

# AGENCY LETTERHEAD

**Title of Standing Order:**

**Standing Order for Breast Cancer Screening and Services for BCCCP by ERRNs**

**Purpose Statement: Breast Screening and Services for patients enrolled in NC BCCCP.**

<b>Condition or Situation</b>	
<b>Condition or Situation in Which the SO Will Be Used</b>	The purpose of this Standing Order (SO) is to provide breast cancer screening and services to uninsured or underinsured women through the NC Breast and Cervical Cancer Control Program (NC BCCCP) to reduce the morbidity and mortality due to breast cancer in women by providing these services for eligible underserved women in NC.
<b>Assessment</b>	
<b>Assessment Criteria</b>	<p><b>Assessment</b></p> <p>This SO authorizes NC Public Health Nurses (PHN) who have completed the NC DPH Physical Assessment of Adults (PAA) course otherwise referred to as BCCCP Enhanced Role Registered Nurse (BCCCP ERRN) to provide breast cancer screenings to women who present requesting breast cancer screening services and who meet the eligibility requirements of NC BCCCP. NC BCCCP services include one or more of the following: a focused health history, a breast cancer risk assessment, a clinical breast exam (CBE), a referral for a screening mammogram, breast health education, referrals and follow-up for abnormal findings and diagnostic services. The patients enrolled in NC BCCCP shall receive services under the provisions of this SO.</p>
<b>Subjective</b>	
	<p><b>Subjective Findings:</b> Any woman who presents requesting breast cancer screening and services who meets the financial and age eligibility requirements per the NC BCCCP Program Manual (2022- 2023) and any one of the following parameters:</p> <p>For breast screening and/or diagnostic services:</p> <ol style="list-style-type: none"> <li>1. Asymptomatic women per (insert name of local agency BCCCP policy for risk assessment or BCCCP HP Form here) who are ages 40 to 75 and in need of breast screening and screening mammogram.</li> <li>2. Symptomatic women per (insert name of local agency) BCCCP policy in need of diagnostic services.</li> <li>3. Women ages 30 years or older found to be at high risk for developing breast cancer based on the (insert name of local agency) BCCCP policy for breast cancer per individual breast health history and/ or results from a risk assessment tool (NC BCCCP Risk Assessment Policy, 2021; Breast Screening Manual: A Guide for Local Health Departments and Providers, 2022).</li> </ol>

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	<p><b>Objective</b></p>
	<p><b>Objective Findings:</b> Any woman who presents to BCCCP for breast cancer screenings as payor of last resort under the NC BCCCP guidelines and has met the subjective criteria noted above and has a laboratorial confirmed negative pregnancy test or confirmed medical history of hysterectomy or bilateral tubal ligation or natural menopause.</p>
<p><b>Nursing Plan of Care</b></p>	
<p><b>Contraindications for Use of this Order</b></p>	<p><b>Plan of Care:</b></p> <ol style="list-style-type: none"> <li>1. <b>Contradictions:</b> Patient cannot tolerate procedure or refuses breast screening.</li> </ol>
<p><b>Medical Treatment</b></p>	<p>NA</p>
<p><b>Nursing Actions</b></p>	<ol style="list-style-type: none"> <li>2. <b>Implementation:</b> A BCCCP ERRN employed or contracted by the BCCCP provider agency shall conduct a BCCCP risk assessment for breast cancer per the NC BCCCP Risk Assessment Policy (2021) along with a complete patient medical history. The ERRN will conduct a physical assessment per agency policy, obtain a clinical breast exam (CBE) via vertical strip method and/or refer for a screening mammogram per <i>Breast Screening Manual: A Guide for Local Health Departments and Providers (2022)</i> and agency policy. The ERRN will refer patient for appropriate follow-up including risk findings and appropriate referrals, physical assessment abnormalities, abnormal findings on screening or diagnostic results and/ or recommended treatments of all abnormal results as directed by NC BCCCP guidelines and agency policy. MD or mid-level provider (NP or PA) consultation will be completed for all abnormal findings</li> <li>3. <b>Nursing Actions:</b> <ol style="list-style-type: none"> <li>a. The ERRN shall conduct physical assessments according to guidelines set out in <i>Breast Screening Manual: A Guide for Health Departments and Providers, 2022</i>.</li> <li>b. ERRN shall obtain patient consent and request past medical records for previous mammography result reports. If unable to obtain, screenings, tests, and summaries will be repeated.</li> <li>c. Women found to be at high risk for developing breast cancer should be screened with both an annual screening mammogram and an annual breast MRI and includes the following:               <ol style="list-style-type: none"> <li>i. Those who have a known genetic mutation such as BRCA 1 or 2</li> <li>ii. Those with first-degree relatives with premenopausal breast cancer or known genetic mutations</li> <li>iii. Those with a history of radiation treatment to the chest area before the age of 30 (typically for Hodgkin's Lymphoma)</li> <li>iv. Those with a lifetime risk of 20% or more for development of breast cancer based on risk assessment models that are largely dependent on family history (GAIL Model at <a href="https://bcrisktool.cancer.gov/calculator.html">https://bcrisktool.cancer.gov/calculator.html</a> or Tyrer-Cuzick risk assessment tools at <a href="https://ibis-risk-calculator.magview.com">https://ibis-risk-calculator.magview.com</a> ).</li> </ol> </li> <li>d. Following guidelines set in 2.a. above, the ERRN shall perform the CBE using the vertical strip method (NC DHHS, 2021).</li> <li>e. The ERRN shall refer each patient for screening mammograms according to guidelines set out in <i>NC BCCCP and Women's Health Breast Screening Manual: A Guide for Health Departments and Providers, December 2021</i>.</li> </ol> </li> </ol>

