Section 1
General Protocols

Discretion should be used at which parts of the visit that the chaperone is present since HIPAA is critical when discussing client’s reproductive/health history and findings.

If a chaperone is requested by the client, it should be documented in the medical record.

Section 1
General Protocols

Patient Education Materials

I & E (informational and educational) Committee must approve any patient educational materials distributed in Family Planning Clinics

Valerie Fisher 505-476-8882
Section 1
General Protocols

Pregnancy Test Visit

Record date of last USIC.
An unusually light or mistimed period may mean fertilization actually occurred before the last menstrual period (LMP), and for this reason, the date of the previous menstrual period (PMP) should be determined.

Section 1
General Protocols

Pregnancy diagnosis should not be based on urine hCG results alone.

Recognize test limitation — possible false negative i.e., pregnancy is:

• Too early (< 14 days) repeat test in 2 weeks
• Too late (>10 weeks, Ex: client has missed two periods)

May refer for serum hCG at client’s own expense

Section 1
General Protocols

Pre-Annual Visit Quickstart

– 3-month supply of COC (not POP) or DMPA for new clients

– After the initial dispensing by the nurse, a clinician order is needed to either change or continue BCM.

– Revised Quickstart applications for OCP and DMPA
Section 2
Contraceptive Methods

Consent Form is combined for Implanon/Nexplanon

Section 2
Contraceptive Methods

Oral Contraceptives

If a clinic does not have OCP brand the client is taking, nurse can dispense another brand within the same class.

Document in medical record that the brand of pills is changed and document the new brand.

If there is a need to switch OCP class, nurse will need a clinician order.
Section 2
Contraceptive Methods

Sterilization

✓ Interpreter’s Statement – signed
✓ Change in provider/surgeon
  must be approved by the FPP
✓ Multiparity ≥ 4 live births

✓ When the client picks up approved paperwork from the
  PHO, any partial payment/charges should be entered
  and collected at that time.

Section 4
Family Planning Laboratory

PHD will be changing Laboratories effective
  July 1, 2012

Section 4
Family Planning Laboratory

Routine Pap smear screening

• Should begin at 21 years of age

• For women > 21 years repeat the Pap smear
  (cytology alone) every three years

  2012 U.S. Preventive Services Task Force
Section 5  Family Planning Needs of Special Populations

Parental/Family Involvement Form

I have screened this client regarding coercion and/or counseled how to resist attempts of being coerced into sexual activities.

Resources

Reporting Abuse:
Guidelines for Family Planning Providers

Section 1 and Section 5

Section 1: Parental/Family Involvement Form

"I have discussed the limitations of confidentiality with this client, including that we have to report to CYFD if we know or have a reasonable suspicion that he/she is being abused or neglected, which may include statutory rape."

Section 1

For clients under 17, record the age of the partner for potential mandatory reporting requirements.

If required, document that the assessment of child neglect and reporting were done.

Before You Date An Older Guy

Sexual Coercion-- Recognize and resist it
“Statutory rape” is sexual penetration between
13 year old with 18 year old;
14 year old with 18 year old;
15 year old with 19 year old;
16 year old with 20 year old.
may constitute child neglect.

Assess if:
• Parent/ guardian knew or should have known
and
• failed to take reasonable steps to protect the child from
further harm,
the offense would be considered child neglect.

Appendix B Fee Collection

Income affidavit Revised!
• Teens: Are you here with your parent's consent?
• Adolescentes: ¿Estás aquí con el consentimiento de tus padres? Yes/Si: No:

Consent for Services
I understand that my services and records will be kept confidential and will be released only as permitted or required by law...

Appendix E
Staff Orientation

The 3 required trainings are:
• Title X Family Planning Orientation
• Reporting Abuse: Guidelines for Family Planning Providers (annually)
  – Federal Guidelines
  – Your State Laws: replace with NM Confidentiality, Child Abuse and Human Trafficking
  http://cardiaseservices.org/training/webinars/web_nmpu.html
  – Assessing for Abuse
  – Reporting
• V.A.S.T. Training
### Appendix I
Smartphone Apps Info Sheet

<table>
<thead>
<tr>
<th>Feature</th>
<th>Android</th>
<th>iPhone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Control Pill</td>
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<tr>
<td>Notifications (period, fertile)</td>
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</table>

