Title of Standing Order
Laboratory Test: Cervical Cancer Screening Standing Orders

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

Condition or Situation	
Condition or Situation in Which the SO Will Be Used	**Condition for Use** The purpose of this Standing Order (SO) is to provide cervical cancer screening (Pap, co-testing or Primary Human Papillomavirus [HPV]) to uninsured or underinsured women through the NC 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.
Assessment	
Assessment Criteria	**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 (Pap, co-testing or Primary HPV testing) to women who present requesting cervical cancer screening services and who meet eligibility requirements of NC BCCCP. NC BCCCP cervical screening 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 (also see SO for Cervical Cancer Screening and Services for NC BCCCP by ERRNs.
	Subjective
	Subjective Findings: Women who present requesting cervical cancer screening who meet eligibility requirements per the NC BCCCP Program Manual and any one of the following parameters: For cervical screening: 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 ASCCP risk tables percentage or ASCCP App at http://www.asccp.org (NC Cervical Screening Manual [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: A Guide for Local Health Departments and Providers (NC DHHS DPH 2020). **Abnormal cervical cancer screening findings include**: **i.** Atypical squamous cells of undetermined significance (ASC-US) **ii.** Low-grade squamous intraepithelial lesion (LSIL)

	iii. Atypical squamous cells, cannot rule out high grade squamous intra-epithelial lesion (ASC-H) iv. High-grade squamous intraepithelial lesion (HSIL) v. Atypical glandular cells (AGC) vi. Carcinoma in situ (CIS) vii. Squamous cell carcinoma (SCC) viii. Positive Human Papilloma V 5. Patient is off schedule per recommended screening guidelines (insert local policy). 6. Not pregnant per pregnancy test or patient gynecological history of bilateral tubal ligation, hysterectomy, etc. and is due for cervical cancer screenings outlined in the Cervical Screening Manual (2020).
	Objective
	Objective Findings • Age 21 or over and never had cervical cytology test • Age 21 or over and unsure of date for last cervical cytology test • Last cervical cytology test is longer than recommended by Breast and Cervical Cancer Control Program and Women's and Children's Health Section guidelines [see Nursing Actions below for cervical cytology collection]. • History of abnormal cervical cytology and non-compliant for follow-up • Not pregnant
Nursing Plan of Care	
Contraindications for Use of this Order	**Plan of Care:** **Contradictions:** Patient is pregnant; cannot tolerate procedure; anomaly preventing cervical cancer screening; or patient refuses cervical screening.
Medical Treatment	NA
Nursing Actions	**Plan of Care** Implementation A BCCCP/ Sexually Transmitted Disease (STD) ERRN employed or contracted by the local health department may collect and order a cervical cytology test by standing order, if any one of the subjective or objective findings above are present. An RN may order a cervical cytology test collected by an BCCCP/ STD ERRN or other medical provider. Nursing Actions If client is pregnant or suspected to be pregnant, defer cervical cytology test and refer client to prenatal provider for possible cervical cytology. BCCCP/ STD ERRNs only collect cervical cytology samples on non-pregnant clients. Cervical cytology Collection: 1. Follow the current Breast and Cervical Cancer Control Program and Women's and Children's Health Section for Cervical cytology Screening guidelines (*Cervical Screening Manual, 2020).* 2. The cervix should be cleaned prior to sample collection only if there is excess mucus. It is most important that an adequate sample be taken from the squamocolumnar junction, also called the transformation zone. The location of the

squamocolumnar junction can be identified by a change in color and texture between the squamous and columnar epithelia. The squamous epithelium appears as pale pink, shiny and smooth. The columnar epithelium appears reddish with a granular surface.

