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# *Protocols for Nurse Practitioners in Gynecologic Settings*

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Joellen W. Hawkins

Diane M. Roberto-Nichols

J. Lynn Stanley-Haney

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 T H E D I T I O N

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Ellington Obstetrics and Gynecology Associates*

**Seventh Edition**

THE TIRESIAS PRESS, INC.

## DEDICATION

*To our families and friends, our students, and our clients.*

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The Tiresias Press, Inc.  
116 Pinehurst Ave.  
New York, NY 10033

International Standard Book Number: 0-913292-51-6

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## Preface to the Seventh Edition

THIS EXTENSIVELY revised and updated edition of *Protocols for Nurse Practitioners in Gynecologic Settings* is designed to be used as a guide for nursing management of the common gynecological conditions women present within community-based settings. These include such concerns as sexually transmitted diseases, fear of HIV exposure, vaginitis and vaginosis, contraceptive needs across the reproductive lifespan, life transitions including menarche and menopause, preconception care and desire for pregnancy, and sexual assault and domestic violence. The protocols and teaching materials were originally prepared for the Women's Clinic at the Student Health Services of the University of Connecticut. Those protocols and teaching materials still form the core of this constantly evolving book.

The three principal authors are nurse practitioners practicing in women's health settings. All were actively involved in the original book's development and are responsible for its continual updating. Two protocols (Cervical Cap and Natural Family Planning) were developed by advanced practice nurses in other settings who were chosen for their expertise with those methods.

This seventh edition has a number of special features to assist you in your practice. In addition to an up-to-date bibliography for each protocol, it contains new information on contraceptive methods, STDs, smoking cessation, assessing risk of heart disease, osteoporosis assessment and prevention, management of abnormal Papanicolaou smears, pediculosis, scabies, hepatitis, hormone therapy, breast conditions and breast cancer risk, and emergency contraception. The new patient materials include information on scabies, Norplant®, syphilis, pediculosis, smoking cessation, assessing risk of heart disease, and emergency contraception. New protocols include osteoporosis and smoking cessation.

As we go to press, several promising new contraceptives are on the horizon. These include injectable monthly combination estradiol cypionate and medroxyprogesterone acetate contraceptives, with FDA approval anticipated in late 1999, progestin-only injectable with microspheres or microcapsules in 1, 3 and 6-

month formulations, contraceptive vaginal ring with progestin or progestin and estrogen, transdermal cream, new oral contraceptives, progesterone antagonist, vaccines, new two-rod, one-rod and biodegradable implants, and intrauterine devices, including one designed to release progestin for up to 5 years, one with a frameless design, and a threadless IUD. New barrier and spermicidal methods include the Femcap and Lea's shield, as well as a sponge now on the market in Canada. Male methods under study include incapacitators targeting sperm producing cells, hormones to decrease sperm counts, implants to release hormones, antifertility vaccines, and a nonlatex condom PolyMAXX. RU486 may be ready for the U.S. market by the end of 1999.

The book's design, with wide margins and plenty of white space, allows you add to or change each protocol to suit your individual practice. A sample evaluation form is included so that you can evaluate and update your protocols as needed and in response to any legal requirements for practice in your state or country under the legislation, rules and regulations affecting the practice of nurse practitioners, nurse-midwives and clinical specialists, and the policies of your clinical setting.

— JWH, DMR-N, JLS-H

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### Acknowledgments

The authors wish to express their gratitude to colleagues who, over the years, have worked with them to develop, evaluate, and rewrite the protocols as they are being tested in clinical practice. Gratitude is also due to the many graduate students who have worked with the protocols and teaching materials and offered important suggestions. Our clients, too, have been very helpful in suggesting changes for the educational materials and in expressing a need for information that led to the development of some of the materials.

Special thanks go to the late Eleanor Tabeck and to Nancy Keaveney for materials on natural family planning, R. Mimi Clarke Secor for information on the cervical cap, Kathleen K. Furniss and Jacqueline Campbell for consultation on the domestic violence protocol, Richard Ferri for the HIV/AIDS Risk Self-Assessment, Martha Sternberg who co-authored the urinary tract protocol, and Cheryl Stene Frenkel for use of the protocols evaluation tool she developed.

And, finally, we wish to thank the late Helen Behnke for her intelligent and skillful editing of the original manuscript of this book.

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## Introduction

NURSE PRACTITIONERS in any area of practice need to consider the issues surrounding the use of protocols. Many states mandate that nurse practitioners practice under written protocols. There is growing support for such legislation; some agencies and institutions already require the use of protocols by nurse practitioners, and may even specify by whom the protocols are to be developed. Furthermore, protocols or practice guidelines are being required in some states where nurse practitioners have prescription writing privileges in order for nurse practitioners to be approved to do so. Managed care systems, too, often mandate use of clinical protocols by their practitioners.

Of course, controversy exists as to whether protocols should be used at all. Opponents argue that protocols are too rigid, that they stifle creativity and the development of problem-solving ability, and that they run counter to individualization of care. Some types of protocols do not require the skills of an advanced practitioner of nursing, to be sure, and there are some who would protest that protocols prolong the dependency syndrome of nurse practitioners, particularly when the protocols are prepared by physicians and there is little or no nursing input. Protocols can be unrealistic for some practitioners in some settings with some clients. If used as a measure of care from a legal perspective, such protocols could open up the practice to malpractice charges.

Proponents argue that protocols offer a wealth of research data for use in validating nursing management strategies. By providing a guide for standardization of data collection, a record audit can be done to determine whether client outcomes are beneficial. Protocols can be written so as to build in problem solving, and can serve as guidelines rather than a rigid set of rules. They can be used with a record-keeping system such as Weed's problem-oriented medical record system. Protocols can facilitate continuity and coordination of care, as well as enhance documentation of the clinical decision-making process. As such, they can prove extremely valuable in quality improvement programs and in measuring clinical outcomes. They can be developed to reflect the confidence level and needs of the nurse



practitioners using them and delineate areas of competence and responsibility for the various health care professionals in a multidisciplinary setting.

The protocols in this book were designed originally for a particular setting and thus take into account the common presenting problems in a woman's clinic, who was going to use the protocols (nurse practitioners), the setting in which they would be used (a woman's clinic in a student health service), the availability of physician colleagues and other health care professionals for consultation, the referral system already in place, the laboratory facilities available, the basis for nurse practitioner practice in the state, and the nurse practice act. The authors now practice in other settings, so the protocols reflect those settings and the women's needs. As each protocol is now developed and tested in their clinical practices, the authors record ideas for the annual revision and updating of the material. A search of the literature is done for each protocol and is updated yearly as well.

The protocols that appear in this book are the result of an ongoing effort at writing and rewriting and of testing in clinical practice by the authors, their colleagues, and graduate students. We hope they will be useful to you in your practice as you adapt, revise, and update them to meet the needs of your clients.

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