### Family Planning Program

*I Spy Good Charting*

### Most Common Findings in Chart Audits

- **Medical History**
  - COMPLETE medical history
  - Partner history
  - Rubella status
- **Physical Assessment**
- **Counseling/Education**
  - Reproductive Life Plan (RLP)
  - All Methods
  - Method-specific
  - HIV/AIDS: “ABC” counseling
FPP Protocol – Medical History

1.B3 NEW PATIENT - INITIAL VISIT

All Title X clients must provide their voluntary and informed consent on the general "Consent for Services" form prior to being interviewed or receiving any clinical services. All adolescents must be counseled and sign the Parental/Family Involvement form prior to being interviewed or receiving any clinical services. Women being seen for prenatal care should be aware of the mandatory reporting laws for child abuse and neglect as well as the possibility of human trafficking at any age.

A. Interview

A history (medical, family, reproductive, social, and sexual) is taken, reviewed and signed by clinical personnel. For patients who report no contact at home, obtain an alternative address or telephone number. This is especially critical with teens. Make appropriate entries in the medical record.

Snapshot of charting for Medical History

- Allergies
- Current Medications
- Previous Surgery
- Previous Hospitalizations
- Physical Examination
- Head
- Neck
- Eyes
- Ears
- Nose
- Throat
- Cardiovascular
- Pulmonary
- Abdominal
- Gastrointestinal
- Urogenital
- Musculoskeletal
- Skin
- Mental Health
- Past Medical History
- Family History
- Social History
- Medical History Contact
- Medical History Information
- Complete Medical History
- Medical History Comparison
- Medical History Evaluation
- Medical History Follow-up
Federal Tool - Partner History

<table>
<thead>
<tr>
<th>Title X Family Planning Services</th>
<th>Program Review Tool: CLINICAL Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria for Compliance</td>
<td>T C</td>
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</table>

<table>
<thead>
<tr>
<th>Factors for Consideration</th>
<th>T C</th>
<th>Comments/Conservative Explanation</th>
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<tbody>
<tr>
<td>Title X Services - Family Planning Services</td>
<td></td>
<td></td>
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<tr>
<td>Federal Tool - Partner History</td>
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</tbody>
</table>

**Federal Tool - Partner History**
FPP Protocol – Rubella Status

Determine a woman’s immune status and document that status. Documentation can be a subjective history that the woman has had a baby born in the United States or a personal immunization record or a serological report.

For clients who have had a baby outside of the United States and cannot produce an immunization record or who have never had a baby:

a. Explain risks of rubella non-immunity with regard to future pregnancy.

b. Congenital Rubella Syndrome (CRS). Rubella in early gestation can lead to intrauterine death, spontaneous abortion, and congenital defects, up to 65% of infants infected in the first trimester of pregnancy are treated to be affected. Congenital infections can affect major systems, resulting in deafness, cataracts, microcephaly, mental retardation, patent ductus arteriosus, atrial or ventricular septal defects, pylorus hypertrophy, pneumonia, jaundice, and skeletal bone disease.

c. Rubella immunization with MMR. Clients should be strongly considered that pregnancy should be avoided for 1 month after MMR, and should be provided an interval of 28 days between MMR and pregnancy. If pregnancy occurs, consider counseling for Counseling for Rubella Immunization Program (CRIP) Notice to New York City (CICP) on Recommendations for Avoiding Pregnancy After Receiving Rubella Vaccine, 2008. For (No. 97/117, 2008).

d. Offer rubella serology.

Parental consent is required for immunization of a minor with the exception of Hepatitis B and HPV vaccines. Family planning services should not be withheld for lack of immunization.

Family Planning Program Protocol PP-7111 Section 1 Page 21 of 35

Snapshot of Charting for Rubella Status

**Inmunizations**

- Influenza (2011-2012) adult dose, #1, 09/20/2011 07:38:23 AM
- IMR influenza (2011-2012) adult, #1, 09/20/2011 05:38:23 AM
- MMR, 09/20/2011 05:38:23 AM

PMH:
- Received dose of Hepatitis B vaccine
- Received dose of measles, mumps, and rubella vaccine
- Received dose of IPV vaccine

Federal Tool – Physical Assessment

<table>
<thead>
<tr>
<th>Criteria for Compliance</th>
<th>C / NC</th>
<th>Comments/Documentation/Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Physical Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information about breast development is consistent with age in female patients.</td>
<td>Y</td>
<td>N/A</td>
</tr>
</tbody>
</table>
FPP Protocol – Physical Assessment

FEMALE EXAM

Female family planning clients must have a general physical examination at the initial medical visit and annually thereafter. The examinations must include at least the following:

Height, weight, blood pressure; hands, heart, lungs, extremities, breasts, abdomen, and for women 21 years and older, pelvic examination, including visualization of the cervix and bimanual exam. Pelvic exams are done as indicated. Other systems may be examined as indicated by patient history or desired method of contraception.

