaginal epithelial cells on wet mount
3. Plan

- a. Treatment as per CDC guidelines
- b. May treat during pregnancy
- c. Treat before IUD insertion, colposcopy, or pelvic surgery
- d. Generally, the partner does not require treatment.

PART K - TRICHOMONAS VAGINITIS

1. Signs/symptoms
 - a. Copious, burning, frothy, foul smelling discharge
 - b. May complain of dysuria or irritation and vaginal or perineal itching
 - c. If chronic, may be asymptomatic
 - d. Dyspareunia
2. Diagnosis
 - a. Spotted areas on vulva, vagina or cervix (Red papules or strawberry appearance)
 - b. Greenish-yellow to reddish brown malodorous discharge
 - c. Severe cervical friability/intense erythema of vaginal mucosa
 - d. Vaginal pH >4.5
 - e. Weak positive "whiff"
 - f. Motile Trichomonads present on wet mount (60% of the time)
3. Plan
 - a. Treatment as per CDC guidelines

PART L - YEAST VAGINITIS (CANDIDIASIS)

1. Signs/symptoms
 - a. Itching or soreness in vaginal area
 - b. Thick white cheesy discharge
2. Diagnosis
 - a. pH of vaginal discharge <5.0
 - b. Budding yeast, hyphae on wet mount and/or KOH prep
3. Plan
 - a. No need to treat if asymptomatic
 - b. Use Terazol or Monistat vaginal cream, one applicator full at bedtime for 7 days (may use 3 day therapy).
 - c. Remember to consider problems of compliance, Diabetes, or HIV infection in resistant/recurrent infections

Reference:

- The Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2006 (www.cdc.gov/std/treatment/)
- Morbidity and Mortality Weekly. Sexually Transmitted Diseases Treatment Guidelines, 2006 Report (<http://www.cdc.gov/std/treatment/2006/rr5511.pdf>)
- Appendix P: Sexual Risk Assessment

Basic Guidelines for Family Planning Health Care Services

X = Required O = If Indicated

	First Complete Visit	Every 12 Months All Methods	Oral Contraceptives / NuvaRing /OrthaEvra	Depo Provera	IUD	Diaphragm
			3 months after initial Rx	Injection every 12 weeks	Within 3 months of insertion	Preferably within 1 month of fitting
History						
General	X	Update				
Method Specific	X	X	X	X	X	X
Physical Exam						
General	X	X				
Method Specific	X	X			X	Check Fit
Weight (BMI)	X	X	X	X		
Height	X	X				
Blood Pressure	X	X	X	X		
Laboratory						
Hct and/or Hgb	O	O			O	
Urinalysis	O	O				
Pap Smear ⁵	X	O				
GC Culture ¹	O	O				
Chlamydia ¹	O	O				
VDRL Serology ²	O					
Rubella Titer ²	O	O	O		O	O
Pregnancy Test ²	O	O				
HIV ⁴	O	O				
Hepatitis B ²	O	O				
Hepatitis C ²	O	O				
Mammography ³		O				
Colo-rectal Screening ³						
Health Education	X	X	O	O	O	O
Social Work Assessment	X	X	O	O	O	O
Nutrition Assessment	X	X	O	O	O	O

- ¹ Gonorrhea and Chlamydia Screening must be provided for all clients 25 years of age or less annually and if required in the provision of a contraceptive method.
- ² Only if indicated by history or physical exam (see standards)
- ³ See specific screenings in clinical standards
- ⁴ Must screen and offer testing to patient
- ⁵ Age 21 or 3 years after first intercourse

Source: The Ohio Department of Health, Bureau of Child and Family Health Services

Family Planning Health History and Physical

	Health History	Physical	Laboratory	Psychosocial
Annual/Initial	Demographic/Financial Information Family History, including genetic Client History Medical Sexual Genetic Body Systems Review Significant illnesses Surgical/hospitalization Nutrition Psychosocial Hx Systems review Gynecological/Reproductive Hx Partner Hx Immunizations Medications	Ht/Wt/BMI Vital Signs Thyroid, heart, lungs, extremities, breast, abdomen, pelvic/bimanual, rectal as appropriate	Pap smear as appropriate Anemia assessment, as needed Urinalysis, as needed Pregnancy testing, as needed Vaginal wet mount, as needed Blood glucose test, as needed Cholesterol/lipid screen as needed STD/HIV screening for high risk patients Colo-rectal cancer screening for clients over 50 Mammogram or referral for patients as appropriate	Blood transfusions/blood product exposure Alcohol, drug, tobacco use Sexual activity/Risk behavior Health care access Stress level Depression screen
Problem-Focused	Problem-focused	Vital signs Problem-focused	Problem-focused	Reinforce healthy lifestyles Above as clinically indicated

Source: The Ohio Department of Health, Bureau of Child and Family Health Service

Appendix C

CONFIDENTIAL CLIENT CONTACT

SAMPLE

Occasionally persons receiving care will not want to be contacted with important information because of confidentiality reasons. S/he may then sign the following “Annie Policy” statement or the agency’s code name for contacting confidential clients:

ANNIE POLICY

- 1) I have been informed by _____ of the “Annie Policy” and, because I wish my presence at this clinic to remain confidential, I request to be a “no contact” client.
- 2) I understand that as a “no contact” client, if I need to be reached by the clinic, the clinic will either call or send me a letter requesting me to call Annie and I agree to contact the clinic immediately if I receive an “Annie” message.
- 3) I understand that certain positive test results of sexually transmitted diseases are required by law to be reported to local health departments. I also understand that other tests performed today may require follow-up in order to protect my health, such as abnormal pap tests, and I must respond to calls and contact the clinic to arrange all treatment as recommended.
- 4) I understand that Ohio law (ORC 2151.421) requires health providers to report the knowledge or suspicion of abuse or neglect of persons less than 18 years.
- 5) I will not hold the clinic responsible for any break in confidentiality or in harm to my health in the event I do not contact the clinic when requested.

Client Signature

Date of Birth

Signature

Date

Witness

SAMPLE SAFETY-PLANNING GUIDE FOR THE PATIENT

We are concerned about your safety and strongly encourage you to talk to an advocate who can help you devise a safety plan. In the meantime, here are some steps you can take to prepare for emergencies and reduce your risk of injury.

1. Prepare an emergency kit containing items you will need if you have to leave suddenly. You may wish to include:

---Identification for you and your children

---Money, credit cards, checkbook, and bankbook

---Green card, custody papers, restraining orders, car registration, health insurance card, and any other important papers

---Keys, medications, address book, and a change of clothes. It may be helpful to keep a packed bag at a friend's house

2. Let neighbors know you want them to call 911 when they hear an argument. Set a code phrase you can use with a friend to signal that you are asking for help.

3. Teach your children what to do if you and your partner are fighting. You should tell your children to stay out of the argument and arrange for them to have a safe, nearby place where they can go in an emergency.

4. Plan for a place where you can stay if you must leave home.

5. Design and practice escape routes from the house with your children in case of an emergency.

6. Make sure weapons are not easily accessible. Knives should be removed from the kitchen counter and guns should be kept in a locked box separate from ammunition.

7. During an argument, you should stay in an area where you can quickly exit. Stay away from the kitchen (where there are knives) and the bathroom (where you can hit your head easily).

Additional steps if separating from a potentially violent partner:

1. Put a safety plan in place before discussing your desire to separate. Discuss your plan with your children.

2. Change the locks on your doors and install locks on windows.

3. Get the police and court system involved. If possible, obtain a protective order (e.g. restraining order). Keep a copy with you at all times, and give a copy to someone that you trust. Call the police immediately if your partner violates the protective order.

Appendix D

4. Inform others—your neighbors, especially—that you have a restraining order in effect and encourage them to call the police for you if your partner violates it. Provide a picture of your partner if necessary.
5. Make sure that your children’s caregivers know who has permission to pick them up.

Reference:

- Nicolaidis C. Intimate Partner Violence: A Practical Guide for Primary Care Clinicians. *Women’s Health*. 2004; 4:269-280.
- Ohio Domestic Violence (www.odvn.org)

Appendix E

SHORT MICHIGAN ALCOHOLISM SCREENING TEST (SMAST)

Please circle the appropriate answer.

- | | | |
|---|-----|----|
| 1. Do you feel you are a normal drinker? | Yes | No |
| 2. Do your spouse or parents worry or complain about your drinking? | Yes | No |
| 3. Do you ever feel bad about your drinking? | Yes | No |
| 4. Do friends or relatives think you are a normal drinker? | Yes | No |
| 5. Are you always able to stop drinking when you want to? | Yes | No |
| 6. Have you ever attended a meeting of Alcoholics Anonymous? | Yes | No |
| 7. Has drinking ever created problems between you and your spouse? | Yes | No |
| 8. Have you ever gotten into trouble at work because of drinking? | Yes | No |
| 9. Have you ever neglected your obligations, your family, or your work for 2 or more days in a row because you were drinking? | Yes | No |
| 10. Have you ever gone to anyone for help about your drinking? | Yes | No |
| 11. Have you ever been in the hospital because of drinking? | Yes | No |
| 12. Have you ever been arrested even for a few hours because of drinking? | Yes | No |
| 13. Have you ever been arrested for drunk driving or driving after drinking? | Yes | No |

A "No" answer to question 1,4, and 5, and each "Yes" response to the other questions earn one point. Two points indicate a possible problem. Three points indicate a probable problem.

Appendix F

MICHIGAN ALCOHOLISM SCREENING TEST (MAST)

Please circle the appropriate answer.

- | | | |
|--|-----|----|
| 1. Do you feel you are a normal drinker? | Yes | No |
| 2. Have you ever awakened the morning after and found you could not remember part of the evening before? | Yes | No |
| 3. Does your spouse or your parents ever worry or complain about your drinking? | Yes | No |
| 4. Do you ever feel bad about your drinking? | Yes | No |
| 5. Do your friends or relatives think that you are a normal drinker? | Yes | No |
| 6. Can you stop drinking after 1 to 2 drinks? | Yes | No |
| 7. Are you always able to stop drinking when you want to? | Yes | No |
| 8. Have you ever attended a meeting of Alcoholics Anonymous? | Yes | No |
| 9. Have you gotten into fights while drinking? | Yes | No |
| 10. Has drinking ever created problems with you and your spouse? | Yes | No |
| 11. Has your spouse or other family member ever gone to anyone for help about your drinking? | Yes | No |
| 12. Have you ever lost friends or girlfriends/boyfriends because of your drinking? | Yes | No |
| 13. Have you ever gotten into trouble at work because of drinking? | Yes | No |
| 14. Have you ever lost a job because of drinking? | Yes | No |
| 15. Have you neglected your obligations, your family or your work for 2 or more days in a row because of drinking? | Yes | No |
| 16. Do you ever drink before noon? | Yes | No |
| 17. Have you ever been told you have liver trouble or cirrhosis? | Yes | No |
| 18. Have you ever had Delirium Tremens (DT's), severe shakes, heard voices, or seen things that weren't there after heavy drinking? | Yes | No |
| 19. Have you ever gone to anyone for help about your drinking? | Yes | No |
| 20. Have you ever been in a hospital because of your drinking? | Yes | No |
| 21. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem? | Yes | No |
| 22. Have you ever been seen at a psychiatric or mental health clinic or gone to a doctor, social worker, or clergy for help with an emotional problem in which drinking had played a part? | Yes | No |

0-3 points Normal range, low risk.

4-9 points At risk for problem drinking. Contact your doctor.

> 10 points Possible alcoholism. Contact your doctor.

Appendix G

CRAFFT SCREENING INSTRUMENT FOR ADOLESCENTS

Have you ever ridden in a **C**ar driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

Do you ever use alcohol or drugs to **R**elax, feel better about yourself, or fit in?

Do you ever use alcohol or drugs while you are by yourself, **A**lone?

Do you ever **F**orget things you did while using alcohol or drugs?

Do you **F**amily or **F**riends ever tell you that you should cut down on your drinking or drug use?

Have you ever gotten into **T**rouble while you were using alcohol or drugs?

Clinical research indicates that health professionals can use the CRAFFT screening instrument to diagnose alcohol use disorders among adolescents. Its brevity and the inclusion of other drugs provide a considerable advantage over several other clinically proven screening instruments.

Two "yes" answers indicate a need for further assessment; four "yes" answers are indicative of dependence.

Resource:

- Knight JR, Sherritt L, et al. 2002. Validity of the CRAFFT Substance Abuse Screening Test Among Adolescent Clinic Patients. *Archives of Pediatrics and Adolescent Medicine*. 156: 607-614(<http://www.ceasar-boston.org/CRAFFT/index.php>)

**Identification of At-Risk Drinking and
Intervention with Women of
Childbearing Age**

A Guide for Primary-Care Providers

National Institute on Alcohol Abuse and Alcoholism
and
Office of Research on Minority Health

National Institutes of Health

Appendix H

Health Screening Survey

This survey is designed for women who are NOT pregnant

Name: _____ Date: _____

We would appreciate if you would answer the following questions. This information will be kept confidential and will be used by your health care team to improve your health.

1. In the past 3 months, have you smoked cigarettes? Yes No
2. Do you use a seatbelt every time you ride in a motor vehicle? Yes No
3. Do you exercise three or more times per week? Yes No
4. In the past 3 months, about how many days a week did you have two or more standard drinks (a standard drink is one 12 oz. bottle or can of beer or wine cooler, a 1.5 oz. shot of hard liquor, or one 5 oz. glass of wine)?
 1 day or less per week I never drink more than one drink per day
 2-3 days per week I've had no alcohol in the past 3 months
 4 or more days per week
5. In the past 3 months, about how many days a week did you have four or more standard drinks?
 1 day or less per week I never drink more than 3 drinks per occasion
 2-3 days per week I've had no alcohol in the past 3 months
 4 or more days per week
6. How many drinks does it take to make you feel high?
____ number of drinks I never drink I'm not sure
7. Have any family members, friends, or health care providers been concerned about how much you drank in the last year?
 Yes No

Please return this survey to your health care provider. Thank you.

Appendix H

SCORING FOR HEALTH SCREENING SURVEY

(For Women Who Are NOT Pregnant)

The form is to be completed by the patient's nurse or other health care provider.

Name of Patient: _____ **Date:** _____

The questions (#1-3) about smoking, seatbelt safety, and exercise are opportunities for advice on these health issues.

Alcohol Questions-Please check the appropriate boxes, based on the patient's responses to the Health Screening Survey alcohol questions (#4-7).

- (a) Yes No Patient admits to drinking almost every day (4 or more days/week)
(See question 4)
- (b) Yes No Patient admits to drinking four or more drinks per occasion at any time
(See question 5)
- (c) Yes No Patient reports that it takes more than two drinks to get high
(See question 6)
- (d) Yes No Patient reports that family members or friends have expressed concern about her alcohol use (See question 7)

Summary-Please check the appropriate box.

- The patient meets one or more of the four criteria for at-risk drinking
- The patient does not meet any of the four criteria for at-risk drinking

If the patient scores one or more on the criteria for at-risk drinking, please ask the following questions:

Appendix H

ASSESS

1. Have you ever felt the need to cut down or control your drinking?
 Yes No
2. Have you ever lost a job because of your drinking?
 Yes No
3. Has your drinking affected your family, especially your children?
 Yes No
4. Have you ever been stopped by the police when you were drinking?
 Yes No
5. Have you been injured when you were drinking?
 Yes No
6. Do you become very nervous or shaky if you stop drinking for more than a day?
 Yes No
7. Do you need to have a drink in the morning to start your day?
 Yes No
8. Do you have any medical problems that could be related to alcohol use, such as depression, suicide ideation, anxiety, panic attacks, sleeping problems, headaches, and chronic fatigue? More serious medical problems may include liver dysfunction, repeated trauma, blood pressure elevation, and pancreatitis.
 Yes No
9. Do you have evidence of alcohol problems on physical exam, such as high blood pressure, cardiac arrhythmia, enlarged liver, alcohol on breath?
 Yes No

Appendix H

Summary:

- Patient is an at-risk drinker** (negative response to the 9 assessment questions above and is only positive on the Health Screening Survey)
- Patient is a problem drinker** (1 or 2 positive responses to the assessment questions above, plus positive on the Health Screening Survey)
- Patient may be alcohol-dependent** (3 or more positive responses to the assessment questions above plus positive on the Health Screening Survey)

*Patients who are at-risk or problem drinkers should receive brief intervention.
Patients who may be alcohol-dependent should receive brief intervention and be referred to specialized treatment.*

Appendix H

ALCOHOL TREATMENT RESOURCES FOR WOMEN

(Clinic staff to complete and place at nurses' stations and in each exam room)

1. Alcohol specialist who has expertise working with women:

Name _____ Name _____
Phone _____ Phone _____

2. Physician with expertise in alcohol disorders:

Name _____ Name _____
Phone _____ Phone _____

3. Community phone numbers (AA, Women for Sobriety, Smart Recovery, and other programs):

4. Community-supported substance abuse services for women:

Name _____
Phone _____ Hours _____
Contact Person _____

Type of facility (circle): Residential/outpatient/evening/adolescent/adult

Payment accepted: insurance/sliding scale/indigent care

Daycare available: Yes No

5. Other treatment program:

Name _____
Phone _____ Hours _____
Contact Person _____

Type of facility (circle): Residential/outpatient/evening/adolescent/adult

Payment accepted: Insurance/sliding scale/indigent care

Daycare available: Yes No Special programs for women: Yes No

Appendix I

Techniques for Determining Height and Weight

Chapter 200

Effective 5/01/2003

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Section 263

PPL 161

Each of the following could be a source of error when measuring and plotting recumbent length:

- The head is in an incorrect position.
- The legs are bent or the body is arched.
- Both feet are not flat against the board.
- The infant is wearing hair clips or braids.
- The infant or child is on a padded surface.
- The infant is wearing shoes.
- A plotting aid is not used to plot the graph.

263.2 Child and Adult Stature

All children over 36 months of age must be measured in the standing position. Heights for all women must also be taken in this manner. If a woman is taller than the WIC staff member obtaining the measurement, then the staff member should use a footstool to read the height measurement at eye level.

The following equipment is necessary to obtain and document child and adult heights for paper growth charts or weight grids. The equipment needed for computer plotted growth charts and weight gain grids is marked with an asterisk (*).

- A nonstretchable measuring tape or stick adhered to a flat vertical surface such as a wall, partition or door (See Figure 263.2A)*
- A right angle block or movable headboard*
- A NCHS/CDC Growth Chart, boys or girls 2-5 years for children or a prenatal weight gain record for women
- A plotting aid, such as a ruler, right angle or Accuplot card

The following procedures must be used to obtain accurate measurements:

Source; Adapted from the Ohio WIC Policy and Procedure Manual, Chapter 200, Section 263.2-263.3 and 264.2 – 264.5; techniques for determining height and weight.

