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PHSA-BCCDC Non-Certified Practice Decision Support Tool Pelvic Examination

PELVIC EXAMINATION

Decision support tools (DSTs) are evidence-based documents used to guide the assessment, diagnosis and treatment of client-specific clinical problems or conditions. When DSTs are used to guide practice, they are implemented in conjunction with clinical judgment, available evidence, and consultation with the health care team as required. Decision making occurs in a client centred manner, where nurses support client autonomy.

Pelvic examination (exam) is not within RN scope of practice for clients who:

- are less than 14 years of age.
- are pregnant.
- have undergone upper instrumentation (e.g. gynecological procedure such as therapeutic abortion) in the previous two weeks.

Referral to a physician or nurse practitioner (NP) is required if pelvic exam is indicated for clients listed above. When indicated, low barrier screening (e.g. for sexually transmitted infections [STIs]) can be offered.

CRNBC SCOPE OF PRACTICE

Registered nurses (RNs) who carry out a pelvic exam or cervical cancer screening must possess the competencies established by the Provincial Health Services Authority (PHSA) and follow this decision support tool established by PHSA.

INDICATIONS FOR PELVIC EXAMINATION

- To collect specimens for cervical cancer screening
- To clinically assess and collect specimens based on symptoms
- Based on assessment and client request

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INTENDED OUTCOMES

- The client has been provided with a respectful, competent pelvic exam and care
- Collection of appropriate specimen(s)
- The client has been provided with an opportunity for learning
- The client is comfortable seeking ongoing follow up
- Referral to the appropriate practitioner or resources as required

DECISION MAKING CRITERIA

Nurses assess risk factors suggesting the need for cervical cancer screening and/or STI screening prior to initiating discussion regarding pelvic exam (See Appendix A: *Decision Algorithm for Pelvic Examination*). Nurses apply a trauma informed and health equity lens to consider the client's individual needs and circumstances which **may** require additional education, discussion, resources and/or referral.

The application of a health equity lens considers barriers that may be experienced in relation to sexual health including the pelvic exam. The following are examples (not exhaustive) of client populations who may experience barriers to care in relation to pelvic exam: adolescents, clients with obesity, women who have sex with women, clients with disabilities, transgender clients, Indigenous clients, and clients with a history of sexual trauma or violence. Health inequities are compounded when client populations experience multiple barriers to care. Appendix C: *Additional Resources*, offers current resources for RNs related to health inequities.

In BC, RNs follow current British Columbia Cancer Agency (BCCA) recommendations for cervical cancer screening (available online: [Screening for Cancer of the Cervix: An Office Manual for Health Care Providers](#)).

When applicable, RNs refer to the CRNBC [STI Certified Practice DSTs](#), BCCDC [Non-Certified Practice STI DSTs](#), the Public Health Agency of Canada [Canadian Guidelines on Sexually Transmitted Infections](#), and the [British Columbia Treatment Guidelines: Sexually Transmitted Infections in Adolescents and Adults 2014](#).

Hormonal Contraception: Experts emphasize that a pelvic exam is not required in order to prescribe hormonal contraception.

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Sexually Transmitted Infection (STI) Screening: Less invasive STI screening techniques, such as specimen collection via vaginal swab or urine sample, are acceptable and recommended to maintain routine STI screening in sexually active, asymptomatic clients who are not due for cervical cancer screening. In any case, client preference needs be respected and low barrier specimen collection for STI testing should be offered, along with education and support.

ASSESSMENT

Determine Screening Eligibility:

Refer to the current BCCA recommendations for cervical cancer screening and Appendix A: *Decision Algorithm for Pelvic Examination*.