CBE is a routine part of the annual exam for women ages 20 and older. Documentation of the CBE is utilized for reporting in the FFIR. The CBE in females younger than 20 is not routinely done unless clinically indicated for example breast/chest complaints, amenorrhea.

The USPSTF recommends against teaching breast self-examination (BSE). Grade D Recommendation (USPSTF 2008). Teaching BSE is optional for clinical staff.

Women younger than 21 years and who are sexually active, 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. (ACOG Practice Bulletin No. 114, number 6, December 2008 pg. 113)

Snapshot of charting for Physical Assessment

VITAL SIGNS

Vital Signs = MAP Recorded by RN, Apgar 10 on May 1, 2012 04:45 PM

Respirate 16, Pulse 97, BP 124/84, RR 12, Temperature 98.6 F.

Physical Exam:

The bimanual exam was performed.

Lymph Nodes:

Length and size normal.

Breasts:

Bilateral normal.

Lungs:

Longe normal.

Cardiovascular:

Cardiovascular systems normal.

Abdomen:

Abdominal normal.

The abdominal palpation showed no abnormalities and the rectal exam normal.

Past Medical History: no complaints, was not tender, and did not demonstrate any signs of recurrence in the setting of a previous post natal history.

Pelvic:

Pelvic exam normal.

No bog bodies were seen. and a positive Barret's sign was not elicited.

Note:

Stab, normal; no masses were seen in the area.

Federal Tool - Education

Title X Family Planning Services
Program Review Tool: CLINICAL Section

<table>
<thead>
<tr>
<th>Criteria for Compliance</th>
<th>C</th>
<th>N</th>
<th>Comments/Documentation/Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Education services offered allow clients to make informed decisions about local services.</td>
<td></td>
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<tr>
<td>3. Client receives education about the range of family planning options, and long-term impact of decisions.</td>
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<tr>
<td>4. The family planning provider is knowledgeable of and able to provide comprehensive care to the family planning provider.</td>
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<tr>
<td>5. Providers of family planning services appropriately utilize provider education to clients.</td>
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<tr>
<td>6. Providers of family planning services appropriately utilize provider education to clients.</td>
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<td>7. Providers of family planning services appropriately utilize provider education to clients.</td>
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<tr>
<td>9. Providers of family planning services appropriately utilize provider education to clients.</td>
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<tr>
<td>10. Providers of family planning services appropriately utilize provider education to clients.</td>
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</tbody>
</table>
FPP Protocol - RLP

A. REPRODUCTIVE LIFE PLAN
In order to engage clients in setting and meeting their personal goals, the reproductive life plan concept can be discussed. A reproductive life plan can include how to avoid or achieve pregnancy and how to avoid HIV/STIs that can have adverse effects on optimal pregnancy/fertility. Correct and consistent contraceptive use is one tool that can assist the individuals in achieving their reproductive life goals.

Providers should encourage patients (women, men, and couples) to consider a reproductive life plan and educate patients about how their reproductive life plan impacts contraceptive and medical decision making. The reproductive health plan should be discussed in a noncoercive way at each visit. Such a plan would address the individual’s or couple’s desire for a child or children (or desire not to have children), the optimal number, spacing, and timing of children in the family, and age-related changes in fertility.

FPP Protocol – All Methods

B. ALL METHODS COUNSELING
The primary purpose of counseling in the family planning setting is to help clients resolve uncertainty, ambivalence, and anxiety in relation to sexual health and to enhance their capacity to arrive at decisions that reflect their considered self-interest. The counseling process involves mutual sharing of information. Persons who provide counseling should be knowledgeable, objective, nonjudgmental, sensitive to the rights and differences of clients as individuals, culturally aware and able to create an environment in which the client feels comfortable discussing personal information.