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- Remove shoes.
- The child or woman should stand with their back to the measuring device on the wall, knees together and line of vision perpendicular to the wall. Upper back, buttocks and heels should touch the wall as much as possible (See Figure 263.2B).
- A block flush at a right angle to the wall or a movable headboard should be brought to the top of the head (See Figure 263.2C). Do not use the sliding measuring rod on the scale.
- The child or woman should step away and the stature read to the nearest 1/4 inch.
- It is recommended that the measurement be repeated to validate its accuracy. Repeat a third time if the measurements differ by more than 1/4 inch.
- Record and plot the measurement as appropriate.

Each of the following could be a source of error when measuring and plotting child or adult heights:

- head not properly positioned,
- knees bent or feet raised from the floor,
- right angle not firmly placed on the participants head,
- woman or child wearing hair clips or braids,
- measuring while standing on a padded surface (i.e., carpet),
- inaccurate attachment of measuring device to the wall,
- woman or child wearing shoes, or
- plotting aid not used to plot the graph.

Source; Adapted from the Ohio WIC Policy and Procedure Manual, Chapter 200, Section 263.2-263.3 and 264.2 – 264.5; techniques for determining height and weight.

Techniques for determining height and weight

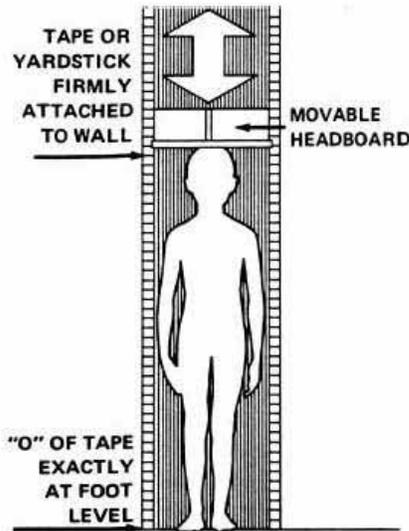


Figure 263.2A - Appropriate Measuring Device

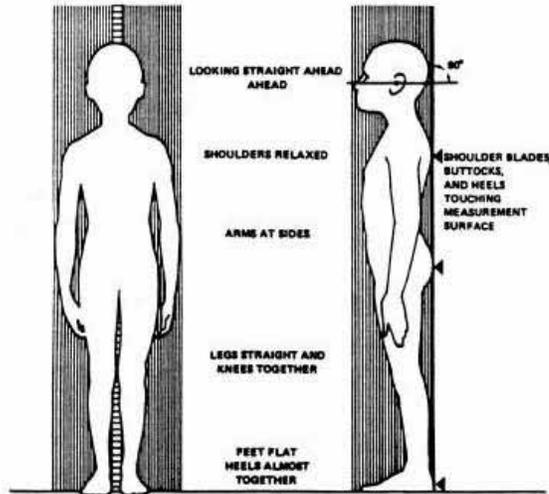


Figure 263.2B - Stature Measurements Techniques for Child and Adult

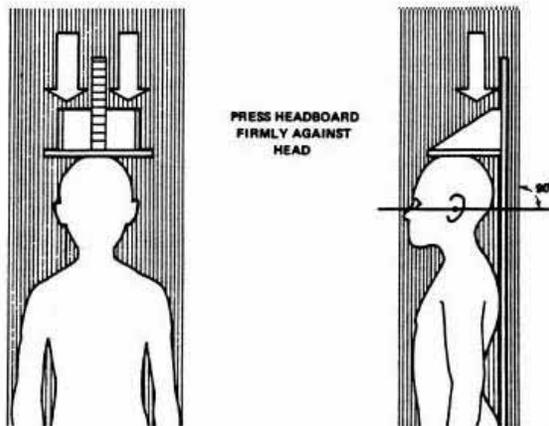


Figure 263.2C - Using a Right Angle

Source; Adapted from the Ohio WIC Policy and Procedure Manual, Chapter 200, Section 263.2-263.3 and 264.2 – 264.5; techniques for determining height and weight.

Techniques for determining height and weight

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263.3 Measurement of Height/Length for a Participant with a Missing Limb, Disability, Cast or Splint

If the individual's missing limb, disability, cast or splint prevents measurement of height/length, document this on the growth grid, prenatal grid, or health history form in the "Notes" section.

Alternate techniques of obtaining height/length, such as segmental measurement, are highly unreliable. These measurements may suggest loss of height/length, especially if the disabled individual's limbs or trunk have contracted more since the last measurement. In these cases, the health professional must rely on professional judgment to assess the individual's weight gain progress and to monitor growth.

If an accurate height/length measurement cannot be obtained, the individual must not be certified for short for age, underweight or overweight for height, unless the condition can be documented by the individual's primary health care provider.

263.4 Measurement of Height/Length for a Participant with One Leg Shorter than the Other

If a child is less than three years of age and one leg is shorter than the other, the child should be measured lying down. Both legs should be fully extended. Record the measurement of the longer leg and plot this on the Birth to 36 Months growth chart. Document the procedure used on the growth grid or the Health History form in the "Notes" section.

263.5 Measurement of Length for a Child Who Is Unable to Stand

Children over two years old who cannot stand without support should be measured lying down. If the child is longer than the recumbent board, then use a nonstretchable measuring tape attached to a table, desk-top, or floor in place of the recumbent board. Use the Birth to 36 Months growth chart for children two to three years old. For children older than three, use the 2 to 5 years growth chart. Care should be taken when interpreting the 2 to 5 years growth chart of a child measured lying down. The child's length will plot taller on the growth chart because of the recumbent measurement. The percentile obtained in this manner can only be used to assess the child's growth over time. Interpretation should be limited to assessment of the child's own growth curve and should not be evaluated in relationship to the reference population. Because of these limitations, a child measured in this way must not be certified for short for age or underweight for height, unless the condition can be documented by the individual's primary health care provider. Document the procedure used on the growth grid or the Health History form in the "Notes" section.

Source; Adapted from the Ohio WIC Policy and Procedure Manual, Chapter 200, Section 263.2-263.3 and 264.2 – 264.5; techniques for determining height and weight.

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264.2 Child and Adult Weight

Children can be weighed on the adult scales when they are 2 years of age. If the child is weighed by this method, be certain to use the growth charts for boys or girls 2-5 years of age. All women are weighed by this method.

The following tools are necessary to obtain and document child or adult weight for paper growth charts or weight gain grids. The needed equipment for computer plotted growth charts and weight gain grids is marked with an asterisk (*).

- A balance beam scale with nondetachable weights (no bathroom scales or spring scales) or a medical grade adult digital scale*
- An NCHS/CDC Growth Chart, boys or girls 2-5 years of age or a prenatal weight gain record for women

The following procedures must be used to obtain accurate weights using a balance beam scale:

- Zero balance the scale by bringing the main and fractional sliding beam weights directly over their respective zeros. Move the adjusting device until the balance indicator is centered.
- Have child or adult remove shoes and outer or bulky clothing. Have the diaper changed if wet or soiled.
- Have the participant stand on the center of the scale facing the beam in the middle of the scale.
- To read the scale, move the main sliding beam until it indicates too heavy, then move it back one notch. Move the weight on the fractional indicator back and forth until the indicator is centered.
- Record the weight to the nearest 1/4 pound on the growth chart. (1/4 pound = 4 oz.).
- It is recommended that the measurement be repeated to validate its accuracy. If the measurement differs by more than 1/4 pound, repeat the procedure.
- Return the sliding beams to zero. Always zero balance the scale before weighing another person.

Source; Adapted from the Ohio WIC Policy and Procedure Manual, Chapter 200, Section 263.2-263.3 and 264.2 – 264.5; techniques for determining height and weight.

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- Use a plotting aid such as a ruler, right angle or Accuplot card to plot weight on the appropriate weight graph.
- If using the Certification Worksheet, record weight to the nearest 1/4 pound converted to ounces (1/4 pound = 4 oz.).

Follow the manufacturer's instructions in order to obtain accurate measurements using a digital scale.

Each of the following could be a source of error when weighing a child or adult and plotting the weight measurement:

- Scale is not zero balanced,
- Heavy clothing, shoes or a wet or soiled diaper are not removed,
- Participant is not centered on the scale,
- Child is holding onto the scale, or
- A plotting aid is not used to plot the graph.

264.3 Determining Weight of a Participant with a Missing Limb

- Weigh the individual.
- Plot the weight on the growth/weight gain grid, and if using a certification worksheet, record the weight in the appropriate field.
- Document the physical problem on the growth grid, prenatal grid, or the Health History form in the "Notes" section.

It is important to note that the growth percentiles for weight for height and weight for age will not be accurate. Because of these limitations the individual must not be certified as underweight, unless the condition can be documented by the individual's primary health care provider. Plotting the individual's weight gain over time will be useful in assessing growth.

Source; Adapted from the Ohio WIC Policy and Procedure Manual, Chapter 200, Section 263.2-263.3 and 264.2 – 264.5; techniques for determining height and weight.

Techniques for determining height and weight

264.4 Determining Weight for a Participant with a Cast or Splint

- Weigh the individual.
- Plot the weight on the growth/weight gain chart or enter the data for a computer plotted growth/weight gain chart.
- Document the physical problem on the growth chart, prenatal grid, or the Health History form in the “Notes” section.

It is important to note that the growth percentiles for weight for height and weight for age will not be accurate. Because of these limitations, the individual must not be certified as overweight, unless the condition can be documented by the individual’s primary health care provider. Plotting the individual’s weight gain over time will be useful in assessing growth.

264.5 Determining Weight for a Participant with a Physical Disability

Physically disabled children who are over three years of age or too heavy for the infant scale, and cannot be weighed by themselves on the adult scales may be weighed by having an adult hold them. The total weight for both persons is recorded. The adult is then weighed alone and his/her weight is subtracted from the combined weight. The remaining number represents the child’s weight. Document the procedure used and the physical problem on the growth chart or the Health History form in the “Notes” section.

Physically disabled women who cannot be weighed in the WIC clinic, and for whom no current weight is available from a medical provider, cannot be certified for any weight-related risk code. The circumstances must be documented on the prenatal grid or the Health History form in the “Notes” section.

264.6 Head Circumference Measurement

Head circumference is a procedure used on infants from birth to 12 months of age as a screening measurement for nonnutrition related abnormalities (micro and macrocephaly).

Performance of this assessing measurement is at the discretion of the local project. The use of risk code 58, low head circumference, can be based on head circumference as measured by WIC project staff or based on information in a readily accessible medical chart or as self-reported by the caregiver.

Source; Adapted from the Ohio WIC Policy and Procedure Manual, Chapter 200, Section 263.2-263.3 and 264.2 – 264.5; techniques for determining height and weight.



Roadmaps for Clinical Practice
Case Studies in Disease Prevention and Health Promotion
**Assessment and Management of Adult Obesity:
A Primer for Physicians**

Assessment of health risks

Figure 2.1 Determining BMI

There are two easy ways to determine your patients' BMI:

- BMI is calculated as weight in kilograms (kg) divided by the square of height in meters (m²).

$$BMI = \frac{\text{weight (kg)}}{\text{height squared (m}^2\text{)}}$$

Using pounds (lb) and inches (in), divide weight in pounds by the square of height in inches. Then multiply the resulting number by 703.

$$BMI = \frac{\text{weight (lbs) x 703}}{\text{height squared (in}^2\text{)}}$$

OR
- Use a BMI chart (see Figure 2.2 below).

Figure 2.2 Body Mass Index Chart

	Normal				Overweight				Obese				Extreme obesity																							
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
Height (inches)	Bodyweight (pounds)																																			
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	163	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443

Source: *The Practical Guide to the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*. National Heart, Lung, and Blood Institute and North American Association for the Study of Obesity. Bethesda, Md: National Institutes of Health; 2000. NIH Publication number 00-4084, October 2000.

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Figure 2.4 Measuring Waist Circumference

Because most practices do not routinely measure waist circumference, it may be helpful for you or your intake nurse to explain why it is being done. A simple explanation, such as the following, usually suffices: "A waist measurement is an important clue to your current and future health. I'd like you to breathe normally while I take your measurement."

To measure your patient's waist circumference:

1. Locate the upper hip bone and the top of the right iliac crest.
2. Place a measuring tape in a horizontal plane around the abdomen at the level of the iliac crest.
3. Ensure that the tape is snug, but does not compress the skin, and is parallel to the floor.
4. Read the measurement at the end of a normal expiration of breath.

Source: Adapted from *The Practical Guide to the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*. National Heart, Lung, and Blood Institute and North American Association for the Study of Obesity. Bethesda, Md: National Institutes of Health; 2000. NIH Publication number 00-4084, October 2000.

Figure 2.3 Classification of Overweight and Obesity by BMI, Waist Circumference, and Associated Disease Risks

	BMI (kg/m ²)	Obesity Class	Disease risk* relative to normal weight and waist circumference	
			Men ≤ 40 in (≤ 102 cm) Women ≤ 35 in (≤ 88 cm)	Men > 40 in (> 102 cm) Women > 35 in (> 88 cm)
Underweight	< 18.5		—	—
Normal	18.5 – 24.9		—	—
Overweight	25.0 – 29.9		Increased	High
Obesity (Mild)	30.0 – 34.9	I	High	Very high
(Moderate)	35.0 – 39.9	II	Very high	Very high
(Severe/extreme)	≥ 40	III	Extremely high	Extremely high

* Disease risk for Type 2 diabetes, hypertension, and cardiovascular disease

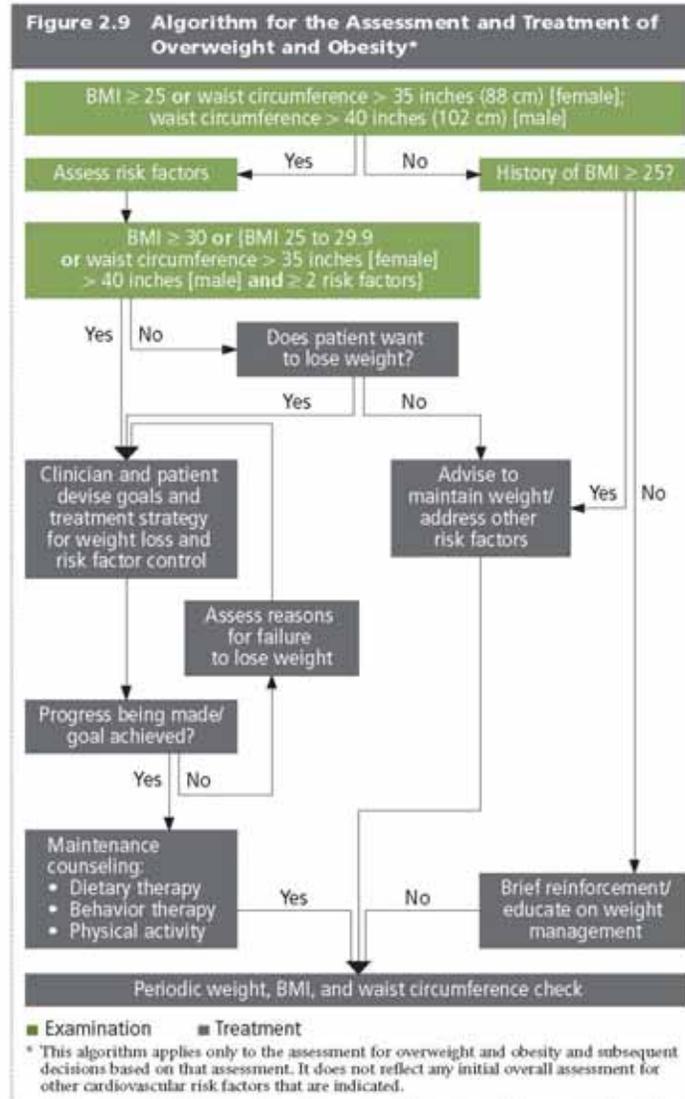
Source: Adapted from National Heart, Lung, and Blood Institute and National Institute for Diabetes and Digestive and Kidney Diseases. *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: Evidence Report*. *Obes Res*. 1998;6(suppl 2):51S-210S.

Figure 2.7 Obesity-related Risk Factors and Conditions: cardiovascular, endocrine, gastrointestinal, genitourinary, integument, musculoskeletal, neurologic, psychological, and respiratory

<p>Cardiovascular</p> <ul style="list-style-type: none"> • Hypertension • Congestive heart failure • Cor pulmonale • Varicose veins • Pulmonary embolism • Coronary artery disease 	<p>Integument</p> <ul style="list-style-type: none"> • Striae distensae (stretch marks) • Status pigmentation of legs • Lymphedema • Cellulitis • Intertrigo, carbuncles • Acanthosis nigricans/skin tags
<p>Endocrine</p> <ul style="list-style-type: none"> • The metabolic syndrome • Type 2 diabetes • Dyslipidemia • Polycystic ovarian syndrome/angrogenicity • Amenorrhea/infertility/ menstrual disorders 	<p>Musculoskeletal</p> <ul style="list-style-type: none"> • Hyperuricemia and gout • Immobility • Osteoarthritis (knees, hips) • Low back pain
<p>Gastrointestinal</p> <ul style="list-style-type: none"> • Gastroesophageal reflux disease (GERD) • Non-alcoholic fatty liver disease (NAFLD) • Cholelithiasis • Hernias • Colon cancer 	<p>Neurologic</p> <ul style="list-style-type: none"> • Stroke • Idiopathic intracranial hypertension • Meralgia paresthetica
<p>Genitourinary</p> <ul style="list-style-type: none"> • Urinary stress incontinence • Obesity-related glomerulopathy • Hypogonadism(male) • Breast and uterine cancer • Pregnancy complications 	<p>Psychological</p> <ul style="list-style-type: none"> • Depression/low self esteem • Body image disturbance • Social stigmatization
	<p>Respiratory</p> <ul style="list-style-type: none"> • Dyspnea • Obstructive sleep apnea • Hypoventilation syndrome • Pickwickian syndrome • Asthma

Source: Kushner RF and Roth JL, 2003.

Appendix J



Source: Adapted from *The Practical Guide to the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*. National Heart, Lung, and Blood Institute and North American Association for the Study of Obesity. Bethesda, Md: National Institutes of Health; 2000. NIH Publication number 00-4084, October 2000.