Health History

Sexual

- Client concerns
- Sex of partners – male/female/transgender/other
- Types of sexual contact – oral/vaginal/anal
- Use of barrier protection
- Date of last sexual contact
- Number of partners in the last 60 days
- History of STIs
- Pap screening and results, if abnormal
- Previous pelvic exam(s)
- Dyspareunia
- Assess for intimate partner violence and/or previous sexual assault

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Reproductive

- Method of contraception
- Date of last menstrual period
- Regularity of menses
- Age of menses onset
- Age of menopause
- Pregnancy (current and previous)
- Surgical history (hysterectomy, other invasive intrauterine procedures)

Medical

- Vaccination status (e.g. HPV vaccine)
- Current medications
- Allergies

Symptoms Inquiry

- Onset
- Duration and frequency
- Location
- Symptom radiation to adjacent areas
- Severity
- Precipitating and aggravating factors
- Relieving factors
- Associated symptoms
- Effects on daily activities
- Previous treatments and outcomes

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Obtain Consent

Using a client centred and trauma-informed approach, discuss elements of the exam prior to initiating the physical exam. This may include:

- inquiry regarding client concerns, questions and prior experiences
- explanation of the screening procedure and testing to be done
- explanation of the physical sensations the client may experience during the exam
- explanation that the client may request to discontinue the exam for any reason, at any time
- offering to show the client the speculum and how it works
- offering the presence of a third party during the exam
- assessing whether modifications may be required in relation to the exam; assessing the clients body language and readiness for the exam
- offering the client a mirror in order to observe the exam if they wish
- confirming the client consents to be examined

Physical Assessment

This may or may not include all components of a full pelvic exam (e.g. external exam, speculum exam, and bimanual exam). See Appendix A: *Decision Algorithm for Pelvic Examination*.

External Exam

- Inspect the external genital, pubic, perineal and peri-anal areas (e.g. for bleeding, discharge, irritation, lesions, rash, other skin abnormalities)
- Palpate the inguinal nodes (for enlargement/tenderness)
- Palpate the Bartholin's glands (for tenderness and swelling)

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Speculum Exam

- Inspect vaginal introitus and vaginal wall (e.g. redness, swelling, lesions)
- Assess vaginal discharge for:
 - amount, consistency, colour, and odour (e.g. copious, mucoid, purulent, thick, frothy, malodorous, amine odour)
 - pH (if indicated)
- Inspect cervix (e.g. redness, swelling, lesions, and nature of discharge) for:
 - ectopy
 - nabothian cysts
 - friability
 - IUD string

Bimanual Exam

- Assess for cervical motion tenderness, adnexal tenderness, and/or fundal tenderness

DIAGNOSTIC OR SCREENING TESTS

Collect the appropriate specimens, which may include:

- specimen for cervical cancer screening
- specimens for STI screening (See *CRNBC STI Assessment DST*)
- other specimens (e.g. forensic specimens in the case of sexual assault)

CLIENT EDUCATION

Provide appropriate evidence-based information and

- address client questions and/or concerns.
- provide client information re: follow up care.
- discuss the importance of the client's role in routine screening and prevention.

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INDICATIONS FOR CONSULTATION AND/OR REFERRAL

The following list outlines when consultation and/or referral are indicated.

- Client is less than 14 years of age
- Client is pregnant
- Client had upper instrumentation within the previous 2 weeks (e.g. therapeutic abortion)
- Inability to complete required screening due to:
 - the inability to locate cervix
 - the client's comfort level (pain/discomfort)
- Any abnormal findings such as:
 - suspicious lesions (e.g. suggestive of HSV, suspicious moles, pigment changes consistent with lichen sclerosis)
 - genitourinary pain (e.g. suggestive of PID, suspected ectopic pregnancy, presence of an abscess)
 - systemic symptoms

Arrange for appropriate next level services after screening if necessary (e.g. colposcopy).

