

AGENCY LETTERHEAD

Title of Standing Order:

Standing Order for Cervical Cancer Screening and Services for BCCCP by ERRNs

Purpose Statement: Cervical screening and services for patients enrolled in NC BCCCP.

Condition or Situation	
Condition or Situation in Which the SO Will Be Used	<p>Condition for Use The purpose of this Standing Order (SO) is to provide cervical cancer screening and services to uninsured or underinsured women through the Breast and Cervical Cancer Control Program (NC BCCCP) to reduce morbidity and mortality due to cervical cancer in women by providing these services for eligible underserved women in NC.</p>
Assessment	
Assessment Criteria	<p>Assessment This SO authorizes NC Public Health Nurses (PHN) who have completed the NC Department of Public Health (DPH) Physical Assessment of Adults (PAA) course otherwise referred to as BCCCP Enhanced Role Registered Nurse (BCCCP ERRN) to provide cervical cancer screening to women who present requesting cervical cancer screening services and who meet eligibility requirements of NC BCCCP. NC BCCCP services include one or more of the following: a focused health history, a cervical cancer risk assessment, a pelvic exam, cervical cytology (Pap test), high risk Human Papilloma Virus (hrHPV) screening, or co-testing, cervical health education, referrals and follow-up for abnormal findings and diagnostic services. Patients enrolled in NC BCCCP shall receive services under the provisions of this SO.</p>
Subjective	
	<p>Subjective Findings: Women who present requesting cervical cancer screening and/or diagnostic services who meet eligibility requirements per the NC BCCCP Program Manual and any one of the following parameters:</p> <p>For cervical screening and/or diagnostic services:</p> <ol style="list-style-type: none"> 1. Women ages 21 to 64 who are not pregnant per pregnancy test, have a history of bilateral tubal ligation, hysterectomy, or clinically confirmed menopause and who never had a cervical cytology test or hrHPV screening/ co-testing (no cervical cytology, hrHPV screening or co-testing in 10 years or more). 2. Women ages 21 to 64, not pregnant, and unsure of date for last cervical cytology test. 3. Women found to be at high risk for cervical cancer per individual health history or via American Society for Colposcopy and Cervical Pathology (ASCCP) risk tables percentage or ASCCP App at http://www.asccp.org (The Cervical Screening Manual: A Guide for Local Health Departments and Providers [NC DHHS, DPH 2020]; NC BCCCP Risk Assessment Policy [2021]). 4. History of abnormal cervical cytology including the following: Abnormal Pap tests, hrHPV tests and co-tests will be followed as outlined in the Cervical Screening Manual (2020).

AGENCY LETTERHEAD

	<p>Abnormal cervical cancer screening findings include:</p> <ul style="list-style-type: none"> • Atypical squamous cells of undetermined significance (ASC-US) • Low-grade squamous intraepithelial lesion (LSIL) • Atypical squamous cells, cannot rule out high grade • Squamous intra-epithelial lesion (ASC-H) • High-grade squamous intraepithelial lesion (HSIL) • Atypical glandular cells (AGC) • Carcinoma in situ (CIS) • Squamous cell carcinoma (SCC) • Positive Human Papilloma (HPV) <p>5. Patient is off schedule per recommended screening guidelines (insert local policy).</p> <p>6. Not pregnant per pregnancy test or patient gynecological history of bilateral tubal ligation, hysterectomy, etc. and is due for cervical cancer screening.</p>
Objective	
	<p>Objective Findings: Any woman who presents to BCCCP for cervical cancer screening 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>
Nursing Plan of Care	
<p>Contraindications for Use of this Order</p>	<p>Plan of Care:</p> <p>1. Contradictions: Patient is pregnant; cannot tolerate procedure; anomaly preventing cervical cancer screening; or patient refuses cervical screening.</p>
<p>Medical Treatment</p>	<p>NA</p>
<p>Nursing Actions</p>	<p>Plan of Care:</p> <p>1. Implementation: A BCCCP ERRN employed or contracted by the BCCCP provider agency shall conduct a BCCCP risk assessment for cervical cancer per the Cervical Screening Manual, 2020 and the NC BCCCP Risk Assessment Policy (2021); ASCCP Guidelines (2019) along with a complete patient medical history. The ERRN will conduct a physical assessment per agency policy, obtain a cervical cytology, hrHPV screening or co-testing per <i>Cervical Screening Manual 2020</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. Medical doctor (MD) consultation will be completed for all abnormal findings.</p> <p>2. Nursing Actions:</p> <p>a. The ERRN shall conduct physical assessments according to guidelines set out in <i>Cervical Screening Manual, December 2020</i>.</p> <p>b. The ERRN shall obtain patient consent and request past medical records for previous cervical cytology or hrHPV screening result</p>

AGENCY LETTERHEAD

reports. If unable to obtain, screenings, tests and summaries will be repeated.