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Assessment of patient readiness

Figure 3.2 Patient Readiness Checklist

Motivation/support

- How important is it that you lose weight at this time?
- Have you tried to lose weight before? What factors have led to your success and what has made weight loss difficult? (For example, cost, peer pressure, family, etc.)
- Is your decision to lose weight your own, or for someone else?
- Is your family supportive?
- Who, if anyone, is supportive of your decision to begin a weight loss program?
- What do you consider the benefits of weight loss?
- What would you have to sacrifice? What are the down sides?

Stressful life events

- Are there events in your life right now that might make losing weight especially difficult? (For example, work responsibilities, family commitments)
- If now is not a convenient time for weight loss, what would it take for you to be ready to lose weight? When do you think you might be ready to begin losing weight?

Psychiatric issues

- What is your mood like most of the time? Do you feel you have the needed energy to lose weight? (may need to assess for depression)
- Do you feel that you eat what most people would consider a large amount of food in a short period of time? Do you feel out of control during this time? (may need to assess for binge eating disorders)
- Do you ever forcibly vomit, use laxatives, or engage in excessive physical activity as a means of controlling weight? (may need to assess for bulimia nervosa)

Time availability/constraints

- How much time are you able to devote to physical activity on a weekly basis?
- Do you believe that you can make time to record your caloric intake?
- Can you take time out of your schedule to relax and engage in personal activities?

Weight-loss goals/expectations

- How much weight do you expect to lose?
- How fast do you expect to lose weight?
- What other benefits do you expect to experience as a result of weight loss?

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Appendix J

Figure 3.4 Applying the Stages of Change Model to Assess Readiness

Stage	Characteristic	Patient verbal cue	Appropriate intervention	Sample dialogue
Precontemplation	Unaware of problem, no interest in change	"I'm not really interested in weight loss. It's not a problem."	Provide information about health risks and benefits of weight loss	"Would you like to read some information about the health aspects of obesity?"
Contemplation	Aware of problem, beginning to think of changing	"I know I need to lose weight, but with all that's going on in my life right now, I'm not sure I can."	Help resolve ambivalence; discuss barriers	"Let's look at the benefits of weight loss, as well as what you may need to change."
Preparation	Realizes benefits of making changes and thinking about how to change	"I have to lose weight, and I'm planning to do that."	Teach behavior modification; provide education	"Let's take a closer look at how you can reduce some of the calories you eat and how to increase your activity during the day."
Action	Actively taking steps toward change	"I'm doing my best. This is harder than I thought."	Provide support and guidance, with a focus on the long term	"It's terrific that you're working so hard. What problems have you had so far? How have you solved them?"
Maintenance	Initial treatment goals reached	"I've learned a lot through this process."	Relapse control	"What situations continue to tempt you to overeat? What can be helpful for the next time you face such a situation?"

Adapted from Prochaska JO, DiClemente CC. Toward a comprehensive model of change. In: Miller WR, ed. *Treating Addictive Behaviors*. New York, NY: Plenum; 1986:3–27.



Figure 5.1

Physical Activity Questionnaire

Name _____ Date _____

Please complete this questionnaire, which will help you and your physician understand your physical activity patterns.

1. What types of physical activities do you enjoy?

2. How often do you participate in these activities?

3. What exercises do you do regularly? _____

4. How often, and for how long each time, do you do these activities? _____

5. What gets in the way of you consistently engaging in physical activity/exercise? _____

6. How many hours of television do you watch every day?

7. How many hours are you at a computer/desk everyday?

8. What types of exercise equipment or exercise tapes do you have at home? _____

9. Do you belong to a health club or attend classes?
 Yes No
10. How often do you attend? _____
11. Would you like to change your physical activity/exercise habits?
 Yes No
12. Which habits would you like to begin to change? _____

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Appendix J

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Figure 5.3

Physical Activity Time Study

Record your activities for each of the time slots indicated below on at least one weekday and one weekend day. Use your step counter to keep track of the number of steps you take during each time period. Try to keep this sheet with you and write down your activity as you go. For each time slot, determine the amount of time you were physically active and the amount of time you were not active. At the end of the day, total the number of minutes you were active and inactive and your number of steps. You may make copies of this worksheet to record information daily.

Date / /	Day of the week	Physically active?		
		Yes	No	Steps
Time slot	Tasks/activities			
Midnight to 4 am				
4:01 to 8 am				
8:01 am to noon				
12:01 to 4 pm				
4:01 to 8 pm				
8:01 pm to midnight				
	Total number of minutes and steps			

Example

For each 4-hour block of time describe how you spend your time and record your number of steps using your step counter. Try to record your activities at least every 1 to 2 hours so you can be as accurate as possible. Add up the minutes you were physically active and record in the Yes column. Subtract the minutes of activities from the total number of minutes in the 4-hour block of time, which is 240 minutes. Record the total number of minutes and steps at the bottom of the sheet.

Date 10 / 5 / 02	Day of the week Wednesday	Physically active?		
Time slot	Tasks/activities	Yes	No	Steps
8:01 am to noon	desk work, 75 minutes; meetings, 120 minutes; walk to and from car at lunch, 7 minutes; walk to vending machine, 3 minutes; walk to meeting, 4 minutes; talk with co-workers (standing), 31 minutes	14 min	226 min	1145

Adapted with permission from Blair SN, Dunn AL, Marcus BH, Carpenter RA, and Jaret P. *Active Living Every Day: 20 weeks to lifelong vitality*. Champaign, IL: Human Kinetics; 2001.

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Figure 5.7

Physical Activity Calendar

Write in the month and the corresponding dates in the spaces provided. Then record your minutes, steps, and miles for each day. You may make copies of this sheet to record information monthly.

	Monthly goals									
Month _____ Year _____										
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday			
Weekly goal								Weekly total		
_____ Minutes								_____ Minutes		
_____ Steps								_____ Steps		
_____ Miles								_____ Miles		
_____ Minutes								_____ Minutes		
_____ Steps								_____ Steps		
_____ Miles								_____ Miles		
_____ Minutes								_____ Minutes		
_____ Steps								_____ Steps		
_____ Miles								_____ Miles		
_____ Minutes								_____ Minutes		
_____ Steps								_____ Steps		
_____ Miles								_____ Miles		
_____ Minutes								_____ Minutes		
_____ Steps								_____ Steps		
_____ Miles								_____ Miles		
	Monthly totals							Minutes	Steps	Miles

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Figure 2.2 Body Mass Index Chart

BMI	Normal					Overweight					Obese					Extreme obesity																				
	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
Height (inches)	Body weight (pounds)																																			
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443

Source: *The Practical Guide to the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults*. National Heart, Lung, and Blood Institute and North American Association for the Study of Obesity, Bethesda, Md. National Institutes of Health; 2000. NIH Publication number 00-4084, October 2000.

This project was funded by the American Medical Association and The Robert Wood Johnson Foundation. • November 2003

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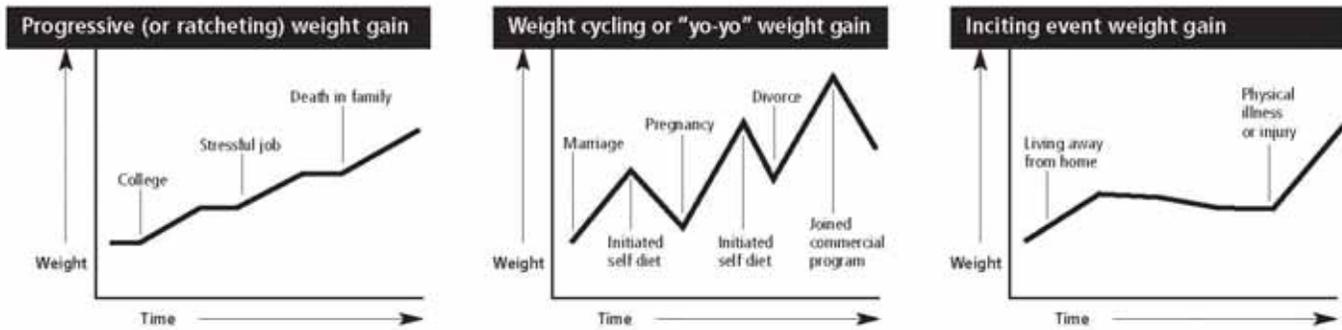
Figure 2.10

Graphing Your Weight Gain

Patient name _____ Date _____

Reviewed by _____ Date _____

People gain weight in different ways — some gain in a progressive upward fashion, others gain in an up and down cyclical fashion, and others after a long period of controlled weight see their weight climb steadily after one inciting event. Commonly, though, most people can relate their changes in weight to different life events. See the examples below.



Please graph your own weight gain. Fill in the life events that you relate to your weight. Take note of your pattern so you can better understand your weight gain, that is, how you got to where you are at today. Thank you for taking the time to complete this chart.



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Figure 3.3

Weight Loss Questionnaire

Name _____ Date _____

Please complete this questionnaire, which will help you and your physician develop the best management plan for you.

1. Is there a reason you are seeking treatment at this time?

2. What are your goals about weight control and management? _____
3. Your level of interest in losing weight is:

Not interested	1	2	3	4	5	Very interested
----------------	---	---	---	---	---	-----------------
4. Are you ready for lifestyle changes to be a part of your weight control program?

Not ready	1	2	3	4	5	Very ready
-----------	---	---	---	---	---	------------
5. How much support can your family provide?

No support	1	2	3	4	5	Much support
------------	---	---	---	---	---	--------------
6. How much support can your friends provide?

No support	1	2	3	4	5	Much support
------------	---	---	---	---	---	--------------
7. What is the hardest part about managing your weight?

8. What do you believe will be of most help to assist you in losing weight? _____
9. How confident are you that you can lose weight at this time?

Not confident	1	2	3	4	5	Very confident
---------------	---	---	---	---	---	----------------

Weight history

10. As best as you can recall, what was your body weight at each of the following time points (if they apply)?
 Grade school _____ High school _____ College _____ Ages 20-29 _____ 30-39 _____ 40-49 _____ 50-59 _____
11. What has been your lowest body weight as an adult? _____ What has been your heaviest body weight as an adult? _____
12. At what age did you start trying to lose weight? _____
13. Please check all previous programs you have tried in order to lose weight. Include dates and your length of participation.

Program	Date	Weight (lost or gained)	Length of participation
• TOPS	_____	_____	_____
• Weight Watchers	_____	_____	_____
• Overeaters Anonymous	_____	_____	_____
• Liquid diets (eg, Optifast)	_____	_____	_____
• Diet pills: Meridia, Xenical	_____	_____	_____
• Diet pills: phen-fen, Redux,	_____	_____	_____
• NutriSystem / Jenny Craig	_____	_____	_____
• OTC diet pills	_____	_____	_____
• Obesity Surgery	_____	_____	_____
• Registered Dietitian	_____	_____	_____
• Other	_____	_____	_____
14. Have you maintained any weight loss for up to 1 year on any of these programs? Yes No
15. What did you learn from these programs regarding your weight? _____
16. What did not work about these programs? _____
17. Have you been involved in physical activity programs to help with weight loss? Yes No
 Which ones or in what way? _____

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Figure 4.1

Eating Pattern Questionnaire

Name _____ Date _____

Please answer the following questions and check the appropriate boxes that most closely describe your eating patterns.

1. Do you follow a special diet?

<input type="checkbox"/> No	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Low sodium
<input type="checkbox"/> Low fat	<input type="checkbox"/> Kosher	<input type="checkbox"/> Vegetarian
<input type="checkbox"/> Other		

Give examples of what guidelines or diets, if any, you follow: _____

2. Which meals do you regularly eat?

<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Brunch	<input type="checkbox"/> Dinner
------------------------------------	--------------------------------	---------------------------------	---------------------------------
3. When do you snack?

<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Late night	<input type="checkbox"/> Throughout the day	

What are your favorite snack foods? _____

4. Do you eat out or order food in?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

How often?

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other
--------------------------------	---------------------------------	----------------------------------	--------------------------------

What kind of restaurant(s)/eating facilities? _____

What kinds of cuisine? _____

5. How is your food usually prepared? (check all that apply)

<input type="checkbox"/> Baked	<input type="checkbox"/> Broiled	<input type="checkbox"/> Boiled	<input type="checkbox"/> Fried
<input type="checkbox"/> Steamed	<input type="checkbox"/> Poached	<input type="checkbox"/> Other	
6. How many times each day do you have the following food items?

a. Starch (bread, bagel, roll, cereal, pasta, noodles, rice, potato)	<input type="checkbox"/> Never	<input type="checkbox"/> Less than 1	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-8	<input type="checkbox"/> 9-11
b. Fruit	<input type="checkbox"/> Never	<input type="checkbox"/> Less than 1	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-8	<input type="checkbox"/> 9-11
c. Vegetables	<input type="checkbox"/> Never	<input type="checkbox"/> Less than 1	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-8	<input type="checkbox"/> 9-11
d. Dairy (milk, yogurt)	<input type="checkbox"/> Never	<input type="checkbox"/> Less than 1	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-8	<input type="checkbox"/> 9-11
e. Meat, fish, poultry, eggs, cheese	<input type="checkbox"/> Never	<input type="checkbox"/> Less than 1	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-8	<input type="checkbox"/> 9-11
f. Fat (butter, margarine, mayonnaise, oil, salad dressing, sour cream, cream cheese)	<input type="checkbox"/> Never	<input type="checkbox"/> Less than 1	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-8	<input type="checkbox"/> 9-11
g. Sweets (candy, cake, regular soda, juice)	<input type="checkbox"/> Never	<input type="checkbox"/> Less than 1	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-8	<input type="checkbox"/> 9-11
7. What beverages do you drink daily and how much?

<input type="checkbox"/> Water	_____ times or glasses per day (8 oz)
<input type="checkbox"/> Coffee	_____ times or cups per day
<input type="checkbox"/> Tea	_____ times or cups per day
<input type="checkbox"/> Soda	_____ times or glasses per day (12 oz)
<input type="checkbox"/> Alcohol	_____ times or glasses per day (12 oz)
<input type="checkbox"/> Other	_____ times or glasses per day

(Specify) _____

8. Would you like to change your eating habits?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Which habits would you like to begin to change?

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Figure 4.4

Food Weight Loss Tips

1. **Establish regular meal times.** Try not to skip any meals because skipping meals leads to overeating later in the day. If you don't have time for a full meal, try to eat a healthy snack or meal replacement bar instead.
2. **Read food labels when you are purchasing food items.** Pay attention to the portion size, the number of calories in each portion, and the amount of saturated fat in each portion. This can help you make the healthiest food choices.
3. **Make small substitutions in your diet to cut calories.** For example, drink water, diet soda, or unsweetened iced tea instead of high-calorie drinks. Choose low-calorie and low-fat versions of salad dressing, cheese, sour cream, and mayonnaise. Go easy on fried foods — bake, broil, poach, or grill your food instead.
4. **Identify "guilty pleasures" such as ice cream, cookies, or potato chips.** Continue to enjoy them by trying the low-calorie versions or eating less of the regular versions.
5. **Pre-portion your servings to control the amount.** For example, scoop your ice cream in a bowl instead of eating it out of the carton. Bag potato chips or cookies into single-serving sized containers or zip-lock bags. Eat the serving size only when you have a craving. Remember to pass on seconds.
6. **Control calories when dining out.** At fast-food restaurants, "down-size" food and drinks instead of "super-sizing" them. Check favorite fast food restaurant Web sites for nutrition information to select the healthiest options.
7. **Share an entrée with a friend at sit-down restaurants.** However, order a personal salad or side of vegetables. Ask restaurants to: "Please hold the cheese," "Leave the sauce on the side," "Use low-fat salad dressing," and "Please substitute vegetables for French fries." As always, try to avoid fried dishes.
8. **Pre-plan meals and snacks, and make certain to have the food on hand.** This makes it easier to resist trips to the vending machine and unhealthy, unplanned snacking.
9. **Avoid places and situations that trigger eating.** For example, if walking past the donut shop causes donut cravings, try changing your route. Replace the candy on your desk with fruit or avoid walking near the office candy bowl. Avoid eating while watching television, reading, or driving. Many people do not recall what they've eaten while doing other things.
10. **Try substituting other activities for eating.** For example, take a walk, talk to a friend, or listen to music. These activities avoid the extra calories and can be more satisfying than eating.



Figure 4.9

Learning about Serving Sizes

Starch 1 serving = 80 calories

- 1 Slice Whole Grain Bread
- 1/3 c. Cooked Pasta
- 1/3 c. Cooked Rice
- 1/4 Whole Wheat Bagel
- 1/2 English Muffin/Bun/Pita
- 1 Tortilla (7 inch)
- 1/2 c. Cooked Cereal
- 3/4 c. Cold Cereal
- 1/4 Lg. Potato
- 1/2 c. Sweet Potato
- 3 c. Popcorn, Unbuttered
- 1/2 c. Corn/Peas
- 6 Crackers (saltine type)

Fruit 1 serving = 60 calories

- 1 small Fruit (orange, apple, etc.)
- 1/2 c. Cut Fruit
- 1/2 c. Fruit Juice
- 1/4 c. Dried Fruit

Vegetable 1 serving = 25 calories

- 1 c. Raw
- 1/2 c. Cooked
- 1/2 c. Tomato or Vegetable Juice

Protein 1 serving = 35-100 calories

- 1 oz. Cooked Meat, Poultry or Fish
- 1/2 c. Beans, Peas, Lentils
- 1 Egg or 2 Egg Whites
- 1/4 c. Egg Substitute
- 1 oz. Low Fat Cheese
- 1/4 c. Low Fat Cottage Cheese
- 1/2 c. Tofu
- 1 oz. Water Packed Salmon or Tuna
- 1 T. Peanut Butter (all nut butters)

Dairy Protein 1 serving = 90-120 calories

- 1 c. Low Fat or Nonfat Milk
- 1 c. Low Fat Yogurt
- 1 c. Nonfat or Low Fat Buttermilk
- 1 c. Nonfat or Low Fat Soy Milk (calcium enriched)

Fat 1 serving = 45 calories

- 1 tsp. Oil, Butter, or Margarine
- 1 T. Regular Salad Dressing
- 2 T. Low Fat Salad Dressing
- 3 T. Low Fat Sour Cream
- 1.5 T. Low Fat Cream Cheese
- 2 T. Avocado
- 8 Olives
- 6 Nuts
- 1 T. Seeds
- 1 slice Bacon

Recommendations for a well-balanced diet

A healthy diet is *low in calories* and has a *good balance* between the different food groups. Follow these recommendations to help balance your diet.

