

SECTION 2.13
LABORATORY TESTS

I. Pap Test

- A. Should be done at the time of pelvic exam, when appropriate and according to screening guidelines outlined in Section 2.14 - Pap Test Screening and Follow Up of the Nursing Manual:
 - 1. May be deferred at the initial or annual exam if it has been done elsewhere within the appropriate screening interval for the individual client, and the report is available and obtained.
 - 2. May be deferred at the initial or annual exam if there is evidence of infection or inflammation. Appropriate treatment should be given and a return appointment made for the Pap test.
- B. In the case of vaginal bleeding, the Pap test should be deferred only if the bleeding is clearly a normal menstrual period. Otherwise, a test should be taken, even in the presence of bleeding, as this may be the only symptom of cervical or endometrial cancer. The cervix can be dabbed, not rubbed, with a cotton swab or Scopette prior to obtaining the test to remove excess mucous or blood.
- C. For complete information on Pap tests and Pap test follow-up, please refer to the Pap Test Screening and Follow Up protocol.

II. Anemia Screening (hematocrit) - annually on IUD patients **if clinically indicated or if requested by the patient.**

- A. Clinically indicated hematocrits may be done by centrifuge, or hemoglobins may be done by Hemacue. Indications include:
 - 1. IUD user, if indicated.
 - 2. Patients with known anemia or recent history of anemia.
 - 3. Patients who exhibit symptoms of anemia.
 - 4. Patients who present with the complaint of heavy or prolonged bleeding.
- B. For lab levels indicating anemia and management of anemia, please see Section 2.20 - Nutrition of the Nursing Manual.

III. Urinalysis (UA) by Dipstick

- A. Performed when clinically indicated or by patient request.
- B. Clinically indicated UA's would include:
 - 1. History of proteinuria.
 - 2. Symptoms of urinary tract infection (UTI).
- C. Interpretation/management of results:
 - 1. Protein - If 2+ or greater, whether or not symptomatic for UTI:
 - a. evaluate for UTI, or
 - b. refer for medical evaluation.

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2. Other positive results on the dipstick - refer to Section 2.12 - UTI of the Nursing Manual, or consult with the back-up physician.

IV. Sexually Transmitted Infection (STI)

Please refer to Section 2.11 – **STI** Testing and Treatment of the Nursing Manual for screening criteria, screening management, treatment, follow-up, and referral of partners for gonorrhea, Chlamydia, syphilis, and other sexually transmitted **infections** and vaginal infections.

V. Diabetes Screen (Major Risk Factors as outlined by American Diabetes Association)

- A. May be offered to the following
 1. Any client with a parent or sibling with insulin-dependent diabetes.
 2. Obesity ($\geq 20\%$ over desired body weight or BMI ≥ 27 kg/m²)
 3. Race/ethnicity (African-American, Hispanic Americans, Native Americans, Asian-Americans, Pacific Islanders)
 4. Age ≥ 45 years
 5. Hypertension ($\geq 140/90$ mmHg in adults)
 6. HDL cholesterol ≤ 35 and/or triglycerides ≥ 250 mg/dl
 7. Any client with personal history of gestational diabetes.
- B. Diabetes screening blood test is done in the following way:
 1. By venipuncture or **on site Clinical Laboratory Improvement Amendments (CLIA) waived test**
 2. After an eight hour fast
- C. Any abnormal result requires a medical referral. May rescreen every 3 years.

VI. Cholesterol Screen

- A. May be offered to anyone with the following:
 1. Personal history of high blood lipids.
 2. History of parent or sibling with high blood lipids.
 3. History of heart attack or stroke in parent or sibling under age 50.
 4. No screening within the last 5 years, if client over 20 yrs.
- B. Test is done by venipuncture or **on site CLIA waived test** with the following instructions:
 1. Need not be fasting sample.
 2. No intake of alcohol prior to the test.
- C. Interpretation of results:

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1. <200 in any woman: repeat cholesterol screen within 5 years.
2. 200 - 239 in any woman indicates elevated cholesterol. In the absence of coronary heart Disease (CHD) or at least two risk factors from the list below, give diet counseling and recheck in one year. In the presence of CHD or at least two risk factors from the list below, needs full cardiac risk profile and possible medical referral.
3. \geq 240 in a woman of any age, whether or not she wishes to use oral contraceptive pills (OCP) - must have full Cardiac Risk Profile and/or medical referral for evaluation. Provider does not need to discontinue the use of OCP while getting a medical opinion, as long as this takes place within a month.