Federal Tool – Method Counseling

<table>
<thead>
<tr>
<th>Title</th>
<th>Family Planning Services Program Review Tool: CLINICAL Section</th>
<th>Criteria for Compliance</th>
<th>C</th>
<th>NC</th>
<th>Comments/Documentation/Explaination</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Method counseling is provided when needed, and includes:</td>
<td></td>
<td>1.总裁 Comments in the space below</td>
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<tr>
<td>1. Education on contraceptive options, benefits, and efficacy of</td>
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<tr>
<td>2. Patient-side effectiveness of contraceptive methods</td>
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<tr>
<td>3. Clear statements of methods that are available for use in the</td>
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<tr>
<td>4. Counseling on the importance of each method and information regarding it</td>
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<tr>
<td>5. Emergency contraceptive services that can be obtained</td>
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<tr>
<td>6. Information on the availability of additional services, if needed</td>
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<tr>
<td>7. Project offers STI/STD prevention education according to nationally</td>
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<td>1.总裁 Comments in the space below</td>
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<td>recognized standards</td>
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<td>8. There is a brochure on STI/STD treatment and prevention education that</td>
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<tr>
<td>9. Information on sexually transmitted infections, HIV/AIDS</td>
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<tr>
<td>10. Information on specific services, treatment, and referral services</td>
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<tr>
<td>11. Information on specific services, testing, and referral services</td>
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</tbody>
</table>
FPP Protocol – Method-Specific

**The Breasted Model**
- Benefits of the method
- Gains of the method
- Drawbacks of the method
- Prioritization of the method
- Questions about the method are okay and encouraged
- Gestion to withdraw from using the method is okay
- Explanation of the procedure, what to expect, what to do

Documentation of the above

This format is used as the method-specific consent form used for the Family Planning Program. Before a client may be given a method of contraception, all the information contained on the form for the chosen method must be discussed with the patient and the form must be signed. A copy of the signed portion is filed in the client’s medical record and a copy is given to the client.

Documentation of counseling done by the Nurse or the Clinician must be included in the client’s record. Include a statement documenting that the client understood what was being taught either by verbalization or written demonstration in the education/counseling section of client record.

---

FPP Protocol - ABC

STI/HIV counseling must be properly documented in the client’s medical record. Education regarding the prevention of HIV/AIDS and unintended pregnancy should incorporate the “ABC” message:

**A** for abstinence; this is the safest.

**B** for before you have sex,
- Be at least 18,
- Be free of a mutually faithful relationship for at least 3 months, (having sequential partners rather than having concurrent partners greatly decreases risk of transmitting HIV/STI at population level, but not at individual level)
- Be tested and treated for STI,
- Be vaccinated against STI,
- Be protected against pregnancy (use contraception),
- Be sure it is what you want (voluntary, not pressured, consistent with your values),

**C** for condom and use effective contraception correctly and consistently with every act of sex.

---

Snapshot of Charting for Education/Counseling Charting

- Chart title:
- Chart date:
- Provider:
- Patient:
- Education:
- Counseling:
- Charting notes:
- Follow-up:
- Next appointment:
- Problems:
- Resolution:

---
Federal Tool – All Options

FPP Protocol – All Options

COUNSELING IF THE TEST IS POSITIVE

1. Review dates and symptoms and calculate pregnancy EDC.
2. A pelvic exam and auscultation of fetal heart tones may be offered for estimation of dates, if available and appropriate. A Suprapubic exam for pregnant women is important and if not available on site, should be arranged for preferably within 2 weeks.
3. Discuss all pregnancy options in a non-directive manner: continuing pregnancy to term, terminating pregnancy (abortion) and adoption services. This type of Title X required counseling is known as 'All Options Counseling'.
4. After mentioning each choice, if client is sure of their choice, then focus on that choice.
5. Give the woman a list of prenatal vitamins (which include folic acid) to take daily and counsel client to avoid tobacco, alcohol, drugs and x-rays.
6. Document in the client record that all pregnancy options counseling was done.

Snapshot of charting All Options Counseling

Coun/Eda

- Education: all three options terminate pregnancy and adoption
- Education: prenatal information
- Education: information about health care for WIC and Families First

April was given information on prenatal care.
Client wants to be pregnant now.
Client is happy about the pregnancy results.
Client was counseled on the dangers of pregnancy & Client was counseled on how to have an optimal pregnancy
April was given proof of positive results.
Patient was given prenatal vitamins and referred to MOSA & WIC and Percutaneous gives list of providers in local area.
April refined information about prenatal care.