- Eat at least five to nine servings of fruits and vegetables per day.
- Eat 25 to 30 grams of fiber per day (from fruits, vegetables, beans, whole grain breads, pastas, and cereals).
- Choose whole grains instead of refined, processed carbohydrates.
- Drink at least 64 ounces of water each day.
- Eat at least two servings of low-fat dairy each day (low-fat milk, cheese, etc).
- Choose more low-fat sources of protein (such as skinless chicken, turkey, and soy products) while choosing leaner cuts of beef and pork.
- Eat fish at least two times per week.
- Limit sodium intake to 2,400 milligrams per day or less.

Appendix K

CONSENT FOR THE PROVISION OF MEDICAL SERVICES/TREATMENT/CONTRACEPTIVE METHOD

DATE: _____ Patient # _____
NAME OF PATIENT: _____
DATE OF BIRTH: _____ TELEPHONE# _____

Before you give your consent, be sure you understand the information given below. If you have any questions, we will be happy to talk about them with you. You may ask for a copy of this form.

I have been given information about the test(s), treatment(s), procedure(s), to be provided including the benefits, risks, possible problem/complications and alternate choices. I understand that I should ask questions about anything I do not understand. I understand that a clinician is available to answer any questions I may have.

No guarantee has been given to me as to the results that may be obtained from any services I receive. I know that it is my choice whether or not to have services. I know that I can change my mind at any time.

I understand that if tests for certain sexually transmitted infections are positive, reporting of positive results to public health agencies is required by law.

I will be given referrals for further diagnosis or treatment if necessary. I understand that if referral is needed, I will assume responsibility for obtaining and paying for this care. I have been told how to get care in case of an emergency.

I understand that confidentiality will be maintained as much as legally possible. I give permission for any and all information to be released to my insurance company if they request it for payment of services.

I hereby request that a person authorized by _____ (Delegate Agency) _____ provide appropriate evaluation, testing, treatment (including a birth control drug or device, if I request it).

Signature of Patient: _____ Date: _____

Witness: _____ Date: _____

I have been provided a written, method specific fact sheet on _____ (Contraceptive Method) _____, the method that I have chosen voluntarily. I have received information on the benefits and risks of this contraceptive method and details on the safety, effectiveness, potential side effects, complications, and danger signs of this method. I understand this fact sheet and have had all of my questions answered.

I realize that no method is 100% effective, except abstinence. I know that use of latex or polyurethane condoms can help prevent the transmission of most sexually transmitted diseases including HIV/AIDS.

I realize that I have the right to stop using _____ (Contraceptive Method) _____ method at any time. I have been advised to call my clinician before I discontinue this method.

Signature of Patient: _____ Date: _____

I witness the fact that the patient received the above mentioned information and stated she read and understood same and had the opportunity to ask questions.

Signature of Witness: _____ Date: _____

Appendix L

THE OHIO DEPARTMENT OF HEALTH FAMILY PLANNING PROGRAM INFORMED CONSENT FOR BIRTH CONTROL FOR DEPO-PROVERA (THE "SHOT")

I UNDERSTAND THE FOLLOWING:

- Depo-provera contains one hormone that prevents a pregnancy by stopping ovulation (releasing an egg from the ovary) and by causing thickening of cervical mucus.
- If I get the shot during the first five to seven days of my period I will not need a back-up method of birth control; if I get the shot after day seven of my period I should use a back-up method for seven days and get a pregnancy test within four to six weeks later.
- I must return to the clinic every 11-13 weeks for another shot.
- If it has been more than 13 weeks since my last shot, I will need a test to make sure that I'm not pregnant and use a barrier method until I receive my shot and it becomes effective again.
- If I wish to become pregnant, fertility can return anywhere from 1 week to 1 year, but may take up to 18 months.
- Once I stop Depo-Provera, I will need to use another method unless I want to become pregnant.

HOW IT'S USED:

- Depo-Provera is given as a shot every 3 months and must be given within 5 days of the 'start' of a period or up to 5 days post-partum.
- Start at 6 weeks post-partum for nursing mothers.
- IUD/LNG-IUS is usually inserted while on menstrual cycle

BENEFITS:

- Shot every 3 months or only 4 times a year.
- Menses usually become much lighter and may stop after the first or second year.
- Decreased incidence of uterine and ovarian cancers.
- Decreased symptoms of premenstrual syndrome (PMS).

RISKS:

- Irregular or unpredictable menstrual bleeding or spotting.
 - IF YOU EXPERIENCE UNUSUALLY HEAVY OR CONTINUOUS BLEEDING, CONTACT THE CLINIC. THIS IS NOT A NORMAL SIDE EFFECT.
 - Your periods may stop because Depo-Provera causes a resting state in your ovaries and you don't build up a uterine lining, so you don't have a period. This is **NOT HARMFUL** to your body. After stopping the shots, your periods will return in a few months.
- LOSS OF CALCIUM TO BONES
 - The longer you use the shot, the more calcium you are likely to lose. The risk of weakening your bones (osteoporosis) increases if you use Depo-Provera continuously for a long time (longer than 2 years) but the effects are largely reversible.
 - You could consider taking a daily calcium supplement (1200mg/day) if you use depo, particularly if you don't eat/drink dairy products regularly.
- Side Effects: Headaches, nervousness, abdominal pain/discomfort, fatigue, hair loss, weight gain, and hot flashes.
- Persistent redness, pain, or bleeding at the injection site.

I HAVE READ THE ABOVE MATERIAL AND IT HAS BEEN FULLY EXPLAINED TO ME. I HAVE BEEN GIVEN WRITTEN INFORMATION ABOUT THE "SHOT" AND THE OPPORTUNITY TO ASK QUESTIONS ABOUT ALL FORMS OF BIRTH CONTROL. I UNDERSTAND THE INFORMATION GIVEN TO ME. I HAVE CHOSEN TO USE DEPO-PROVERA AS MY METHOD OF CONTRACEPTION. I UNDERSTAND THAT NO METHOD OF BIRTH CONTROL, EXCEPT ABSTINENCE, IS 100% EFFECTIVE AGAINST PREGNANCY OR CONTRACTING STD'S, INCLUDING HIV.

Signed _____ Date _____ Witness _____

Appendix L

**THE OHIO DEPARTMENT OF HEALTH FAMILY PLANNING PROGRAM INFORMED
CONSENT FOR BIRTH CONTROL FOR IMPLANTS (IMPLANON)**

I UNDERSTAND THE FOLLOWING:

- A small flexible rod that contains a hormone (progestin) is placed under the skin of my upper, inner arm.
- Progestin is released constantly into my body which keeps me from releasing an egg (so I can't get pregnant) and changing the lining of my uterus.
- The implant will be effective for three years after it is inserted.
- Once I stop using the implant, I will need to use another method unless I want to become pregnant.

HOW IT IS USED:

- Insertion and removal both require a local anesthetic (numbing medicine). Then the implant rod is put into my upper arm through a special applicator.
- It usually takes only a couple of minutes to place.

BENEFITS:

- Very effective; pregnancy rate while using is < 1%.
- Long-term, maintenance-free, reversible contraception.
- Having no periods.
- Decreased risks of uterine and cervical cancer, anemia, and pelvic infection.

RISKS:

- Discomfort and bruising on your arm where the implant rod was placed.
- Irregular or unpredictable menstrual bleeding or spotting, including no periods at all.

I HAVE READ THE ABOVE MATERIAL AND IT HAS BEEN FULLY EXPLAINED TO ME. I HAVE BEEN GIVEN WRITTEN INFORMATION ABOUT THE IMPLANT AND THE OPPORTUNITY TO ASK QUESTIONS ABOUT ALL FORMS OF BIRTH CONTROL. I UNDERSTAND THE INFORMATION GIVEN TO ME. I HAVE CHOSEN TO USE THE IMPLANON IMPLANT AS MY METHOD OF CONTRACEPTION. I UNDERSTAND THAT NO METHOD OF BIRTH CONTROL, EXCEPT ABSTINENCE, IS 100% EFFECTIVE AGAINST PREGNANCY OR CONTRACTING STD'S, INCLUDING HIV.

Signed _____ Date _____ Witness _____

Appendix L

**THE OHIO DEPARTMENT OF HEALTH FAMILY PLANNING PROGRAM INFORMED
CONSENT FOR BIRTH CONTROL: THE INTRAUTERINE DEVICE (IUD)**

I UNDERSTAND THE FOLLOWING:

- The copper IUD (Paragard) contains no hormones and works by killing sperm and preventing fertilization.
- The Mirena system contains a hormone (progestin) and works in several different ways: by stopping or delaying ovulation (the release of an egg from the ovary), killing sperm and preventing fertilization and thickening the cervical mucus.
- These methods can be 99% effective in preventing pregnancy if used correctly.
- I should check for the IUD string several times during the first few months after insertion and then after each monthly period.
- I am to return for a re-check about 3 months after insertion.
- Once I stop using the IUD I will have to use another method unless I want to become pregnant.

HOW IT IS USED:

- An IUD is placed within the uterus by a trained provider and is effective for 5 years (Mirena) or 10 years (Paragard) depending on which one is used.

BENEFITS:

- Long lasting (5 or 10 years)
- Possible protection from endometrial cancer
- Paragard: good method for women who cannot use hormonal methods
- Mirena: Regular periods with less cramping and bleeding (some women have no periods at all)

RISKS:

- Spotting, bleeding, hemorrhage, or anemia (not as likely with Mirena)
- Cramping or pain
- Partial or complete expulsion of device leading to pregnancy
- Lost IUD string or other string problems
- Puncturing of the uterus (more likely to occur during insertion)
- Increased risk of pelvic inflammatory disease
- If I become pregnant while using the IUD, there is an increased risk of tubal pregnancy, miscarriage and premature (early) delivery and it should be removed as soon as possible. I also need to be checked to make sure I don't have a tubal pregnancy.

I HAVE READ THE ABOVE MATERIAL AND IT HAS BEEN FULLY EXPLAINED TO ME. I HAVE BEEN GIVEN WRITTEN INFORMATION ABOUT INTRAUTERINE DEVICE (IUD) AND THE OPPORTUNITY TO ASK QUESTIONS ABOUT ALL FORMS OF BIRTH CONTROL. I UNDERSTAND THE INFORMATION GIVEN TO ME. I HAVE CHOSEN TO USE THE IUD AS MY METHOD OF CONTRACEPTION. I UNDERSTAND THAT NO METHOD OF BIRTH CONTROL, EXCEPT ABSTINENCE, IS 100% EFFECTIVE AGAINST PREGNANCY OR CONTRACTING STD'S, INCLUDING HIV.

Signed _____ Date _____ Witness _____

Appendix L

THE OHIO DEPARTMENT OF HEALTH FAMILY PLANNING PROGRAM INFORMED CONSENT FOR BIRTH CONTROL: NUVARING

I UNDERSTAND THE FOLLOWING:

- The “ring” contains two hormones that prevent a pregnancy by stopping ovulation (releasing an egg from the ovary) and by causing thickening of cervical mucus.
- Condoms or another contraceptive method should be used for at least 1 week after starting the ring to keep from getting pregnant.
- The risk of serious health problems increases if I smoke cigarettes while using the ring. I shouldn’t use the ring if I continue to smoke after I turn 35 years of age.
- There are certain medications that can make the ring less effective. My provider will review these with me.
- Once I stop using the nuvaring, I will need to use another method unless I want to become pregnant.

HOW IT IS USED:

- A ring is placed in the vagina for three weeks at a time. Then it is removed and there is a week off the ring to have withdrawal bleeding.
- It is recommended that it not be removed during intercourse.

BENEFITS:

- Highly effective (99%)
- Regular periods with less cramping and bleeding
- Decreased incidence of uterine and ovarian cancers
- Less acne

RISKS (Minor):

- Nausea
- Changes in menstrual flow: breakthrough bleeding, spotting, amenorrhea (no menstrual periods)
- Weight gain
- Headaches

RISKS (Major—Rare):

- Stroke or heart attack
- Gallbladder disease
- Liver tumors
- Blood clots in the leg, lung, abdomen, brain or eye (Call for symptoms such as abdominal pain, chest pain, headaches, complete or partial loss of vision, leg pain or swelling)

I HAVE READ THE ABOVE MATERIAL AND IT HAS BEEN FULLY EXPLAINED TO ME. I HAVE BEEN GIVEN WRITTEN INFORMATION ABOUT THE RING AND THE OPPORTUNITY TO ASK QUESTIONS ABOUT ALL FORMS OF BIRTH CONTROL. I UNDERSTAND THE INFORMATION GIVEN TO ME. I HAVE CHOSEN TO USE THE NUVA-RING AS MY METHOD OF CONTRACEPTION. I UNDERSTAND THAT NO METHOD OF BIRTH CONTROL, EXCEPT ABSTINENCE, IS 100% EFFECTIVE AGAINST PREGNANCY OR CONTRACTING STD’S, INCLUDING HIV.

Signed _____ Date _____ Witness _____

Appendix L

THE OHIO DEPARTMENT OF HEALTH FAMILY PLANNING PROGRAM INFORMED CONSENT FOR BIRTH CONTROL: COMBINED ORAL CONTRACEPTIVE PILLS (THE “PILL”)

I UNDERSTAND THE FOLLOWING:

- The “pill” contains two hormones that prevent a pregnancy by stopping ovulation (releasing an egg from the ovary) and by causing thickening of cervical mucus.
- Condoms or another contraceptive method should be used for at least 1 week after starting the pill to keep from getting pregnant.
- The risk of serious health problems increases if I smoke cigarettes while using the pill. I shouldn’t use the pill if I continue to smoke after I turn 35 years of age.
- There are certain medications that can make the pill less effective. My provider will review these with me.
- Once I stop using the pill I will need to use another method unless I want to become pregnant.

HOW IT IS USED:

- You must take a pill every day at the same time of day

BENEFITS:

- Highly effective (99%)
- Regular periods with less cramping and bleeding
- Decreased incidence of uterine and ovarian cancers
- Less acne

RISKS (Minor):

- Nausea
- Changes in menstrual flow: breakthrough bleeding, spotting, amenorrhea
- Weight gain
- Headaches

RISKS (Major—Rare):

- Stroke or heart attack
- Gallbladder disease
- Liver tumors
- Blood clots in the leg, lung, abdomen, brain or eye (Call for symptoms such as abdominal pain, chest pain, headaches, complete or partial loss of vision, leg pain or swelling)

I HAVE READ THE ABOVE MATERIAL AND IT HAS BEEN FULLY EXPLAINED TO ME. I HAVE BEEN GIVEN WRITTEN INFORMATION ABOUT THE PILL AND THE OPPORTUNITY TO ASK QUESTIONS ABOUT ALL FORMS OF BIRTH CONTROL. I UNDERSTAND THE INFORMATION GIVEN TO ME. I HAVE CHOSEN TO USE THE ORAL CONTRACEPTIVE PILL AS MY METHOD OF CONTRACEPTION. I UNDERSTAND THAT NO METHOD OF BIRTH CONTROL, EXCEPT ABSTINENCE, IS 100% EFFECTIVE AGAINST PREGNANCY OR CONTRACTING STD’S, INCLUDING HIV.

Signed _____ Date _____ Witness _____

Appendix L

**THE OHIO DEPARTMENT OF HEALTH FAMILY PLANNING PROGRAM INFORMED
CONSENT FOR THE QUICK START METHOD FOR COMBINED HORMONAL
CONTRACEPTION (PILL, PATCH OR RING)**

I UNDERSTAND THE FOLLOWING:

- I am receiving contraceptives (either the pill, patch or ring) without having a physical examination or complete history. This is so that I can get my contraceptives right away and start them without any waiting.
- I can start my method at any day of my menstrual cycle.
- I will receive a supply for: _____ 1 month _____ 2 months or _____ 3 months
- I understand that I will need to have a history and physical examination done before additional contraceptives are given.
- I understand that any condition about which I fail to inform the clinic staff could increase my risk of serious illness or complication.
- I can start my method on the day of my clinic visit if there is reasonable certainty that I am not pregnant. Use back up method for first seven (7) days.

HOW IT IS USED:

- I am provided this contraceptive method (pills, patch or ring) based only on information I provide about my medical history, weight, and blood pressure.

BENEFITS:

- Reduces or eliminates the time gap between prescription of method and initiation of method.

RISKS (Minor):

- Nausea
- Changes in menstrual flow: breakthrough bleeding, spotting, amenorrhea
- Weight gain
- Headaches

RISKS (Major—Rare):

- Stroke or heart attack
- Gallbladder disease
- Liver tumors
- Blood clots in the leg, lung, abdomen, brain or eye (Call for symptoms such as abdominal pain, chest pain, headaches, complete or partial loss of vision, leg pain or swelling)

I HAVE READ THE ABOVE MATERIAL AND IT HAS BEEN FULLY EXPLAINED TO ME. I HAVE BEEN GIVEN WRITTEN INFORMATION ABOUT QUICK START AND THE OPPORTUNITY TO ASK QUESTIONS ABOUT ALL FORMS OF BIRTH CONTROL. I UNDERSTAND THE INFORMATION GIVEN TO ME. I HAVE CHOSEN TO USE QUICK START. I UNDERSTAND THAT NO METHOD OF BIRTH CONTROL, EXCEPT ABSTINENCE, IS 100% EFFECTIVE AGAINST PREGNANCY OR CONTRACTING STD'S, INCLUDING HIV.

Signed _____ Date _____ Witness _____

Appendix L

THE OHIO DEPARTMENT OF HEALTH FAMILY PLANNING PROGRAM INFORMED CONSENT FOR BIRTH CONTROL: TRANSDERMAL PATCH

I UNDERSTAND THE FOLLOWING:

- The patch contains two hormones that prevent a pregnancy by stopping ovulation (releasing an egg from the ovary) and by causing thickening of cervical mucus.
- Condoms or another contraceptive method should be used for at least 1 week after starting the patch to keep from getting pregnant.
- The risk of serious health problems increases if I smoke cigarettes while using the patch. I shouldn't use the patch if I continue to smoke after I turn 35 years of age.
- There are certain medications that can make the patch less effective. My provider will review these with me.
- Once I stop using the patch I will need to use another method unless I want to become pregnant.

HOW IT IS USED:

- The patch is applied to the skin of the lower abdomen, buttocks, upper outer arms, or chest for a week at a time. The patch is changed after seven days for three straight weeks. Then there is a week off the patch.