NOTE: National Cholesterol Education Program (NCEP) defines the following additional coronary heart disease (CHD) risk factors:

- Family history of CHD (myocardial infarction (MI) or sudden death <55 years, parent/sibling)
- Cigarette smoking of more than 10 cigarettes a day.
- Hypertension.
- HDL cholesterol <40 mg/dl confirmed by repeat test.
- Diabetes mellitus.
- History of definite cerebrovascular or occlusive peripheral vascular disease.
- Severe obesity (>30% overweight).

VII. Pregnancy Tests

Please refer to Section 1.9 - Pregnancy Testing and Counseling of the Nursing Manual.

VIII. Fecal Occult Blood Testing

General Information:

There are several tests available to detect fecal occult blood. The presence of blood in the stool may be due to various gastrointestinal conditions, some of which may be asymptomatic (particularly colo-rectal cancer). The test comes in a take-home test or an in-house test. The client prepares the take-home test at home and mails or brings it to the clinic for developing and evaluation. It is recommended that stools be tested on three separate days, as some tumors are intermittent shedders.

- A. Indications for the slide test - **must** be offered:
 1. As a diagnostic screening procedure to asymptomatic women aged 50 or older, as part of a routine or annual exam.
- B. Should be offered:
 1. As a diagnostic screening procedure to asymptomatic men aged 50 or older, as part of a routine or annual exam.
 2. To any patient who requests it, provided the patient is not part of the group in which it is contraindicated. (See below)

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3. To asymptomatic patients aged 20 or older who have a family history of colorectal cancer.
 4. To women with a past history of breast or genital tract cancer.
- C. Contraindications to slide test include:
1. Patients with a past history of or symptoms suggesting colo-rectal neoplasia (tumor). (These patients should be getting medical evaluation.)
 2. Patients with familial polyposis or Gardner's syndrome.
 3. Patients with ulcerative colitis or Crohn's colitis (granulomatous colitis).
 4. Inability or unwillingness to comply with the dietary restrictions which may be required prior to the test.
 5. Patients with bleeding from other conditions that may show up in the stool (e.g., hemorrhoids, menstrual bleeding).
 6. Patients with any of the following indications for immediate referral:
 - a. rectal bleeding that is not associated with hemorrhoidal or fissure problems (of particular concern is blood that is mixed with stool).
 - b. change in bowel habits (diarrhea or constipation).
 - c. a sense of incomplete evacuation and urgency.
 - d. abdominal or anal pain.
 - e. a perianal mass or swelling which persists for longer than one month.
 - f. profuse watery or mucousy discharge from the rectum.
- D. Technique for performing the slide test:
Available in take-home and in-house - refer to the package instructions for any pre-test preparations.
- E. Interpretation of results and Follow-Up:
1. Negative Test Result:
 - a. According to the American Cancer Society, asymptomatic patients aged 50 or older with a negative test should be instructed to be tested annually.
 - b. Patients should be informed that false negatives do occur, due to:
 - (1) not following instructions about the restrictive diet and slide preparation.
 - (2) a lesion not bleeding at the time of sampling.
 - (3) sampling errors occurring in slide preparation.
 - (4) substances interfering with the test reaction (such as ascorbic acid).
 2. Positive Test Result.
 - a. A positive test result does not mean that the patient has cancer. A positive result, which indicates the presence of fecal occult blood,

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requires a consultation with the back-up physician.

- b. False-positive test results do occur and are commonly due to the patient not following the dietary guidelines (i.e., meat-free, avoidance of peroxidase-rich foods).

IX. Patient Education

For information on how to inform clients of abnormal test results, and how to track follow-up and referrals, please turn to Section 1.5 - Referral and Follow-up of the Nursing Manual.

*On the following page is a sample of a Laboratory Log Form. This form can be downloaded from the **CDPHE Family Planning Program** website at:*

<http://www.cdphe.state.co.us/pp/womens/FPNursingConsntsForms.html>.