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	<ul style="list-style-type: none"> <li>f. The ERRN will instruct the patient on the guidelines for regular and routine recommended breast exams including instruction on Self Breast Examination (SBE) if patient is interested using the vertical strip method.</li> <li>g. All abnormal findings will require a consult with the MD, NP, or PA.</li> <li>h. The collaborating MD shall order diagnostic mammography if indicated. The imaging facility and the MD shall notify patients with abnormal diagnostic mammogram findings initially as well as further diagnostic procedures that may be recommended. The ERRN shall counsel and navigate patient to follow recommended diagnostic tests and procedures.</li> <li>i. The ERRN shall complete a Patient Navigation (PN) Needs Assessment and Care Plan (NC DHHS, 2021, <i>The NC BCCCP Program Manual, Patient Navigation Kit</i>) to assess barriers to care and follow-up for abnormal CBE and mammography findings. The ERRN will provide patient education regarding what action will need to be taken regarding abnormal findings and required follow up. This PN Assessment and Care Plan will be housed in the patient electronic medical record. This Patient Navigation Needs Assessment and Care Plan (if indicated) is conducted to ensure all barriers to care (diagnostic work-up and navigation to treatment if needed) will be eliminated so that the patient will access the needed diagnostic care and treatment.</li> </ul>
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<b>Follow-up</b>	<p><b>Follow up Requirements:</b></p> <ul style="list-style-type: none"> <li>1. The ERRN shall refer all abnormal findings for appropriate evaluation or diagnostic work-up.             <ul style="list-style-type: none"> <li>a. After consulting with physician or advanced practice provider, schedule diagnostic tests that may include the following: The ERRN will ensure that CBE abnormal findings are followed up through surgical consultation, diagnostic mammography, ultrasound(s), biopsy procedures and/or prior-authorized magnetic resonance imaging (MRI).</li> <li>b. The ERRN will discuss finding of exam and plan of care with patient and provide location, telephone contact information, and instructions for all mammogram and follow-up appointments diagnostic work-up planned.                 <ul style="list-style-type: none"> <li>i. ERRN will ensure diagnostic work-up is completed no later than 60 days for abnormal breast findings.</li> <li>ii. ERRN will ensure treatment is started no later than 60 days after diagnosis of breast pre-cancer or cancer finding.</li> </ul> </li> <li>c. The ERRN will obtain mammogram, ultrasound, surgical consult and MRI reports and summaries and scan to EMR.</li> <li>d. The ERRN will document results and follow-up on BCCCP Medical History Record within EMR.</li> <li>e. ERRN/ MD/ advanced practice provider shall notify patient of imaging results (patient will also be notified by imaging facility) and all positive results will be communicated within five working days of receipt of abnormal findings.</li> <li>f. ERRN shall complete Patient Navigation Needs Assessment and Care Plan.</li> <li>g. ERRN shall schedule additional evaluation and surgical consultation appointments.</li> </ul> </li> </ul>
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- h. The ERRN will utilize a tracking system to track and inform patients of upcoming appointments.
  - i. The ERRN shall document in patient EMR the following:
    - i. All follow-up information (date and follow-up location)
    - ii. Patient contact information (number and date of attempts made to follow-up)
    - iii. Referral information (date and referral source)
    - iv. Results of all referrals
2. The ERRN will utilize the NC BCCCP protocols located in NC BCCCP Agreement Addendum (2021- 2022), NC BCCCP and Women’s Health Breast Screening Manual (2021) and NC BCCCP Risk Assessment Policy (2021) (*NC BCCCP Agreement Addendum 2021- 2022; NC BCCCP and Women’s Health Breast Screening Manual: A Guide for Health Departments and Providers, December 2021; NC BCCCP Risk Assessment Policy, 2021*) as resources and references as needed. The ERRN shall consult with the NC BCCCP Regional Nurse Consultants for questions and concerns.
  3. The ERRN will follow criteria for contacting the physician or Advance Practice Provider in above section.
  4. The ERRN will complete application for Breast and Cervical Cancer Medicaid (BCCM) coverage in cases that require treatment for eligible women. The ERRN will refer women who are not eligible for BCCM and require treatment to other resources for treatment (*NC BCCCP and Women’s Health Breast Screening Manual: A Guide for Health Departments and Providers, December 2021*).
  5. The ERRN will be responsible for obtaining appropriate documentation summaries from referrals (NC BCCCP Program Manual, 2021- 2022).