BENEFITS:

- Highly effective (99%)
- Regular periods with less cramping and bleeding
- Decreased incidence of uterine and ovarian cancers
- Less acne

RISKS (Minor):

- Nausea
- Changes in menstrual flow: breakthrough bleeding, spotting, amenorrhea
- Application site irritation

RISKS (Major—Rare):

- Stroke or heart attack
- Gallbladder disease
- Liver tumors
- Blood clots in the leg, lung, abdomen, brain or eye (Call for symptoms such as abdominal pain, chest pain, headaches, complete or partial loss of vision, leg pain or swelling)

NOTE: Hormones from patches applied to the skin get into the blood stream and are removed from the body differently than hormones from birth control pills taken by mouth. You will be exposed to about 60% more estrogen if you use ORTHO EVRA than if you use a typical birth control pill containing 35 micrograms of estrogen

I HAVE READ THE ABOVE MATERIAL AND IT HAS BEEN FULLY EXPLAINED TO ME. I HAVE BEEN GIVEN WRITTEN INFORMATION ABOUT THE PATCH AND THE OPPORTUNITY TO ASK QUESTIONS ABOUT ALL FORMS OF BIRTH CONTROL. I UNDERSTAND THE INFORMATION GIVEN TO ME. I HAVE CHOSEN TO USE THE TRANSDERMAL PATCH AS MY METHOD OF CONTRACEPTION. I UNDERSTAND THAT NO METHOD OF BIRTH CONTROL, EXCEPT ABSTINENCE, IS 100% EFFECTIVE AGAINST PREGNANCY OR CONTRACTING STD'S, INCLUDING HIV.

CLIENT _____ DATE _____
WITNESS _____

Appendix L

**THE OHIO DEPARTMENT OF HEALTH FAMILY PLANNING PROGRAM INFORMED
CONSENT FOR EMERGENCY CONTRACEPTION**

I UNDERSTAND THE FOLLOWING:

- Emergency contraception (EC) contains hormones that prevent a pregnancy by stopping ovulation (releasing an egg from the ovary).
- EC should be started within 72 hours after unprotected sex for the best chance of working but can be started up to 120 hours (5 days) afterward and still be effective.
- I am voluntarily receiving EC without having a physical examination
- If I am already pregnant, the use of EC will not disrupt the pregnancy
- EC does not prevent me from becoming pregnant if I have unprotected intercourse AFTER I take the medication
- EC is not to be used as a routine method of birth control, and it is recommended that I see a health care provider to receive a physical exam and be placed on a routine contraceptive method.
- I should return to the clinic or see a physician if I have not had my period within 3 weeks after taking EC.

HOW IT IS USED:

- There are two different ways to give EC
 - Plan B, where the EC is pre-packaged, is two tablets taken by mouth at one time. You get it at a pharmacy as over the counter medication.
 - EC may be given as several tablets of oral contraceptives taken together in two doses twelve hours apart
- You may be given a medication to help with nausea to take along with the EC.

BENEFITS:

- Method to prevent conception after unprotected sex or after a contraceptive “accident”

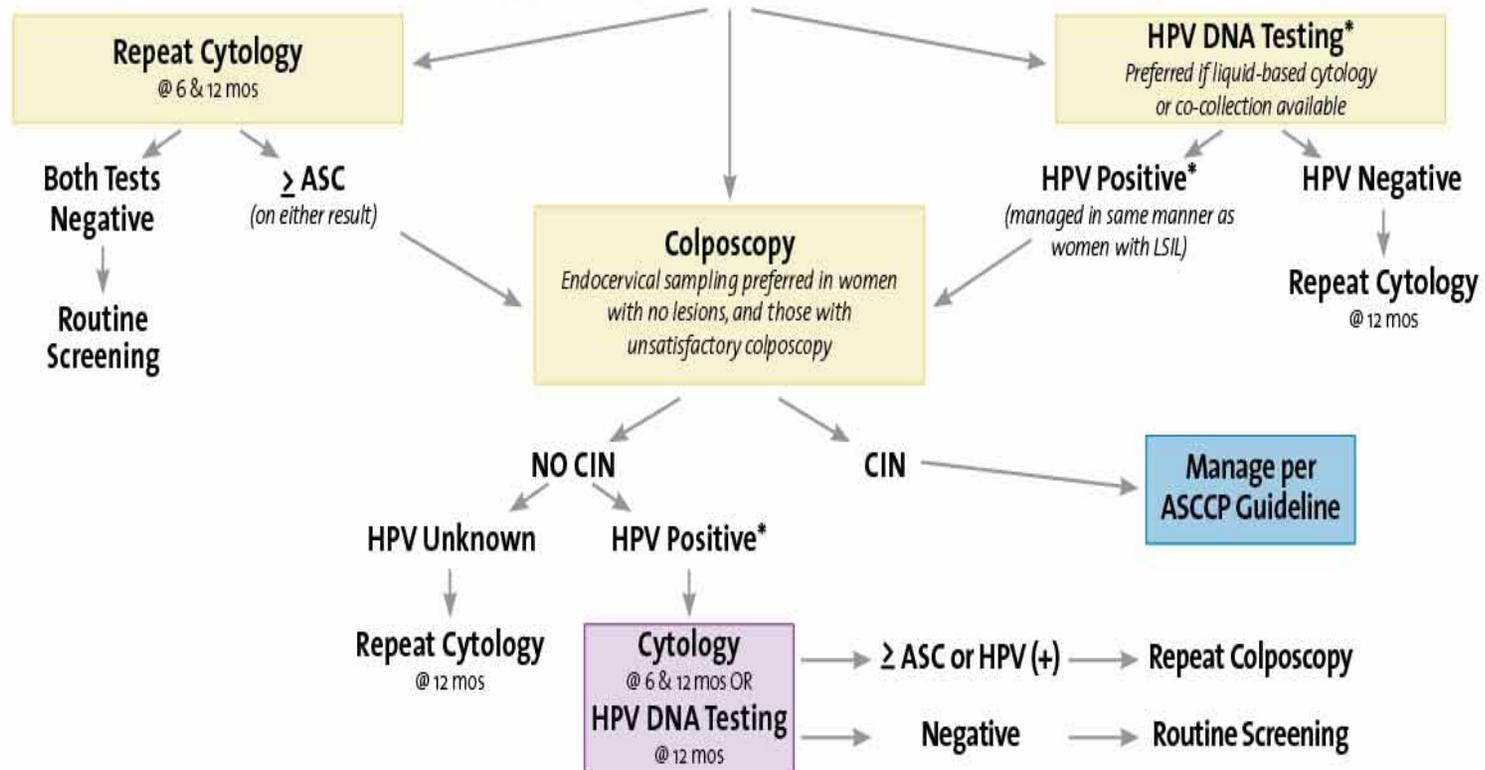
RISKS:

- Nausea and vomiting
- Ectopic pregnancy
- Menstrual changes (temporary)

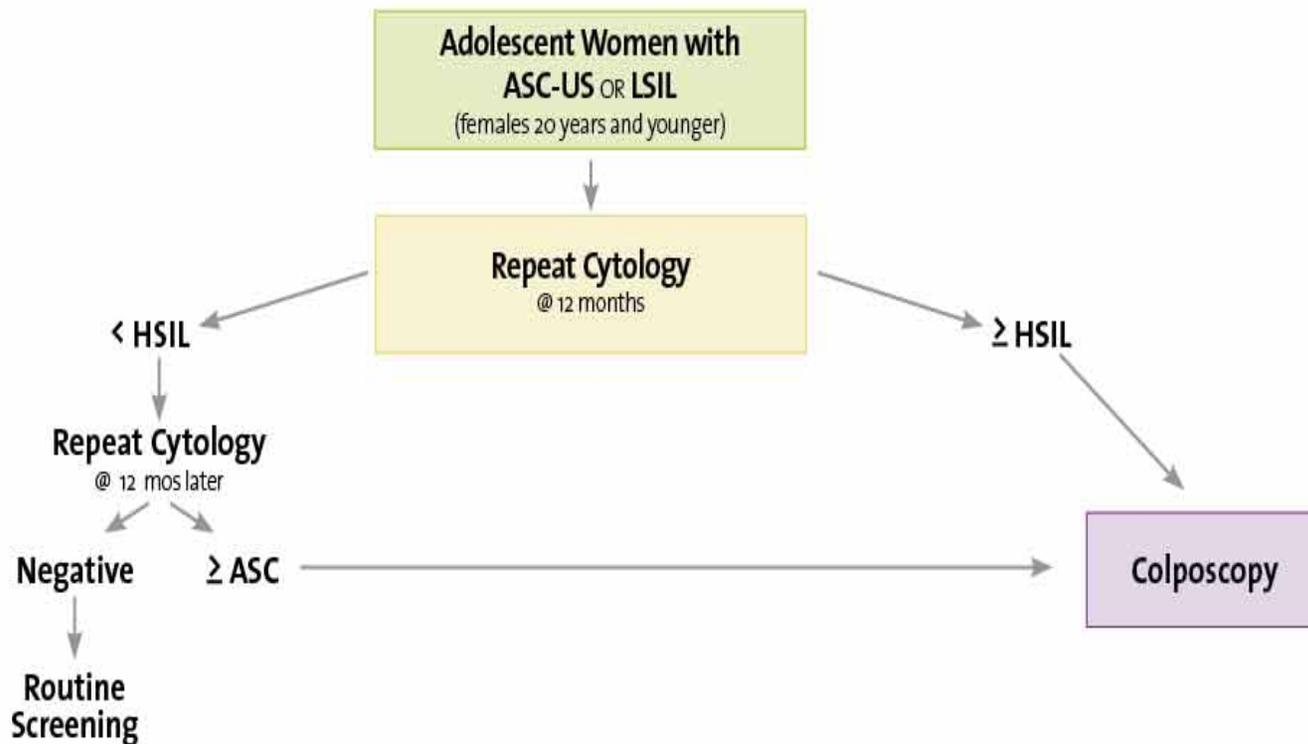
I HAVE READ THE ABOVE MATERIAL AND IT HAS BEEN FULLY EXPLAINED TO ME. I HAVE BEEN GIVEN WRITTEN INFORMATION ABOUT EMERGENCY CONTRACEPTION AND THE OPPORTUNITY TO ASK QUESTIONS ABOUT ALL FORMS OF BIRTH CONTROL. I UNDERSTAND THE INFORMATION GIVEN TO ME. I HAVE CHOSEN TO USE EMERGENCY CONTRACEPTION. I UNDERSTAND THAT NO METHOD OF BIRTH CONTROL, EXCEPT ABSTINENCE, IS 100% EFFECTIVE AGAINST PREGNANCY OR CONTRACTING STD’S, INCLUDING HIV.

Signed _____ Date _____ Witness _____

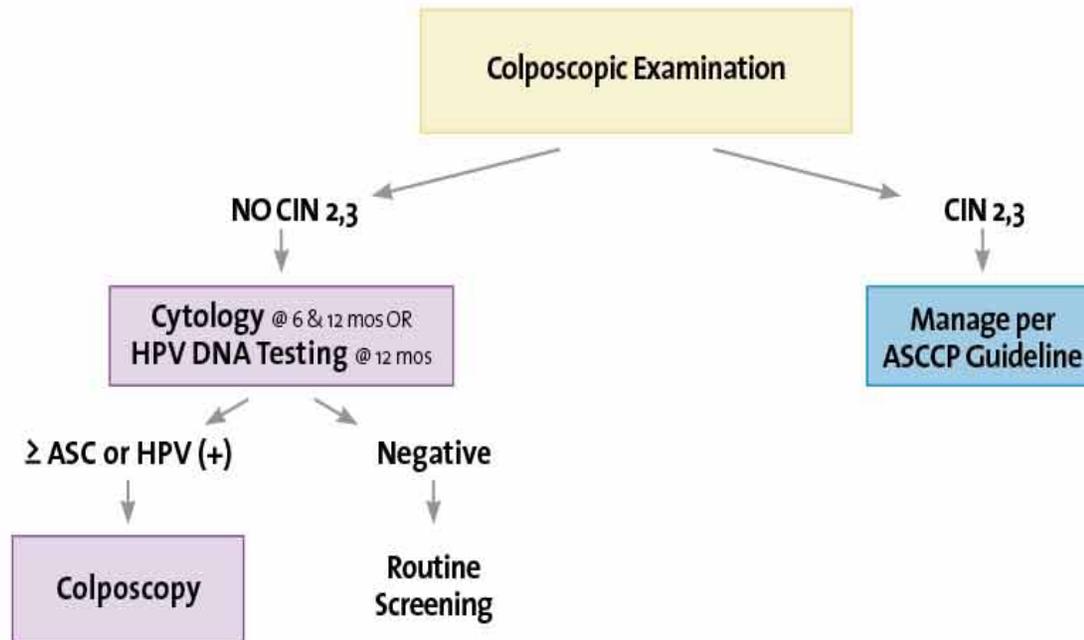
Management of Women with Atypical Squamous Cells of Undetermined Significance (ASC-US)



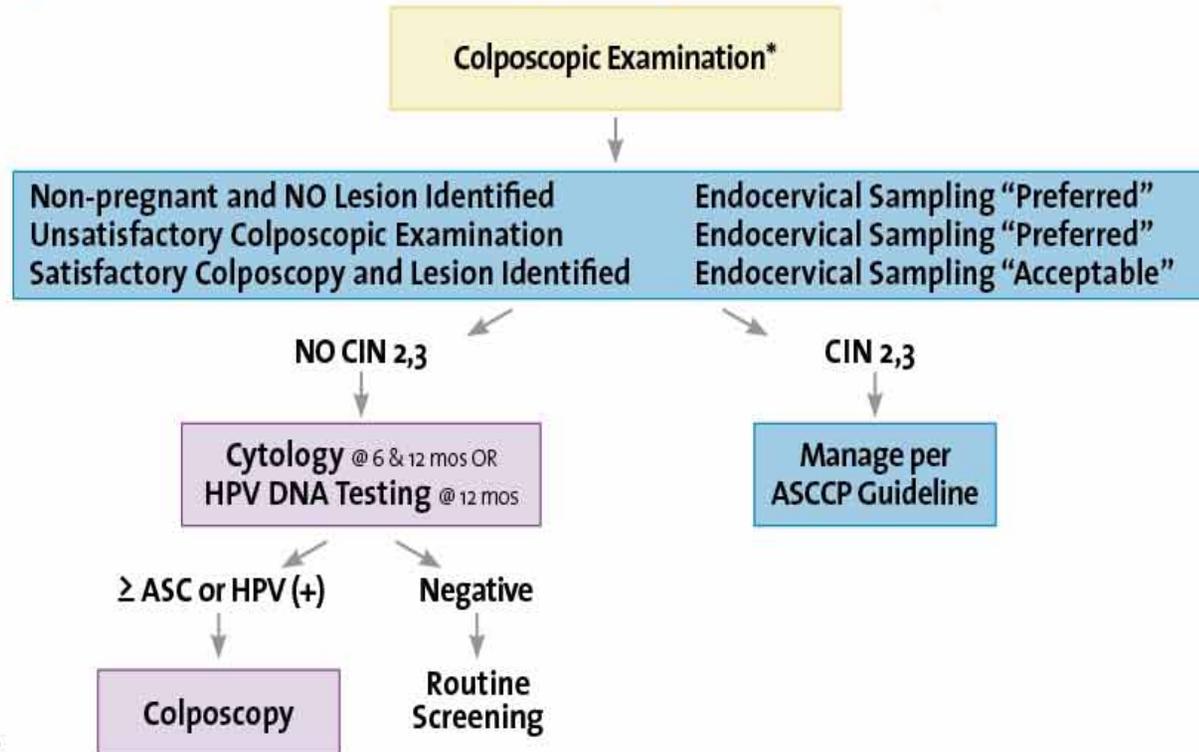
Management of Adolescent Women with Either Atypical Squamous Cells of Undetermined Significance (ASC-US) or Low-grade Squamous Intraepithelial Lesion (LSIL)



Management of Women with Atypical Squamous Cells: Cannot Exclude High-grade SIL (ASC - H)

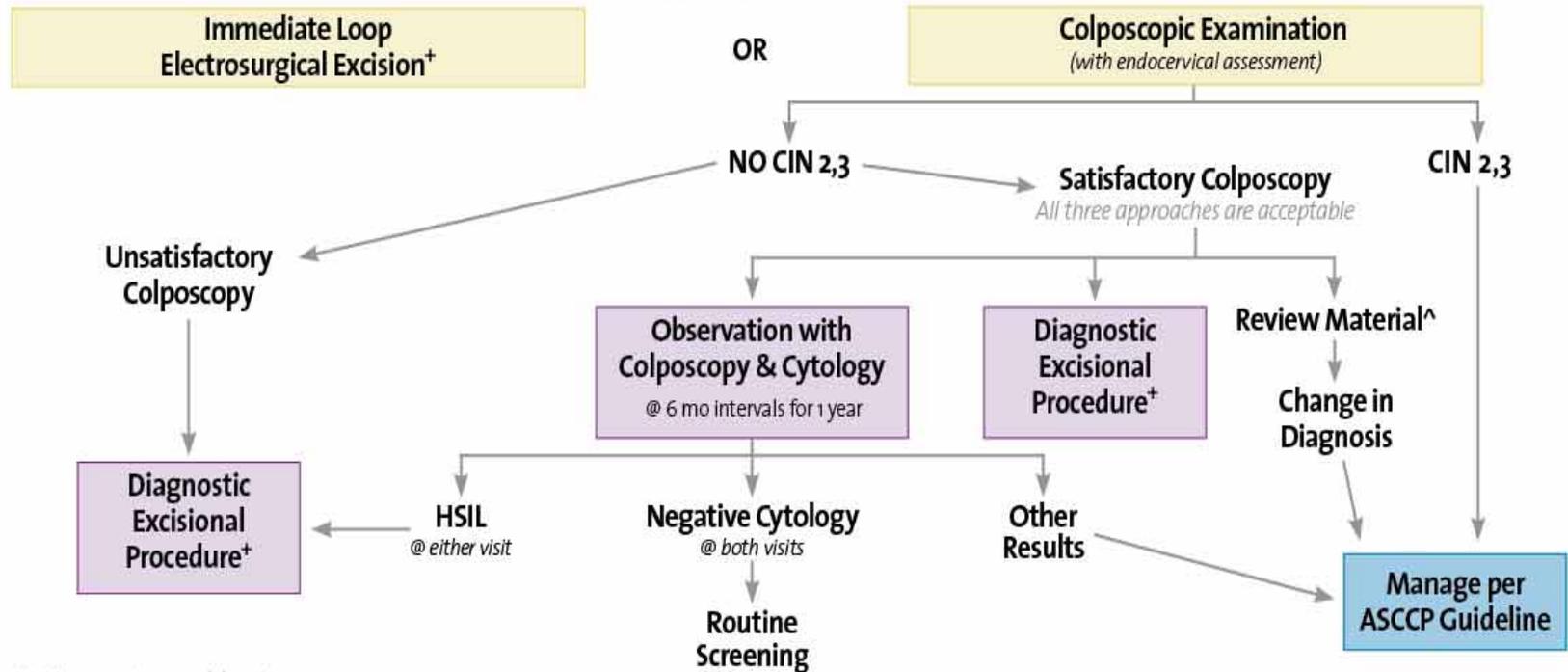


Management of Women with Low-grade Squamous Intraepithelial Lesion (LSIL) *



* Management options may vary if the woman is pregnant, postmenopausal, or an adolescent - (see text)