DOCUMENTATION

Document as per employer policy including:

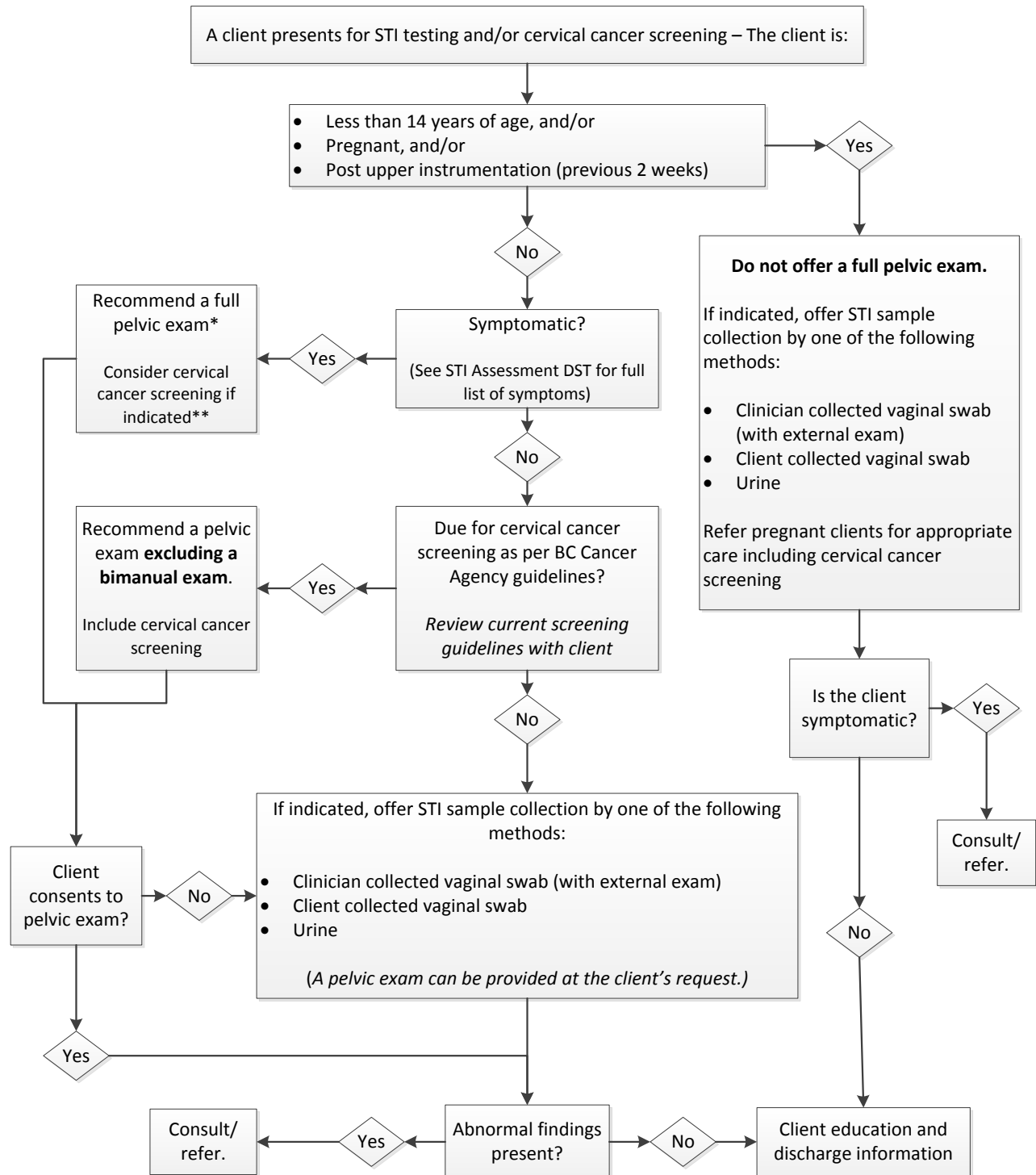
- initial and ongoing assessment data
- reason for exam
- interventions
- teaching
- the client's response to the examination
- referral/consultation
- follow up plans

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FOLLOW UP

- The employer supports the practice within the organization and has processes/infrastructure in place to ensure appropriate follow up can occur (e.g. process in place to manage normal/abnormal test results, ability to refer for activities that are out of RN scope).
- Cervical cancer screening follow up and referrals are recommended as advised by BCCA.
- STI follow-up and referrals are recommended as outlined in the CRNBC STI Certified Practice DSTs and BCCDC Non-Certified Practice STI DSTs.

