This protocol manual was developed to meet the specifications and stipulations of the Office of Population Affairs (OPA), Program Requirements for Title X Funded Family Planning Projects, Version 1.0 (April 2014). As stated in these guidelines: “All grantees should assure services provided within their projects operate within written clinical protocols that are in accordance with nationally recognized standards of care, approved by the grantee, and signed by the physician responsible for the service site.”

Protocols are written guidelines for prevention or treatment of a health condition that gives direction for collection and assessment of data, a plan, client education, consultation and referral. To reflect safe and realistic care and to avoid legal ramifications, these protocols reflect current evidence based practice and provides concrete direction and guidance in providing medical services.

These protocols are intended for the midlevel clinicians and physicians working in the North Dakota Family Planning Program (NDFPP). Midlevel clinicians include: nurse practitioners, nurse midwives, physician assistants and clinical nurse specialists. Only those legally authorized for prescriptive practice in the state of North Dakota may initiate, discontinue or alter medications and devices. Other medical/nursing staff in the clinical setting may utilize the information as it applies to their title, job description and practice as set by the ND Board of Nursing. https://www.ndbon.org/RegulationsPractice/NursePracticesAct.asp

The Protocol Committee consists of midlevel clinicians from the delegate agencies, the state medical director and the state family planning nurse consultant. This committee is responsible for reviewing, revising or developing protocols for providing medical care to patients. Any delegate agency midlevel provider or physician is welcome to participate on this committee. All protocols are reviewed and approved by the ND FPP medical director before dissemination to the delegate agencies for clinical use.

The protocol manual is divided into four sections. A number comprised of up to three alpha characters (letters) and up to two numeric characters (numbers) identifies each protocol within the sections. The alpha characters identify the section in which the protocol resides and the numeric characters identify the protocol’s numeric position within that section (e.g. CON-12). Each protocol in the manual is broken into the following components:

- **Definition**
- **Subjective** data encompasses comments, information and complaints from the client, information that has no other substantiation and is not perceptible to the observer.
- **Objective** data encompasses information derived from physical examination, laboratory findings, or from prior clinical records. This information is perceptible to the senses of the observer.
- **Laboratory** includes lab work that must or may be done to affirm a definitive assessment.
- **Assessment** refers to the diagnosis or statement of the problem or the condition.
- **Plan** includes recommendations for medications, procedures or interventions to be carried out based on the assessment.
- **Client Education** includes recommendations for client information and counseling to ensure compliance with the treatment plan. This includes cautions regarding medications and

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possible complications of infections and treatments. This section also contains recommendations for when a client should return to the clinic for follow-up or routine care.

- **Consult/Refer to Physician** includes the conditions or situations in which the provider assesses the need for consultation with or a referral to a physician or other health provider.

The notation “should include” in the Subjective and Objective Data categories means the findings should be present for the assessment to be made. The notation “may include” indicates that any of the following findings may or may not be present. The notation “must exclude” indicates that the findings must not be present. If they are present, the assessment and treatment do not apply.

The Women’s Health Care Clinic Medical Protocols (Torrance, CA) are utilized as the foundation for the majority protocols in the manual. A number of other sources reflective of national standards of care were referenced in updates and revisions of the protocols. All references are cited in APA format and/or by website link at the end of each protocol. The Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use (July 2016) is sited in the Contraceptives section of the manual and should be kept as a part of the North Dakota Protocol Manual.

The protocols in this manual are subject to change as new evidence based practice is recommended by nationally accredited organizations. The ND FPP, in accordance with the MMWR Providing Quality Family Planning Services recommendations, uses the following hierarchy for guideline review and updates:

1. CDC guidelines (tailor recommendations for higher risk individuals)
2. USPSTF (focus is average risk individuals)
3. Recommendations from other major medical professions (e.g. ACOG, AAFP, AAP, NPWH, ASCCP)

The CDC and OPA manuals used to develop protocols for the NDFPP include:

1. Program Requirements for Title X Funded Family Planning Projects (April 2014)
2. Providing Quality Family Planning Services (April 2014)
3. Sexually Transmitted Disease Treatment Guidelines (June 2015)
4. U. S. Selected Practice Recommendations for Contraceptive Use (July 2016)
5. U. S. Medical Eligibility Criteria for Contraceptive Use (July 2016)
6. Recommendations to Improve Preconception Health and Health Care- United States (April 2006)

Protocols will be reviewed by the protocol committee and updated annually, as directed by the Title X guidelines. New or revised protocols will bear the date of revision. Protocols that have been reviewed with no recommended changes will also bear a “review date.” It will be the responsibility of the FP nurse consultant on behalf of the protocol committee to distribute all new or revised protocols to all delegate agencies. A "protocol review" form is located in the front of the manual. Signature on this form indicates annual review of the protocol manual by all midlevel and physicians working within the delegate agency. Individual delegate agencies are responsible to keep their protocol manual current, and must have their providers (including the medical director) review/sign the protocol manual annually, after it has been updated by the

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committee. The medical protocol manual is also available online on the ND FPP website http://www.ndhealth.gov/familyplanning/.

A protocol update form is available to all agencies, and can be submitted at any time to any member of the protocol committee. The purpose of the form is to give individuals the chance to make suggestions to improve, change, or add information to any existing protocol, or make suggestions for new protocols.

If you have any questions about the manual or suggestions for changes that will make it more useful or usable, please contact:

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