Management of Women with High-grade Squamous Intraepithelial Lesion (HSIL) *

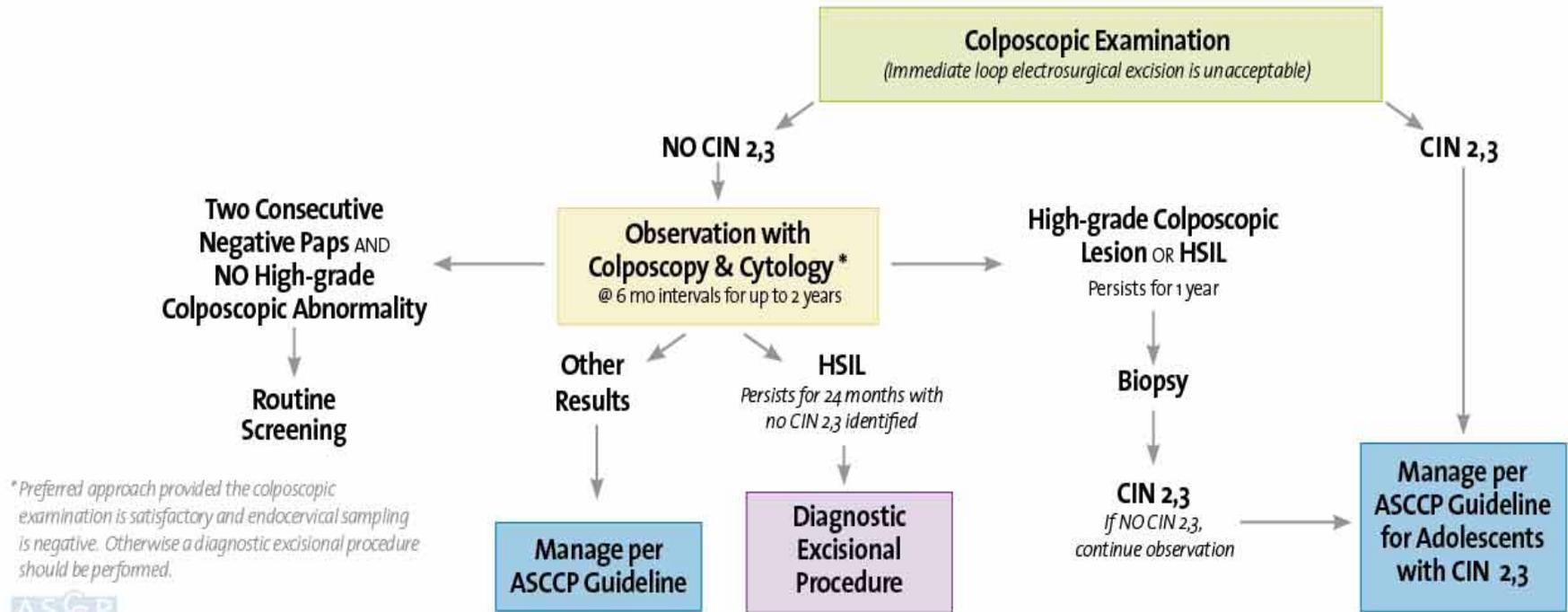


+ Not if patient is pregnant or an adolescent

^ Includes referral cytology, colposcopic findings, and all biopsies

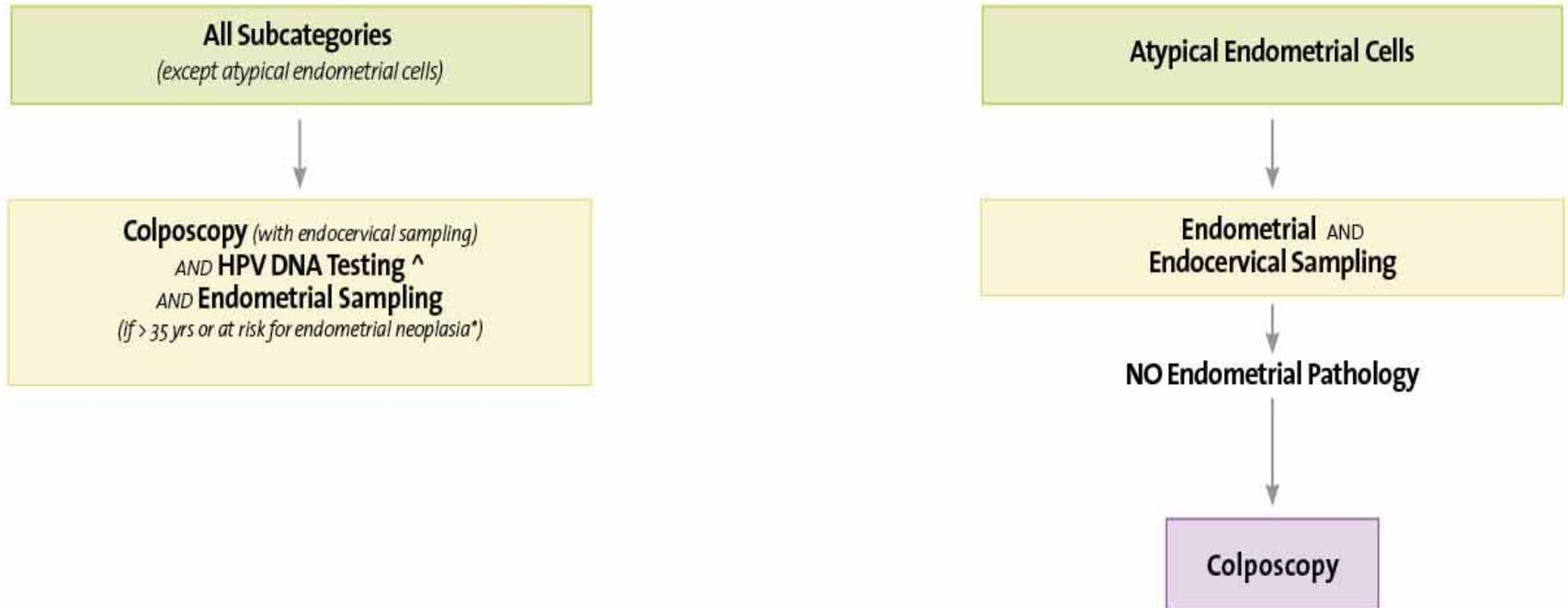
* Management options may vary if the woman is pregnant, postmenopausal, or an adolescent

Management of Adolescent Women (20 Years and Younger) with High-grade Squamous Intraepithelial Lesion (HSIL)



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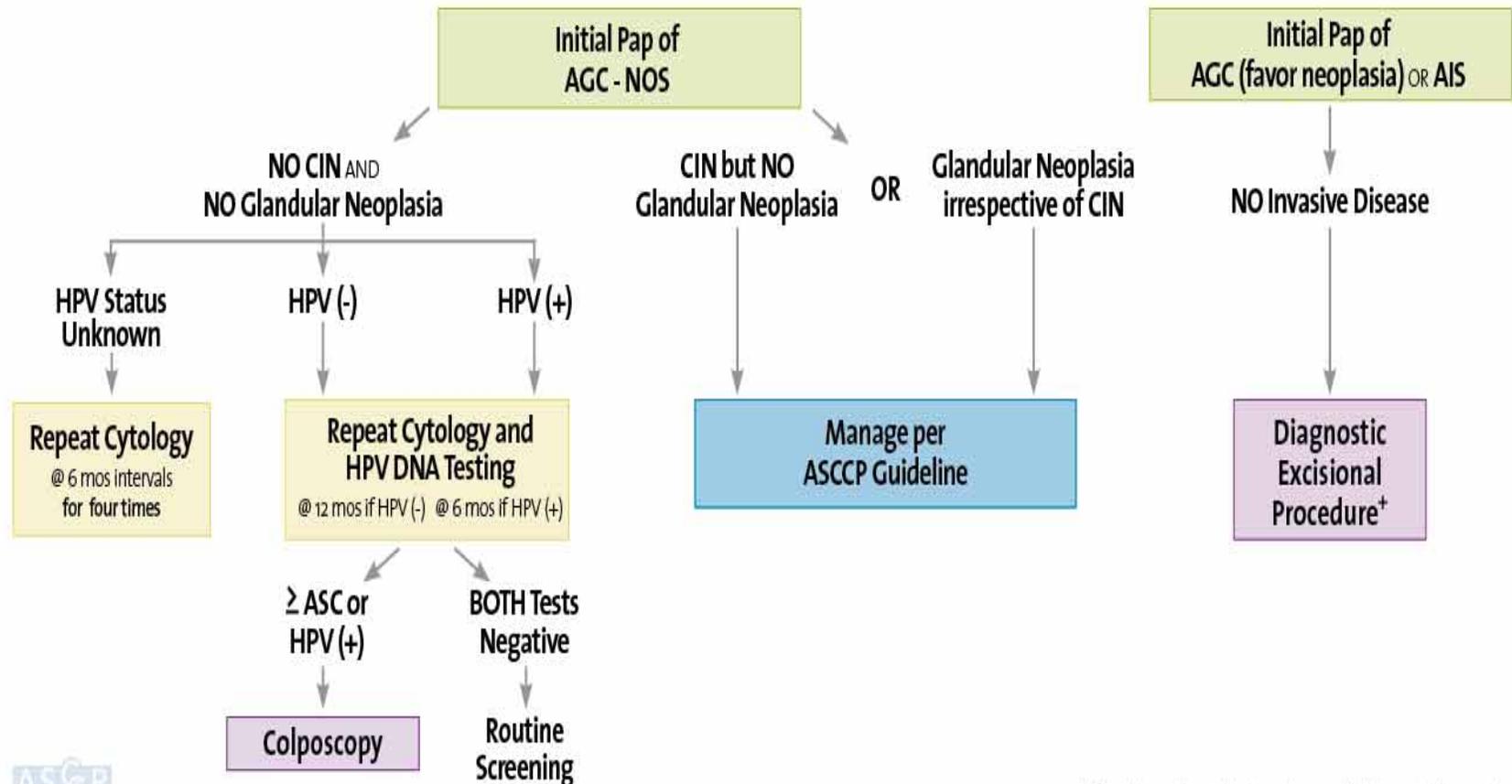
Initial Workup of Women with Atypical Glandular Cells (AGC)



[^] If not already obtained. Test only for high-risk (oncogenic) types.

^{*} Includes unexplained vaginal bleeding or conditions suggesting chronic anovulation.

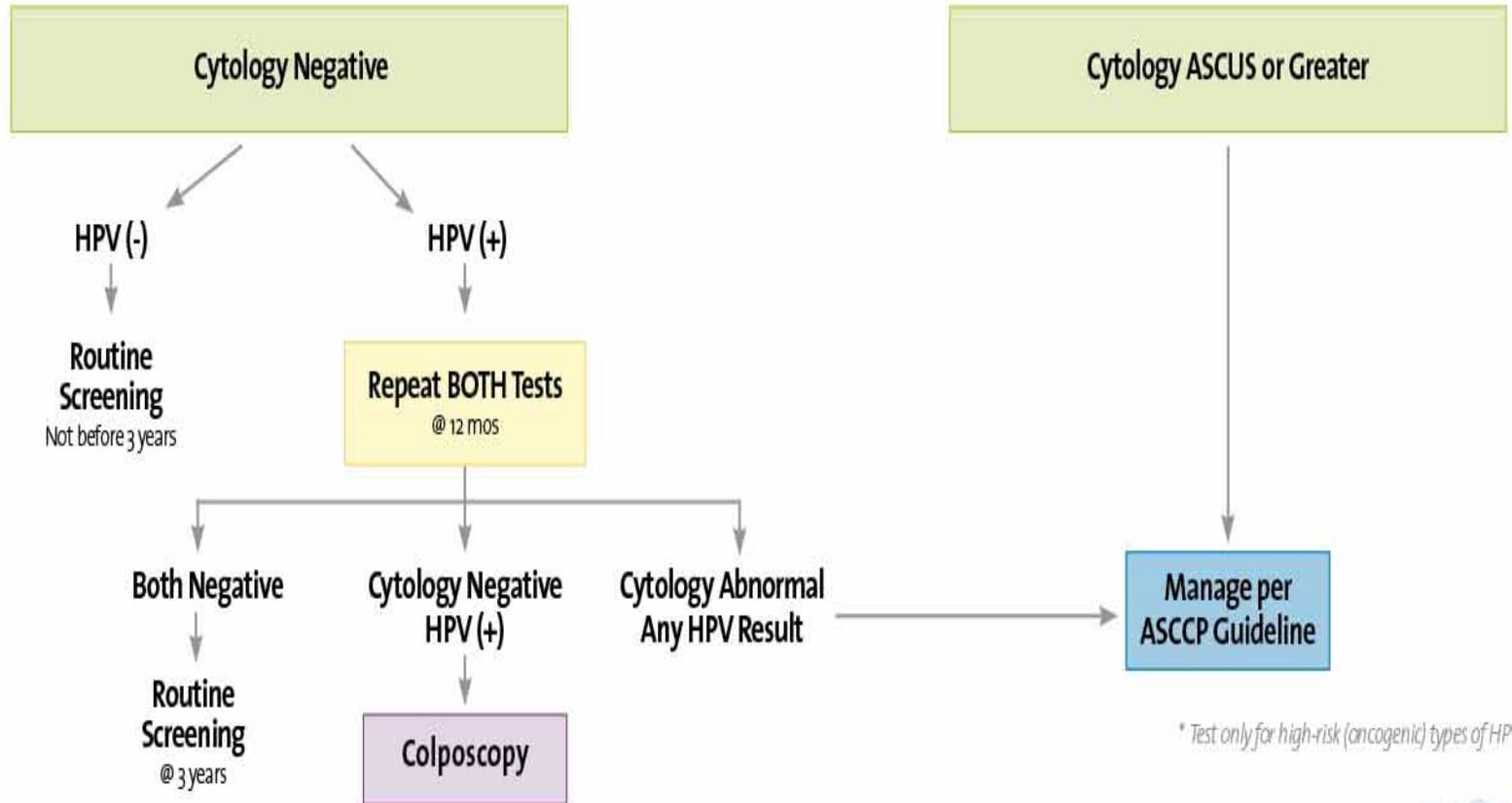
Subsequent Management of Women with Atypical Glandular Cells (AGC)



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+ Should provide an intact specimen with interpretable margins. Concomitant endocervical sampling is preferred.

Use of HPV DNA Testing * as an Adjunct to Cytology for Cervical Cancer Screening in Women 30 Years and Older

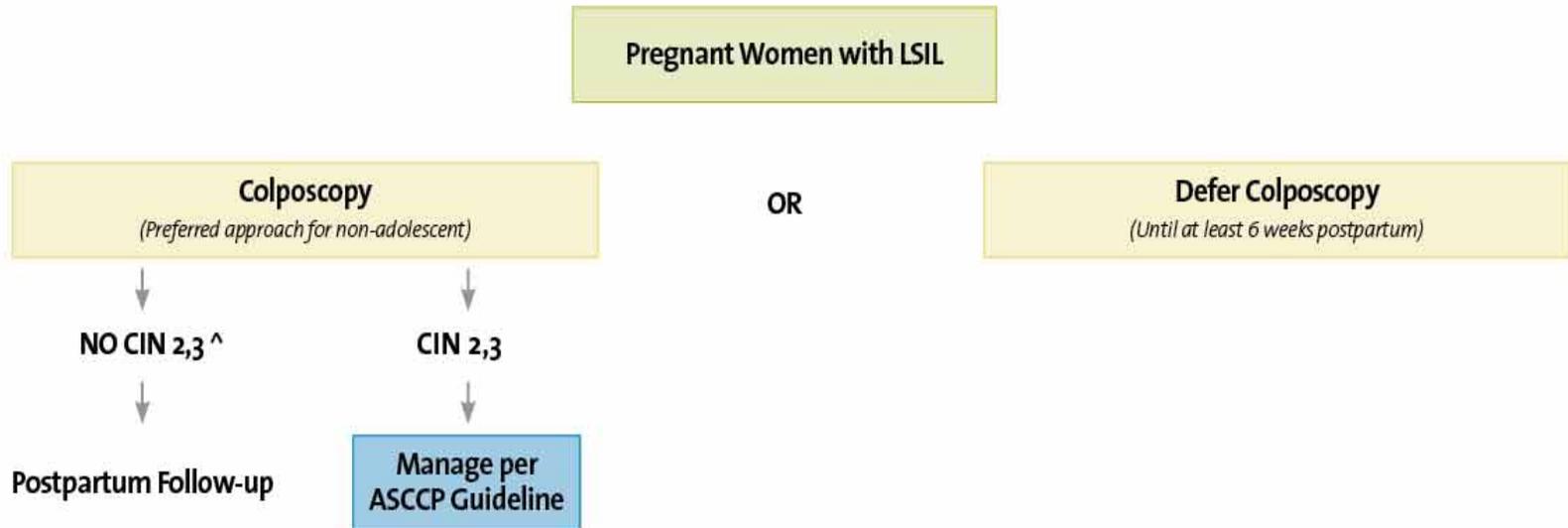


* Test only for high-risk (oncogenic) types of HPV



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Management of Pregnant Women with Low-grade Squamous Intraepithelial Lesion (LSIL)



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[^] In women with no cytological, histological, or colposcopically suspected CIN 2,3 or cancer

Appendix N

DEFINITIONS OF TERMS UTILIZED IN THE CONSENSUS GUIDELINES

Atypical is not normal.

ASCCP is the American Society for Colposcopy and Cervical Pathology.

Benign cellular changes are changes in cells due to a reaction to infection (i.e., trichomonads, herpes simplex, Chlamydia, BV, Candida) or a foreign body (i.e., IUD) or inflammation (includes repair) and/or atrophy.

Biopsy is a medical test involving the removal of cells or tissues for examination. It is the medical removal of tissue from a living subject to determine the presence or extent of disease. The tissue is generally examined under a microscope by a pathologist.

Colposcopy is the examination of the cervix, vagina, and in some instances the vulva, with the colposcope after the application of a 3-5% acetic acid solution coupled with obtaining colposcopically-directed biopsies of all lesions suspected of representing neoplasia.

Cytology is the study of cells. Studies function, structure, chemistry.