APPENDIX A: DECISION ALGORITHM FOR PELVIC EXAMINATION



*when determining if a symptomatic client should undergo a speculum exam and/or a bimanual exam consider client comfort (e.g. defer in the case of a painful primary herpes outbreak)

**Pap test samples taken in the presence of symptoms are often unsatisfactory or have a higher false negative rate. Consider booking a future appointment for completion of a Pap test. (e.g. include Pap test if the client is unlikely to return at a later date)

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APPENDIX B: DEFINITIONS

Assigned Female at Birth

Term used to describe an individual who was assigned female at birth based on the appearance of genitals, regardless of gender variance.

Assigned Male at Birth

Term used to describe an individual who was assigned male at birth based on the appearance of genitals, regardless of gender variance.

Cervical Cancer Screening

Screening test for cervical dysplasia and early invasive carcinoma of the cervix. The current method used to screen is cervical cytology testing using the Papanicolaou smear (Pap).

Cisgender

Denoting or relating to a person whose gender identity is the same as the gender they were assigned at birth.

Client-Centred Care

Providing care that is respectful of and responsive to individual client preferences, needs, and values, and ensuring that the client guides clinical decisions.

Consult

Conferring with a health care provider for information and direction without transferring care.

Gender Variant

Expressing gender in ways that conflict with mainstream expectations of gender (feminine boys / men and masculine girls /women). Can range from a client who perceives herself as female taking on typically masculine tasks and clothing, to a person who was born male taking female hormones, using a feminine name, dressing and living as a female.

Intimate Partner Violence

Physical, sexual, or psychological harm by a current or former partner or spouse.

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A full pelvic exam consists of the following three elements:

1. **External exam** – includes the inspection of the external genital, pubic, perineal and peri-anal areas and the palpation of the inguinal nodes and Bartholin’s Glands.
2. **Speculum exam** –the introduction of a speculum into the vaginal canal, to view the vaginal walls and cervix, as well as to complete screening procedures.
3. **Bimanual exam** – the placing of a health care providers one or two fingers inside the vagina and their other hand on the lower abdomen in order to assess for cervical motion tenderness, adnexal tenderness, and/or fundal tenderness. Routine bimanual exams are no longer recommended by The Canadian Task Force on Preventative Health; however, bimanual examinations are performed as part of an STI examination when symptoms are present.

Refer

Transferring care to another health care provider.

Sexual Contact

Vaginal, anal and/or oral intercourse as well as digital or oral sexual contact involving the genital area with a partner of any gender

Transgender (Trans)

Denoting or relating to a person whose gender identity differs from the gender they were assigned at birth.

Trans men

A person who is labelled/assigned female at birth but who has an internal sense of gender which is male

Trans women

A person who is labelled/assigned male at birth but who has an internal sense of gender which is female

Trauma Informed Practice/Services

Trauma-informed services take into account an understanding of trauma in all aspects of service delivery and place priority on the individual’s safety, choice, and control. Such services create a culture of nonviolence, learning, and collaboration

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Women Centred Care

(Note: this principle is inclusive of transgender women, and is applicable across the gender spectrum)

Applies to diverse communities of girls and women, and across the lifespan of girls and women. Women-centred care is based on the assumption that women know their own reality best and that it is essential for practitioners to listen to women describe their reality in their own words and in their own ways. This assumption also recognizes and respects the many differences among women.