- c. Assess BCCCP patients for risk of cervical cancer via the 2019 revised ASCCP risk-based management consensus guidelines (NC DHHS 2020; NC BCCCP Risk Assessment Policy, 2021). If a patient is found to be high-risk, document the patient’s high-risk status and follow recommendations for screening interval.
- d. The ERRN shall document assessment findings in the patient’s medical record and report in data sent to NC BCCCP.
- e. The ERRN shall counsel BCCCP patients about risk reduction strategies if they are at high risk
 - i. Women who are at high risk for cervical cancer may be screened with cervical cytology annually or screened with co-testing every three years. NC BCCCP will cover this more frequent screening.
 - ii. Additional recommendations apply for women who are infected with HIV and can be found on page 39 of *The Cervical Screening Manual*, December 2020.
 - iii. All abnormal findings will require a consult with the MD or advanced practice provider.
 - iv. The ERRN shall complete a Patient Navigation (PN) Needs Assessment and Care Plan *NC BCCCP Program Manual, Patient Navigation Kit, 2021* to assess barriers to care for screening and follow-up for abnormal cervical cytology or hrHPV screening 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 Assessment and Care Plan is conducted to ensure all barriers to care (screening, diagnostic work-up and navigation to treatment if needed) will be eliminated so that patient will assess the needed diagnostic care and treatment.

Follow-up

Follow up Requirements:

- 1. The ERRN shall refer all abnormal findings for appropriate evaluation or diagnostic work-up.
 - a. After consulting with physician or advanced practice provider, schedule diagnostic tests that may include the following: colposcopy, biopsy, diagnostic Loop Electro-surgical Excision Procedure (LEEP), other surgical diagnostic procedures.
 - b. The ERRN will discuss finding of exam and plan of care with patient and provide location, telephone contact information, and instructions for all follow-up appointments.
 - c. The ERRN will ensure that all abnormal findings are followed up through surgical consults or prior authorized diagnostic procedures.
 - i. ERRN will ensure diagnostic work-up is completed no later than 90 days for abnormal cervical findings.

AGENCY LETTERHEAD

- ii. ERRN will ensure treatment is started no later than 90 days after diagnosis of cervical pre-cancer or 60 days of a cervical cancer finding.
- d. The ERRN will obtain summaries and scan to electronic medical record (EMR).
- e. The ERRN will document result and follow-up on BCCCP Medical History Record within EMR.
- f. ERRN/ MD/ advanced practice provider shall notify patient of test results and all positive results will be communicated within five working days of receipt of abnormal findings.
- g. ERRN shall complete Patient Navigation Needs Assessment and Care Plan.
- h. ERRN shall schedule additional evaluation and surgical consultation appointments.
- i. The ERRN will utilize a tracking system to track and inform patients of upcoming appointments.
- j. 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 the NC BCCCP Agreement Addendum, The Cervical Screening Manual, 2020 and the 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 to the Breast and Cervical Cancer Medicaid (BCCM) coverage in cases that require cancer/ pre-cancer treatment for eligible women. The ERRN will refer women who are not eligible for BCCM and require treatment to other resources for treatment.
- 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 cervical findings will require a diagnostic work-up until the cause of the finding has been identified and the patient navigated to treatment if necessary.

Approved by: _____
(Signature of Physician/APP)

Date approved (or last reviewed): _____

AGENCY LETTERHEAD

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 (2022). National Breast and Cervical Cancer Early Detection Program Manual. DP 22-2202 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. <https://nbccedp.cdc.gov/cgi-bin/index.pl>

NC DHHS, NC BCCCP Agreement Addendum (2021- 2022). <https://bcccp.dph.ncdhhs.gov/>

NC DHHS Division of Public Health. The Cervical Screening Manual: A Guide for Health Departments and Providers, 2020 edition. <https://bcccp.dph.ncdhhs.gov/>

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

<https://bcccp.dph.ncdhhs.gov/>

NC DHHS, BCCCP Risk Assessment Policy, 2021. <https://bcccp.dph.ncdhhs.gov/>

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.