Diagnostic excisional procedure is the process of obtaining a specimen from the transformation zone and endocervical canal for histological evaluation and includes laser conization, cold-knife conization, loop electrosurgical excision (i.e., LEEP), and loop electrosurgical conization.

Endocervical assessment is the process of evaluating the endocervical canal for the presence of neoplasia using either a colposcope or endocervical sampling.

Endometrial neoplasia (EIN) is a malignant lesion of the uterine lining that predisposes to endometrial adenocarcinoma.

Endocervical sampling includes obtaining a specimen for either histological evaluation using an endocervical curette or a cytobrush or for cytological evaluation using a cytobrush

Endometrial sampling (biopsy) is a medical office procedure that is used to get a sample of the lining of the endometrial canal.

Glandular is a single layer cells that make up the lining of the body cavities and glands.

Immediate Loop Electrosurgical Excision (LEEP) is a procedure used for the treatment of mild to moderate cervical dysplasia (precancerous lesions). This is the most commonly used approach to the treatment of high grade cervical dysplasia discovered on colposcopic exam. LEEP uses a thin, low voltage electrified wire loop to cut out abnormal tissue on the cervix.

Appendix N

Lesion is changes in tissue or cells due to injury or disease.

Malignant is a lesion that has spread out of the epithelium and into the underlying tissue.

Negative cytology is a Pap smear showing no abnormal cells.

Neoplasia is the progressive, uncontrolled multiplication of cells, may be new or abnormal.

Satisfactory colposcopy indicates that the entire squamocolumnar junction and the margin of any lesion can be visualized with the colposcope. Endometrial sampling includes obtaining a specimen for histological evaluation using an endometrial biopsy or “dilation and curettage” or histeroscopy.

Squamous cells are multi-layer of cells which make up the epithelium whose primary purpose is to protect the underlying issue.

Unsatisfactory colposcopy indicates that the entire squamocolumnar junction and the margins of any lesions were not visualized with the colposcope.

KEY FOR PAP SMEAR CHART

AGC	Atypical glandular cells. Classified as atypical endocervical, endometrial, or glandular cells. Favor neoplasia
AGC NOS	Atypical glandular cells, not otherwise specified.
AIS	Endocervical adenocarcinoma.
ASC	Atypical squamous cells
ASC-US	Atypical squamous cells of undetermined significance
ASC-H	Atypical squamous cells, cannot exclude HSIL.
CIN	Cervical intraepithelial neoplasia.
CIN 1	Denotes low-grade precursors.
CIN 2, 3	Denotes high-grade precursors.
CIS	Carcinoma in situ
DNA	Deoxyribonucleic acid. The hereditary material in humans and almost all other organisms.
HPV	Human Papilloma Virus.
HSIL	High-grade squamous intraepithelial lesion.
LSIL	Low-grade squamous intraepithelial lesion.

Resource

- The 2006 Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests were published in the American Journal of Obstetrics and Gynecology (2007;197(4); 346-355). <http://www.asccp.org/consensus/cytological.shtml>
- Contraceptive Technology, 19th Revised Edition (2007) R.A. Hatcher, et all, Chapter 22, pages 559-581

Appendix P



PRECONCEPTION SCREENING AND COUNSELING CHECKLIST



NAME	BIRTHPLACE	AGE
DATE: / /		ARE YOU PLANNING TO GET PREGNANT IN THE NEXT SIX MONTHS? <input type="checkbox"/> Y <input type="checkbox"/> N
IF YOUR ANSWER TO A QUESTION IS YES, PUT A CHECK MARK ON THE LINE IN FRONT OF THE QUESTION. FILL IN OTHER INFORMATION THAT APPLIES TO YOU		

<p>DIET & EXERCISE</p> <p>What do you consider a healthy weight for you? _____</p> <p><input type="checkbox"/> Do you eat three meals a day?</p> <p><input type="checkbox"/> Do you follow a special diet (vegetarian, diabetic, other)?</p> <p><input type="checkbox"/> Which do you drink (<input type="checkbox"/> coffee <input type="checkbox"/> tea <input type="checkbox"/> cola <input type="checkbox"/> milk <input type="checkbox"/> water <input type="checkbox"/> other soda/pop other _____)?</p> <p><input type="checkbox"/> Do you eat raw or undercooked food (meat, other)?</p> <p><input type="checkbox"/> Do you take folic acid?</p> <p><input type="checkbox"/> Do you take other vitamins daily (<input type="checkbox"/> multivitamin <input type="checkbox"/> vitamin A <input type="checkbox"/> other)?</p> <p><input type="checkbox"/> Do you take dietary supplements (<input type="checkbox"/> black cohosh <input type="checkbox"/> pennyroyal <input type="checkbox"/> other)?</p> <p><input type="checkbox"/> Do you have current/past problems with eating disorders?</p> <p><input type="checkbox"/> Do you exercise? Type/frequency: _____</p> <p>Notes:</p>	<p>LIFESTYLE</p> <p><input type="checkbox"/> Do you smoke cigarettes or use other tobacco products?</p> <p>How many cigarettes/packs a day? _____</p> <p><input type="checkbox"/> Are you exposed to second-hand smoke?</p> <p><input type="checkbox"/> Do you drink alcohol?</p> <p>What kind? _____ How often? _____ How much? _____</p> <p><input type="checkbox"/> Do you use recreational drugs (cocaine, heroin, ecstasy, meth/ice, other)?</p> <p>List: _____</p> <p><input type="checkbox"/> Do you see a dentist regularly?</p> <p>What kind of work do you do? _____</p> <p><input type="checkbox"/> Do you work or live near possible hazards (chemicals, x-ray or other radiation, lead)? List: _____</p> <p><input type="checkbox"/> Do you use saunas or hot tubs?</p> <p>NOTES:</p>
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<p>MEDICATION/DRUGS</p> <p><input type="checkbox"/> Are you taking prescribed drugs (Accutane, valproic acid, blood thinners)? List them: _____</p> <p><input type="checkbox"/> Are you taking non-prescribed drugs?</p> <p>List them: _____</p> <p><input type="checkbox"/> Are you using birth control pills?</p> <p><input type="checkbox"/> Do you get injectable contraceptives or shots for birth control?</p> <p><input type="checkbox"/> Do you use any herbal remedies or alternative medicine?</p> <p>List: _____</p> <p>NOTES:</p>	<p>MEDICAL/FAMILY HISTORY</p> <p>Do you have or have you ever had:</p> <p><input type="checkbox"/> Epilepsy?</p> <p><input type="checkbox"/> Diabetes?</p> <p><input type="checkbox"/> Asthma?</p> <p><input type="checkbox"/> High blood pressure?</p> <p><input type="checkbox"/> Heart disease?</p> <p><input type="checkbox"/> Anemia?</p> <p><input type="checkbox"/> Kidney or bladder disorders?</p> <p><input type="checkbox"/> Thyroid disease?</p> <p><input type="checkbox"/> Chickenpox?</p> <p><input type="checkbox"/> Hepatitis C?</p> <p><input type="checkbox"/> Digestive problems?</p> <p><input type="checkbox"/> Depression or other mental health problem?</p> <p><input type="checkbox"/> Surgeries?</p> <p><input type="checkbox"/> Lupus?</p> <p><input type="checkbox"/> Scleroderma?</p> <p><input type="checkbox"/> Other conditions?</p> <p>Have you ever been vaccinated for:</p> <p><input type="checkbox"/> Measles, mumps, rubella?</p> <p><input type="checkbox"/> Hepatitis B?</p> <p><input type="checkbox"/> Chickenpox?</p> <p>NOTES:</p>
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<p>WOMEN'S HEALTH</p> <p><input type="checkbox"/> Do you have any problems with your menstrual cycle?</p> <p><input type="checkbox"/> How many times have you been pregnant?</p> <p>What was/were the outcomes(s)? _____</p> <p><input type="checkbox"/> Did you have difficulty getting pregnant last time?</p> <p><input type="checkbox"/> Have you been treated for infertility?</p> <p><input type="checkbox"/> Have you had surgery on your uterus, cervix, ovaries or tubes?</p> <p><input type="checkbox"/> Did your mother take the hormone DES during pregnancy?</p> <p><input type="checkbox"/> Have you ever had HPV, genital warts or chlamydia?</p> <p><input type="checkbox"/> Have you ever been treated for a sexually transmitted infection (genital herpes, gonorrhea, syphilis, HIV/AIDS, other)? List: _____</p> <p>NOTES:</p>	<p>GENETICS</p> <p>Does your family have a history of _____ or _____ your partner's family</p> <p><input type="checkbox"/> Hemophilia? _____</p> <p><input type="checkbox"/> Other bleeding disorders? _____</p> <p><input type="checkbox"/> Tay-Sachs disease? _____</p> <p><input type="checkbox"/> Blood diseases (sickle cell, thalassemia, other)? _____</p> <p><input type="checkbox"/> Muscular dystrophy? _____</p> <p><input type="checkbox"/> Down syndrome/Mental retardation? _____</p> <p><input type="checkbox"/> Cystic fibrosis? _____</p> <p><input type="checkbox"/> Birth defects (spine/heart/kidney)? _____</p> <p>Your ethnic background is: _____</p> <p>Your partner's ethnic background is: _____</p> <p>NOTES:</p>
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<p>HOME ENVIRONMENT</p> <p><input type="checkbox"/> Do you feel emotionally supported at home?</p> <p><input type="checkbox"/> Do you have help from relatives or friends if needed?</p> <p><input type="checkbox"/> Do you feel you have serious money/financial worries?</p> <p><input type="checkbox"/> Are you in a stable relationship?</p> <p><input type="checkbox"/> Do you feel safe at home?</p> <p><input type="checkbox"/> Does anyone threaten or physically hurt you?</p> <p><input type="checkbox"/> Do you have pets (cats, rodents, exotic animals)? List: _____</p> <p><input type="checkbox"/> Do you have any contact with soil, cat litter or sandboxes?</p> <p>Baby preparation (if planning pregnancy):</p> <p><input type="checkbox"/> Do you have a place for a baby to sleep?</p> <p><input type="checkbox"/> Do you need any baby items?</p> <p>NOTES:</p>	<p>OTHER</p> <p>IS THERE ANYTHING ELSE YOU'D LIKE ME TO KNOW?</p> <p>ARE THERE ANY QUESTIONS YOU'D LIKE TO ASK ME?</p>
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Appendix Q

HOW DO I ORDER VACCINE?

- **Note:** All VFC enrollment forms must be received and processed by ODH before your vaccine order will be filled. To enroll, please see **How Do I Enroll in the VFC Program?**
- Fill out the **VFC Vaccine Order Form** in this folder.
- Your first order will be an estimate based on the size of your practice and the percentage of your patients who are VFC eligible. Please consult with your ODH Immunization Consultant **prior** to your first order.
- After your first order, use the **Vaccine Eligibility Form** to determine your actual VFC vaccine usage. Orders are to be based on actual vaccine use, not estimations.
- If you wish to order Varicella vaccine, be sure you have returned the completed **Varicella Check Sheet** to ODH. Orders for Varicella vaccine can be filled only if your freezer is approved for Varicella vaccine storage (it must be capable of maintaining the prescribed temperature).
- Please be sure to order the number of **DOSES** needed - **NOT VIALS**. All orders are processed based on the number of doses requested. The number of doses per vial varies. ODH will automatically adjust the order to fit the number of doses requested.
- **VFC vaccine inventory must be reviewed, and recorded on the VFC Vaccine Order Form each time you order. Orders will not be processed without this information. The first time you order in 2008 using this new form, you may not be able to record the information in the column titled “Previous Inventory”.**
- Plan to order vaccine once every three months (quarterly).

Many providers develop a habit of ordering vaccine as soon as they run low on one particular vaccine. Frequent or “piece-meal” orders are more costly to fill. Numerous “piece-meal” orders tend to push back the delivery dates for all VFC providers.

ODH will not normally ship vaccine with an expiration date shorter than three months.

Please remember: in the three-month period which includes July and August, you are likely to need additional vaccine stock to meet back-to-school demands. Please use your VFC Vaccine Eligibility Form from previous years to determine how much vaccine you’ll need to cover those busy months. If you are not sure how to determine this need, please contact your VFC Consultant.

- *You may mail the VFC Vaccine Order Form to the address on the form,*
- *or you may fax the VFC Vaccine Order Form to (614) 752-1391.*

Note: PEDIATRIC DT and Pneumococcal Polysaccharide vaccines:

ODH will fill orders for Pediatric DT and pneumococcal polysaccharide (the 23-valent adult pneumococcal) vaccines on a case-by-case basis only, by written request. If you need to order these vaccines, please supply the child’s name, date of birth, and the medical condition which warrants giving these vaccines

Appendix Q

Maintaining the Cold Chain During Transport

When transporting vaccines, think about how each vaccine was packed when you first received it from the manufacturer or distributor. Use this as a model for how to repack the individual vaccines in order to transport them at their appropriate temperature. Keep a temperature log. Record the temperature during transport and periodically (e.g., at least once each hour) during the entire time the vaccine is kept in the transport container to ensure it remains within the recommended range.

	Vaccines	Special Instructions
Inactivated vaccines	<ul style="list-style-type: none"> • Diphtheria-tetanus-pertussis (DTaP, DT, Tdap, Td) • <i>Haemophilus influenzae</i> type b • Human papillomavirus • Hepatitis A • Hepatitis B • Influenza, inactivated • Meningococcal • Pneumococcal • Poliovirus, inactivated • Combination products of these vaccines 	<ul style="list-style-type: none"> • Keep cold at 35–46°F (2–8°C) and do not freeze. • Use refrigerated or frozen packs depending on the time of the year and the situation (e.g., frozen packs for hot weather while transporting outdoors, refrigerated packs for cold weather). • Make sure vaccines are kept in their original boxes. Place some insulation (e.g., crumpled paper, bubble wrap) between the vaccine boxes and the refrigerated or frozen packs to prevent the inactivated vaccine from directly touching the refrigerated or frozen packs. Put crushed paper in the cooler to keep the vaccines from shifting during transport. • During hot weather, keep the insulated container in a cool place (air-conditioned interior of car). Do not leave the vaccine container unattended or in the trunk of a parked car. During cold weather, do not leave the container in an unheated area because vaccine must not freeze. In cold weather, include a freeze indicator in the vaccine container.
Live virus vaccines	<ul style="list-style-type: none"> • Measles, mumps, rubella (MMR) • Rotavirus 	<ul style="list-style-type: none"> • Keep cold at 35–46°F (2–8°C). MMR may be frozen. • If MMR is transported with inactivated vaccines, follow the packing instructions for inactivated vaccines indicated above. • If you are transporting diluent in the same cooler with the MMR, refrigerate the diluent in advance to help maintain the cold temperature in the cooler.
	<ul style="list-style-type: none"> • Varicella (VAR) • MMR+VAR (MMRV) • Zoster (shingles) 	<p>Transport only the quantity needed in a special freezer unit or in an insulated container with dry ice; clearly mark the vaccine with the date and time it was removed from the original freezer unit. It is extremely important to include a thermometer in the container with the vaccine. If using dry ice, pack the container with enough to ensure the temperature is maintained at 5°F (-15°C) or colder. If dry ice is not available, you may transport VAR (not MMRV or zoster) with frozen packs. If the temperature within the container exceeds 5°F (-15°C) but doesn't go above 46°F (8°C), the expiration date of the VAR vaccine is reduced to 72 hours. VAR vaccine that has reached temperatures above 46°F (8°C) or has exceeded the 72 hour limit cannot be used. Note: MMRV and zoster vaccines must always be transported with dry ice or in a special freezer unit that can reliably maintain temperatures of 5°F (-15°C) or colder. For this reason, transport of MMRV or zoster to off-site clinics is not advised.</p>
	<ul style="list-style-type: none"> • Influenza, live 	<p>For information on transporting live, attenuated intranasal influenza vaccine (FluMist®), refer to the package insert.</p>

Adapted by the Immunization Action Coalition, courtesy of the Minnesota Department of Health

Technical content reviewed by the Centers for Disease Control and Prevention, Nov. 2006.

www.immunize.org/catg.d/p3049.pdf • Item #P3049 (11/06)

Immunization Action Coalition • 1573 Selby Ave. • St. Paul, MN 55104 • (651) 647-9009 • www.immunize.org • www.vaccineinformation.org

Appendix Q

Checklist for Safe Vaccine Handling and Storage

Here are the 20 most important things you can do to safeguard your vaccine supply. Are you doing them all? Reviewing this list can help you improve your clinic's vaccine management practices.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. We have a designated person in charge of the handling and storage of our vaccines. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. We have a back-up person in charge of the handling and storage of our vaccines. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. A vaccine inventory log is maintained that documents: <ul style="list-style-type: none"> <input type="checkbox"/> Vaccine name and number of doses received <input type="checkbox"/> Date the vaccine was received <input type="checkbox"/> Arrival condition of vaccine <input type="checkbox"/> Vaccine manufacturer and lot number <input type="checkbox"/> Vaccine expiration date |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Our refrigerator for vaccines is either household-style or commercial-style, NOT dormitory-style. The freezer compartment has a separate exterior door. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. We do NOT store any food or drink in the refrigerator or freezer. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. We store vaccines in the middle of the refrigerator or freezer, and NOT in the door. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. We stock and rotate our vaccine supply so that the newest vaccine of each type (with the longest expiration date) is placed behind the vaccine with the shortest expiration date. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. We check vaccine expiration dates and we first use those that will expire soonest. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. We post a sign on the refrigerator door showing which vaccines should be stored in the refrigerator and which should be stored in the freezer. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. We always keep a thermometer in the refrigerator. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. The temperature in the refrigerator is maintained at 35–46°F (2–8°C). |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. We keep extra containers of water in the refrigerator to help maintain cold temperatures. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. We always keep a thermometer in the freezer. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. The temperature in the freezer is maintained at +5°F (-15°C) or colder. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. We keep ice packs and other ice-filled containers in the freezer to help maintain cold temperatures. |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. We post a temperature log on the refrigerator door on which we record the refrigerator and freezer temperatures twice a day—first thing in the morning and at clinic closing time—and we know whom to call if the temperature goes out of range. |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. We have a “Do Not Unplug” sign next to the refrigerator’s electrical outlet. |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. In the event of a refrigerator failure, we take the following steps: <ul style="list-style-type: none"> <input type="checkbox"/> We assure that the vaccines are placed in a location with adequate refrigeration. <input type="checkbox"/> We mark exposed vaccines and separate them from undamaged vaccines. <input type="checkbox"/> We note the refrigerator or freezer temperature and contact the vaccine manufacturer or state health department to determine how to handle the affected vaccines. <input type="checkbox"/> We follow the vaccine manufacturer’s or health department’s instructions as to whether the affected vaccines can be used, and, if so, we mark the vials with the revised expiration date provided by the manufacturer or health department. |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. We have obtained a detailed written policy for general and emergency vaccine management from our local or state health department. |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. If all above answers are “yes,” we are patting ourselves on the back. If not, we have assigned someone to implement needed changes! |

Technical content reviewed by the Centers for Disease Control and Prevention, Dec. 2006.

www.immunize.org/catg.d/p3035chk.pdf • Item #P3035 (12/06)

Appendix Q

Don't Be Guilty of These Errors in Vaccine Storage and Handling

The following are frequently reported errors in vaccine storage and handling. Some of these errors are much more serious than others, but none of them should occur. Be sure your clinic or practice is not making errors such as these.