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APPENDIX C: ADDITIONAL RESOURCES

Adolescents

BC Children's Hospital: Youth Health – Supporting Your Practice

- <http://www.bcchildrens.ca/health-professionals/clinical-resources/youth-clinic>
- <http://www.bcchildrens.ca/Youth-Health-Clinic-site/Documents/Standards20of20Care20for20Adolescents1.pdf>
- <http://www.bcchildrens.ca/Youth-Health-Clinic-site/Documents/headss20assessment20guide1.pdf>

Clients with obesity

PHSA Technical Report: From Weight to Well-Being: Time for a Shift in Paradigms?

http://www.phsa.ca/population-public-health-site/Documents/W2WBTechnicalReport_20130208FINAL.pdf

British Columbia Centres for Excellence in Eating Disorders

<https://cfe.keltyeatingdisorders.ca/res/reducing-weight-stigma-and-bias-british-columbias-health-care-system>

BC Mental Health and Substance Use Services - Balanced View <https://balancedviewbc.ca/>

Women who have sex with women

Canadian Women's Health Network: <http://www.cwhn.ca/en/node/44814>

Planned Parenthood Toronto and Sherbourne Health Centre - (Dis)engaged

http://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce_uploads/2014/08/WSW%20Consultation%20Report%20-%20FINAL.pdf

The Lesbian and Gay Foundation – Beating about the Bush

file:///C:/Users/lauren.collins/Downloads/FENT_1408109545_BATB_2014.pdf

AIDS Committee of Toronto - Women Lovin': A Sexual Health Guide for Queer Women

<http://librarypdf.catie.ca/pdf/ATI-20000s/26399.pdf>

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Clients with disabilities

World Health Organization – Disability and Health Fact Sheet. Retrieved from:
<http://www.who.int/mediacentre/factsheets/fs352/en/>

BC Women’s Hospital and Health Centre – Women with Disabilities Access Clinic. Retrieved from:
<http://www.bcwomens.ca/our-services/primary-health-care/women-with-disabilities>

Action Canada for Sexual Health and Rights – Sexual Health and Disability. Retrieved from:
<http://www.srhweek.ca/sexual-health/sexual-health-and-disability/>

Transgender clients

PHSA Transgendered Health Information Program: Website <http://transhealth.phsa.ca/>

- Trans Health Matters: TransWomen. Retrieved from:
<http://www.tht.org.uk/~media/4653AA766E3F4C1286FC515F17146F32.pdf>
- Trans Health Matters: TransMen. Retrieved from:
<http://www.tht.org.uk/~media/8F7D70D8C3B643109351E3D9A633529A.pdf>

LGBT Family Health Team at the Sherbourne Health Centre – Tips for Providing Paps to Trans Men.
Retrieved from: http://www.glhv.org.au/files/Tips_Paps_TransMen_0-1.pdf

Gay Men’s Sexual Health Alliance - Primed 2: A Guide for Trans Men into Men. Retrieved from:
<http://librarypdf.catie.ca/PDF/ATI-20000s/24654.pdf>

The AIDS Committee of Cambridge, Kitchener, Waterloo, and Area - ACCKWA’s Guide to Inclusive Language. Retrieved from: <http://www.acckwa.com/wp-content/uploads/2013/09/ACCKWAs-Guide-to-Inclusive-Language.pdf>

Fenway Health - I am on the FTM Spectrum: What do I need to know about HPV and Cervical Cancer?
Retrieved from: http://www.fenwayhealth.org/documents/the-fenway-institute/brochures/com166_transPapSmear-brochure_v25_05.29.2014-digital2.pdf

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Cultural awareness and safety

Provincial Health Services Authority. San'yas Indigenous Cultural Safety Training. Available here: <http://www.sanyas.ca/>

Indigenous Corporate Training – A Guide to Terminology
[http://cdn2.hubspot.net/hubfs/374848/docs/Indigenous Peoples Guide to Terminology v2.pdf?t=1480091220254](http://cdn2.hubspot.net/hubfs/374848/docs/Indigenous%20Peoples%20Guide%20to%20Terminology%20v2.pdf?t=1480091220254)