**Criteria for Notifying the Physician/APP**

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**Criteria for Contacting/ Notifying the Physician/Advanced Practice Provider:**  
 Contact the medical director or medical provider if there is any question about whether to carry out any provision of the standing order. If there are any abnormalities found in the process of the physical assessment, the ERRN will involve the physician or advance practice provider. All abnormal breast findings will require a diagnostic work-up until the cause of the finding has been identified and the patient navigated to treatment if necessary.

Consult the medical director or medical provider if there are any of the following:

1. **Abnormal CBE findings include:**
  - a. discrete palpable mass
  - b. serous or bloody nipple discharge
  - c. skin or nipple changes
  - d. nipple or areolar scaliness
  - e. skin dimpling or retraction
2. **Abnormal mammogram:**
  - a. Birads 3 (probably benign)
  - b. Birads 4 (suspicious abnormality, biopsy should be considered)
  - c. Birads 5 (highly suggestive of malignancy)
4. **Any other abnormality of the breast**

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Approved by: \_\_\_\_\_ Date approved (or last reviewed): \_\_\_\_\_  
(Signature of Physician/APP)

**Legal Authority:** Nurse Practice Act, N.C. General Statutes 90-171.20(7)(a)(e)(f) &(8)(c)

## References:

Centers for Disease Control and Prevention (2018). National Breast and Cervical Cancer Early Detection Program Manual. DP17-1701 Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations, CDC National Center for Disease Prevention and Health Promotion, Division of Cancer Prevention and Control, Program Services Branch.

NC DHHS, NC BCCCP Agreement Addendum (2021- 2022).

NC DHHS Division of Public Health. NC BCCCP and Women's Health Breast Screening Manual: A Guide for Health Departments and Providers, 2021 edition.

NC DHHS Division of Public Health, *The NC BCCCP Program Manual*, 2021 edition.

NC BCCCP Risk Assessment Policy, 2021.

\*\*This template is intended to guide you in writing Standing Orders for your local agency. The areas in GREEN are the [required components](#) of a valid Standing Order according to the North Carolina Board of Nursing (NCBON). Please see [NC Public Health Nursing](#) or [NC Board of Nursing](#) website for more guidance.