3. Collect samples for the liquid-based cervical cytology test from both ectocervix and endocervix.
    a. Collect cells from the ectocervix first.
    b. Using the contoured (or rounded) end of the plastic spatula, rotate 360º around entire ectocervix while maintaining tight contact with ectocervical surface.
    c. Remove spatula, immediately rinse contoured end of plastic spatula in vial of preservative solution by swirling vigorously ten times.
    d. Leave the spatula in the vial, while collecting endocervical sample.
    e. Insert the cytobrush device into the endocervix, until only the bottom-most bristles are exposed.
    f. Slowly rotate one-half to one full turn in one direction; do not over-rotate. **Additional rotation may cause bleeding and contaminate specimen.**
    g. Remove brush, rinse the cytobrush in the preservative solution ten times while pushing it against the wall of the vial.
    h. Swirl the brush vigorously to further release material and use the spatula to push material off the brush.
    i. Discard brush and spatula.
    j. Tighten the cap on the preservative solution vial until the torque line on the cap passes the torque line on the vial.
    k. For the client with no cervix, use the regular tip of the plastic spatula to scrape the vaginal cuff area.

4. Collect samples for the conventional cervical cytology test **(only used if liquid-based is unavailable)** from both ectocervix and endocervix.
    a. Make a single composite cervical cytology smear by using one half of the slide for ectocervical smear and the other half for the endocervical smear.
    b. Collect a specimen for the conventional cervical cytology test from the ectocervix first.
    c. Using the contoured (or rounded) end of the spatula, rotate 360º around entire ectocervix while maintaining tight contact with ectocervical surface.
    d. Remove spatula, leave material on spatula while collecting endocervical sample.
    e. Collect a specimen for the conventional cervical cytology test from the endocervix.
    f. Insert the cytobrush device into the endocervix until only the bottom-most bristles are exposed.
    g. Slowly rotate one-half to one full turn in one direction, do not over-rotate.
    h. **Additional rotation may cause bleeding and contaminate specimen**.
    i. Remove brush.
    j. Prepare a single composite slide.
    k. Transfer the cellular material from the spatula down one linear half of the slide, turn the spatula over to superimpose any material on the side of the spatula in the same manner; avoid zigzagging motions.
    l. Transfer the cellular material from the endocervical brush below the spatula sample on the slide by rolling the endocervical brush down the other half of the slide; avoid zigzagging motions.
    m. Spray slide with fixative immediately.
    n. Hold spray container at least 10 inches away to ensure coating and prevent dispersal and destruction of the cells by the propellant.

	o. No more than five seconds should elapse between the beginning of smearing the sample and spraying of the slide. p. If fixative leaks off the slide while lying flat, too much fixative may have been used. q. Protect the frosted end of the slide with your thumb or cervical cytologyer while spraying; the laboratory number washes off during processing if fixative is applied to the frosted end of the slide. r. Proper fixing is vital, since air dried samples cannot be interpreted; slide should lie flat while the fixative dries, then package slide and form for shipping to the laboratory. 5. After specimens are collected, remove the speculum by unlocking and slowly moving away from cervix, closing blades, and maintaining downward pressure, inspect vaginal walls as blades exit the vagina. <u>Laboratory Testing</u> A. Liquid-based cervical cytology will be collected. B. Refer to Cervical Screening Manual, 2020 for guidelines for cervical cytology test interpretation and follow-up.
Follow-up	**Follow Up** Follow-up should be according to Cervical Screening Manual, 2020 for ASCCP guidelines regarding abnormal cervical cytology results.
	Criteria for Notifying the Physician/APP
Criteria for Notifying the Physician/APP	**Criteria for Notifying the Medical Provider** A. Contact the medical director or medical provider if there is any question about whether to carry out any provision of the standing order. B. Consult the medical director or medical provider if there is any of the following: • Sustained cervical bleeding with introduction of the endocervical brush into cervix • Growth on cervix or in vagina • Ulcerative lesion on cervix or in vagina • Color change from normal squamous epithelium cells which usually appear as pale pink, shiny and smooth. • Color change from normal columnar epithelium cells which usually appear reddish with a granular surface • Hardened fibrous area on cervix

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:

The Cervical Screening Manual: A Guide for Health Departments and Providers, December 2020

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.