BC Association of Aboriginal Friendship Centres - Ending Violence against Aboriginal Women and Girls <http://www.bcaafc.com/index.php/initiatives/ending-violence>

Nova Scotia Department of Health (2005). A cultural competence guide for primary health care professionals in Nova Scotia. Retrieved from: [http://www.healthteamnovascotia.ca/cultural_competence/Cultural Competence guide for Primary Health Care Professionals.pdf](http://www.healthteamnovascotia.ca/cultural_competence/Cultural_Competence_guide_for_Primary_Health_Care_Professionals.pdf)

Native Youth Sexual Health Network. Website: <http://nativeyouthsexualhealth.com/>

Health Council of Canada – Empathy, Dignity, and Respect: Creating Cultural Safety for Aboriginal People in Urban Health Care. Retrieved from: http://www.healthcouncilcanada.ca/tree/Aboriginal_Report_EN_web_final.pdf

Clients with a history of sexual trauma or violence

BC Women's Hospital - Sexual Assault Services Resources. Retrieved from: <http://www.bcwomens.ca/health-professionals/professional-resources/sexual-assault-service-resources>

BC Ministry of Public Safety and Solicitor General - Sexual Assault: Victim Service Worker Handbook. Retrieved from: <http://www2.gov.bc.ca/assets/gov/law-crime-and-justice/criminal-justice/victims-of-crime/vs-info-for-professionals/info-resources/victim-service-worker-sexual-assault.pdf>

BC Centre for Excellence in Women's Health; BC Ministry of Health Mental, Mental Health and Substance Use Branch; Vancouver Island Health Authority, Youth and Family Substance Use Services – Trauma Informed Practice Guide http://bcewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

Action Canada for Sexual Health & Rights – What is Trauma Informed Practice? Retrieved from: <http://www.srhweek.ca/providers/trauma-informed-practice/>

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Affiliation of Multicultural Societies and Service Agencies of BC – Trauma Informed Practice:
Supporting Clients who have Experienced Complex Trauma. Retrieved from:
<http://www.amssa.org/resources/quicklinks-resources/trauma-informed-practice/>

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APPENDIX D: RESOURCES AND RELATED STANDARDS

1. Canadian Guidelines on Sexually Transmitted Infections: 2010 Edition. Retrieved from: <http://www.phac-aspc.gc.ca/std-mts/sti-its/cgsti-ldcits/index-eng.php>
2. Reproductive Health/STI CRNBC Certified Practice Decision Support Tools. Retrieved from: https://www.crnbc.ca/Standards/CertifiedPractice/Pages/DSTs_all.aspx
3. BCCDC Communicable Disease Manual. Chapter 5: Sexually Transmitted Infections Decision Support Tools for Non-Certified STI Practice. Retrieved from: <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/sexually-transmitted-infections>
4. SOGC Policy Statement (2013). The Presence of a Third Party During Breast and Pelvic Examinations. Retrieved from: <http://sogc.org/wp-content/uploads/2013/01/gui266PS1109E.pdf>
5. BC Cancer Agency Cervical Cancer Screening Policy Change Reference Guide. Retrieved from: http://www.bccancer.bc.ca/screening/Documents/CCSP_GuidelinesManual-CervicalCancerScreeningPolicyChangeReferenceGuide.pdf
6. BC Cancer Agency Screening for Cancer of the Cervix: An Office Manual for Health Care Providers. Retrieved from: http://www.bccancer.bc.ca/screening/Documents/CCSP_GuidelinesManual-ScreeningForCancerOfTheCervix.pdf
7. Canadian Cancer Society. (2017). Trans Women and Cervical Cancer. Retrieved from http://convio.cancer.ca/site/PageServer?pagename=SSL_ON_TW_CervicalCancer101#.WMHToNIrJhF

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DST DEVELOPMENT

The 2017 edition of competencies and decision support tool for pelvic exam were developed by the PHSA Pelvic Exam Working Group.

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PHSA-BCCDC Non-Certified Practice Decision Support Tool

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