Error #1: Designating only one person in the office to be responsible for storage and handling of vaccines, instead of a minimum of two.

It's important to train at least one back-up person to learn proper storage and handling of vaccines. The back-up person should be familiar with all aspects of vaccine storage and handling, including knowing how to handle vaccines when they arrive, how to properly record refrigerator and freezer temperatures, and what to do in case of an equipment problem or power outage.

Error #2: Recording temperatures only once per day.

Temperatures fluctuate throughout the day. Temperatures in the refrigerator and freezer should be checked at the beginning and end of the day to determine if the unit is getting too cold or too warm. Ideally, you should have continuous thermometers that measure and record temperatures all day and all night. A less expensive alternative is to purchase maximum/minimum thermometers. Only certified thermometers should be used for vaccine storage. It's also a good idea to record the room temperature on your temperature log in case there is a problem with the refrigerator or freezer temperature. This information may be helpful to the vaccine company's telephone consultant in determining whether your vaccine can still be used.

Error #3: Recording temperatures for only the refrigerator or freezer.

If your facility administers varicella, MMRV, or zoster (shingles) vaccine, you should have certified thermometers in both the refrigerator and freezer. Rather than buying cheap thermometers that may not accurately measure the temperature, buy quality thermometers that will last for years.

Error #4: Documenting out-of-range temperatures on vaccine temperature logs but not taking action.

Documenting temperatures is not enough. Acting on the information is even more important! So, what should you do? Notify your supervisor whenever you have an out-of-range temperature. Safe-guard your vaccines by moving them to another location and then determine if they are still useable. Check the condition of the unit for problems. Are the seals tight? Is there excessive lint or dust on the coils? After you have made the adjustment, document the date, time, temperature, the nature of the problem, the action you took, and the results of your action. Recheck the temperature every two hours. Call maintenance or a repair person if the temperature is still out of range.

Error #5: Discarding temperature logs at the end of every month.

It's important that you keep your temperature logs for at least three years. As the refrigerator ages, you can track recurring problems. If out-of-range temperatures have been documented, you can determine how long this has been happening and take appropriate action. It's also a great way to lobby for a new refrigerator.

Error #6: Refrigerating vaccine in a manner that could jeopardize its quality.

The temperature in the vegetable bins, on the floor, next to the walls, in the door, and near the cold air outlet from the freezer may differ significantly from the temperature in the body of the refrigerator. Always store vaccines in their original packaging in the body of the refrigerator away from these locations. Place vaccine packages in such a way that air can circulate around the compartment. Never overpack a refrigerator compartment.

Error #7: Storing frozen vaccines in a dorm-style refrigerator.

Varicella, MMRV, and zoster (shingles) vaccines must be stored in a freezer that has its own external door separate from the refrigerator. No matter how hard you try to adjust the temperature in a dorm-style refrigerator's freezer to +5°F, you won't be able to reach this low freezer temperature, and you'll probably freeze the vaccines in the refrigerator compartment!

Error #8: Inadvertently leaving the refrigerator or freezer door open or having inadequate seals.

Remind staff to close the unit doors tightly each time they open them. Also, check the seals on the doors on a regular schedule, and if there is any indication the door seal may be cracked or not sealing properly, have it replaced. The cost of replacing a seal is much less than replacing a box of pneumococcal conjugate or varicella vaccine.

Error #9: Discarding multi-dose vials 30 days after they are opened.

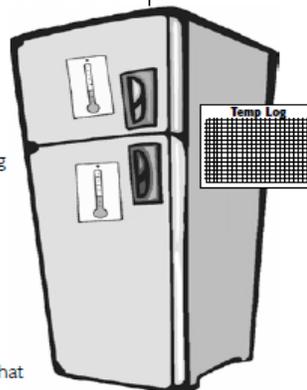
Don't discard your vaccines prematurely. Almost all multi-dose vials of vaccine contain a preservative and can be used until the expiration date on the vial unless there is visible contamination. However, you must discard multi-dose vials of reconstituted vaccine (e.g., meningococcal, yellow fever) if they are not used within a defined period after reconstitution. Refer to the vaccine package inserts for additional information.

Error #10: Not having emergency plans for a power outage or natural disaster.

Every clinic should have a written Disaster Recovery Plan that identifies a refrigerator with a back-up generator in which to store vaccine in the event of a power outage or natural disaster. Consider contacting a local hospital or similar facility to be your back-up location if you should need it.

Error #11: Storing food and drinks in the vaccine refrigerator.

Frequent opening of the refrigerator door to retrieve food items can adversely affect the internal temperature of the unit and damage vaccines.



Technical content reviewed by the Centers for Disease Control and Prevention, May 2007.

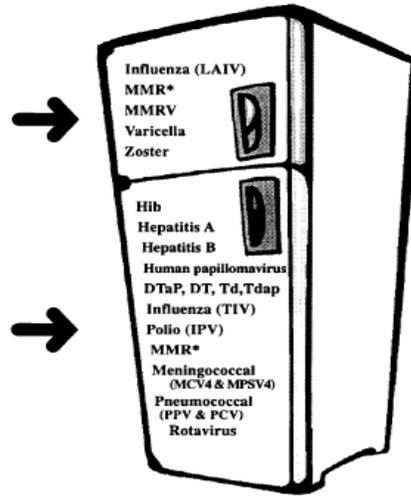
www.immunize.org/catg.d/p3036.pdf • Item #P3036 (5/07)

Vaccine Handling Tips

Outdated or improperly stored vaccines won't protect patients!

Maintain freezer temperature at 5°F (-15°C) or colder

Maintain refrigerator temperature at 35–46°F (2–8°C)



Order vaccine carefully.

Inventory your vaccine at least monthly and before placing an order. Expired vaccine must never be used and is money wasted!

Store vaccine correctly.[†]

Refrigerate or freeze immediately upon receiving shipment. Do not store vaccine in the door of the refrigerator or freezer. Inactivated vaccines should always be placed in the middle of the refrigerator far enough away from the freezer compartment to protect them from freezing.

Always use the vaccine with the earliest expiration date first.

Move vaccine with the earliest expiration date to the front and mark it to be used first. Keep vials in their boxes. Never use outdated vaccine.

Stabilize temperatures.

Store ice packs in the freezer and large jugs of water in the refrigerator along with the vaccine. This will help maintain a stable, cold temperature in case of a power failure or if the refrigerator or freezer doors are opened frequently or left open. Frequent opening of the refrigerator unit's doors can lead to temperature variations inside, which could affect vaccine efficacy. For this reason you should not store food or beverages in the refrigerator or freezer.

Safeguard the electrical supply to the refrigerator.

Make sure the refrigerator is plugged into an outlet in a protected area where it cannot be disconnected accidentally. Label the refrigerator, electrical outlets, fuses, and circuit breakers on the power circuit with information that clearly identifies the perishable nature of vaccines and the immediate steps to be taken in case of interruption of power (use DO NOT UNPLUG stickers). If your building has auxiliary power, use the outlet supplied by that system.

*MMR may be stored in either the freezer or the refrigerator.

[†]Refer to package insert for specific instructions on the storage of each vaccine. If you have questions about the condition of the vaccine, you should immediately place the vaccine in recommended storage and call the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been affected. For other questions, call the immunization program at your state or local health department.

Record your health department's phone number here: _____

Adapted by the Immunization Action Coalition, courtesy of the Minnesota Department of Health

Appendix Q

Vaccine Emergency Management Plan

Your practice is responsible for developing and implementing a vaccine emergency management plan. Power outages and natural disasters sometimes result in vaccine being allowed to warm above recommended temperatures. Your office should develop an emergency/disaster plan that will keep your vaccine safe and stored at the recommended temperatures in the event of an extended power outage. **IMPORTANT:** If the power outage is due to a weather emergency or natural disaster, the Ohio Department of Health (ODH) will replace your VFC vaccine stock. If the VFC vaccine is spoiled/wasted due to non-weather related power outages or human error (examples: storage unit door left open or ajar, the unit being unplugged) your facility is responsible for the spoiled/wasted vaccine. You may contact your insurance company to determine whether they will subrogate the cost of the spoiled/wasted vaccine.

In the event of a power outage the following steps should be followed:

1. Determine the cause of the power outage; mechanical failure of the unit, circuit breaker, etc...
2. Determine duration of power outage.
3. Take inventory of the VFC vaccine, including lot numbers and expiration dates.
4. Document the current temperature of the failed vaccine storage unit.*
 - Refrigerator temperature - must be between 36°F and 46°F (2°C and 8°C).
 - Freezer temperature - must be +5°F (minus 15°C) **or colder**.

* **IMPORTANT:** If temperatures are not within the specified range, the vaccine should be placed back in recommended storage, but clearly separated from the undamaged supply. Contact the VFC office at (614) 752-1352. **DO NOT USE VACCINE** until a VFC representative at the Ohio Department of Health has been contacted for instructions on how to proceed. Depending on manufacturer specifications, there is a possibility that the vaccine is viable. If the VFC representative determines that your VFC vaccine is spoiled/wasted, return VFC vaccine (including partial vials) to the ODH Warehouse at 900 Freeway Drive, Building 8, Columbus, Ohio 43229. **Do not discard spoiled/wasted VFC vaccine.**

Plan for Emergency Storage of Vaccine

1. Contact your practice's designated emergency personnel.
2. Before transporting vaccine, call emergency vaccine storage site to ensure power is maintained. (Possible emergency storage sites for vaccines: local hospitals, 24-hour pharmacies, or other medical practices).
3. Utilize insulated coolers, ice packs, and dry ice (for Varicella vaccine only) to ensure cold chain procedures for transport to emergency storage facility.

Emergency Personnel Contacts

NAME	TITLE	HOME PHONE	CELLULAR	PAGER

Emergency Vaccine Storage Site

FACILITY NAME	ADDRESS	PHONE #	CONTACT PERSON

NAME OF POWER COMPANY	PHONE NUMBER OF POWER COMPANY

All staff, including the custodial and security guard when applicable should receive a copy of this plan in writing and be required to review the plan. All staff should know the standard procedure to follow and where/how the individual vaccines are to be stored. **Note: Your VFC representative will ask for a copy of the Vaccine Emergency Management Plan during site visits.**

Emergency Response Worksheet

What to do in case of a power failure or another event that results in vaccine storage outside of the recommended temperature range

Follow these procedures:

1. Close the door tightly and/or plug in the refrigerator/freezer.
2. Store the vaccines at appropriate temperatures. Make sure the refrigerator/freezer is working properly or move the vaccines to a unit that is. Do not discard the affected vaccines. Mark the vaccines so that the potentially compromised vaccines can be easily identified.
3. Call the manufacturer(s) and notify the local or state health department (see phone numbers below).
4. Record action taken.

Record this information*:

1. Temperature of refrigerator: current _____ max. _____ min. _____
2. Temperature of freezer: current _____ max. _____ min. _____
3. Air temperature of room where refrigerator is located: _____
4. Estimated amount of time the unit's temperature was outside normal range
refrigerator _____ freezer _____
5. Vaccines in the refrigerator/freezer during the event (use the table below)

* Using a recording thermometer is the most effective method of tracking the refrigerator and freezer temperatures over time. Visually checking thermometers twice a day is another effective method to identify inconsistent or fluctuating temperatures in a refrigerator and freezer.

Vaccines Stored in Refrigerator

Vaccine, manufacturer, and lot #	Expiration date	# of doses	# of affected vials	Action taken

Vaccines Stored in Freezer

Vaccine, manufacturer, and lot #	Expiration date	# of doses	# of affected vials	Action taken

Other Conditions

1. Prior to this event, was the vaccine exposed to temperatures outside the recommended range? Y N
2. Were water bottles in the refrigerator and ice packs in the freezer at the time of this event? Y N
3. Other: _____

Manufacturers

- | | |
|-------------------|----------------|
| GlaxoSmithKline | (866) 475-8222 |
| MedImmune, Inc. | (877) 633-4411 |
| Merck & Co., Inc. | (800) 637-2579 |
| Novartis Vaccines | (800) 244-7668 |
| sanofi pasteur | (800) 822-2463 |
| Wyeth Vaccines | (800) 572-8221 |

Other Resources

Local health department phone number _____ State health department phone number _____

Adapted by the Immunization Action Coalition, courtesy of the Michigan Department of Community Health

www.immunize.org/catg.d/p3051.pdf • Item #P3051 (10/06)

Appendix Q

Temperature Log for Vaccines (Fahrenheit)

Month/Year: _____ Days 1–15

***Instructions:** Place an “X” in the box that corresponds with the temperature. The hatched zones represent unacceptable temperature ranges. If the temperature recorded is in the hatched zone: 1. **Store the vaccine** under proper conditions as quickly as possible, 2. **Call the vaccine manufacturer(s)** to determine whether the potency of the vaccine(s) has been affected, 3. **Call the immunization program at your local health department** for further assistance: (____) _____ and 4. **Document the action taken** on the reverse side of this log.

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15															
Exact Time																														
°F Temp	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm														
≥49°	Take immediate action if temperature is in shaded section*																													
48°																														
47°																														
46°																														
45°																														
44°																														
43°																														
42°																														
41°																														
40°																														
39°	Take immediate action if temperature is in shaded section*																													
38°																														
37°																														
36°																														
35°																														
34°																														
33°																														
32°																														
31°																														
30°																														
29°	Take immediate action if temperature is in shaded section*																													
≤28°																														
≥8°																														
7°																														
6°																														
5°																														
4°																														
≤3°																														
Room temp																														
Staff Initials																														

Adapted by the Immunization Action Coalition courtesy of the Michigan Department of Community Health

www.immunize.org/catg.d/p3039.pdf • Item #P3039 (8/04)



Ohio Department of Health – Immunization Program Vaccines for Children (VFC) Program Vaccine Order Form – Instruction Sheet

Completing the Ohio VFC Order Form:

1. All sections of the VFC Order Form must be completed for an order to be processed.
 - a. Comments and Special Instructions should include any restricted shipping hours, reasons why additional doses of vaccine are being ordered or why special vaccines, such as DT, Pneumococcal Polysaccharide, or Td are being ordered. Private VFC clinics should be providing Tdap to their adolescent population rather than Td.
2. Inventory
 - a. Previous Inventory – The doses of VFC vaccine you had in stock prior to your last order.
 - b. Vaccines Received from ODH at last order – The VFC doses you last received from ODH.
 - c. Total Vaccine Administered – The doses used on VFC eligible patients.
 - d. Vaccine Transferred To or From another Provider – List the number of doses that were taken from your VFC stock and transferred to another site (this number should read as a negative). List the number of VFC doses that were brought in from another site's VFC stock and added to your supply (this number should read as a positive). A Vaccine Transfer Form should be completed in these situation.
 - e. Expired or Wasted VFC Vaccine – The number of VFC doses that were lost due to expiration or wastage. Note: These vaccines should be sent back to the warehouse accompanied by the VFC Transfer Form.
 - f. Current Vaccine Inventory – The current supply of VFC vaccine on hand.
 - i. Vaccine Inventory needs to be completed on all VFC vaccines at quarterly orders regardless of what vaccines are being ordered.
3. Vaccine Ordering
 - a. Check the vaccine type and presentation that is being ordered. List the number of doses that are being requested.
 - i. If the vaccine presentation that you order is not available (i.e. prefilled syringes) the available presentation (i.e. multi-dose vial) will be sent instead.
 - b. Orders should reflect a 3-month VFC vaccine need.
4. Vaccine orders can be placed on hold or reduced for the following reasons:
 - a. Inventory section of the order form not completed;
 - b. Order exceeds expected quarterly need;
 - c. Order is placed too early;
 - d. Site is not consistently ordering all vaccines on the Recommended Immunization Schedule;
 - e. No Provider Profile on file;
 - f. No varicella check sheet on file (for varicella and ProQuad orders).

Helpful Hints:

1. DTaP, Tdap, IPV, Hep B, MMR, Td (adult), Comvax, Pediarix, Prevnar, RotaTeq, Menactra, Influenza, Hep A and GARDASIL should be refrigerated between 35 - 46° F (2-8° C). These vaccines should never reach freezing temperatures.
2. Varicella and MMRV must be stored at 5° F (-15° C) or colder.
3. Keep ice packs in your freezer and jugs of water in the refrigerator to help maintain ambient temperatures in the event of a power outage or refrigerator malfunction.
4. Maintain a temperature log for the refrigerator and freezer and monitor twice a day – morning and evening.
5. Rotate your vaccine stock. Use shortest expiration dates first. (Rev: 12/07)

Appendix R

FORMULARY

1. Agencies funded by the Ohio Department of Health must be operated in accordance with Federal and state laws.
2. The inventory, supply, and provision of pharmaceuticals must be conducted in accordance with state pharmacy laws and professional practice regulations.
3. The prescription of pharmaceuticals must be done under the direction of a clinician who maintains prescriptive authority according to state law.
4. All medications must be approved by the Food and Drug Administration (FDA).
5. Agencies who do not comply are subject to termination of funding.

Appendix S

Pap Smear/Pelvic Examination ACOG recommended guidelines:

AGE	PAP SMEAR	PELVIC EXAM	FREQUENCY	SPECIAL CONSIDERATIONS
<21				Consider pelvic exam if sexually active and symptomatic
<21 HIV- infected	*	*	2X in the first year after DX 1X year thereafter	
<21 weakened immune system	*	*	6 months apart in the first year after they begin having sex 1X year thereafter	
21-29	*		Every 2 years	
21-29		*	Annually	
30 >	*		Every 3 years	With 3 consecutive negative pap smears No HX of CIN 2, CIN 3, HIV negative, not immunocompromised, no DES exposure in utero
30 >		*	Annually	
65-70 >		*	Annually	With 3 consecutive negative pap smears No abnormal test results in 10 years
ALL		*	Annually	Total hysterectomy for benign indications No prior HX of high-grade CIN