

## **Introduction to the Use of The North Dakota Medical Protocol Manual**

This protocol manual was developed to meet the specifications and stipulations of the Office of Family Planning Program Guidelines for Project Grants for Family Planning Services, 2001. "As part of the service plan, all delegate agencies and/or service sites must have written protocols, approved by the grantee, which detail specific procedures for the provision of each service offered. Plans must be written in accordance with the Title X Program Guidelines 2001 and current evidence based medical practice and must cover the services provided at initial visits, annual visits, and other revisits, including supply and problem revisits."

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 evidence based practice that 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. Midlevel clinicians includes 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.

A committee developed the protocols, which consists of midlevel clinicians from the delegate agencies and the state family planning office. They are called the 'protocol committee.' All protocols are reviewed and approved by the ND FPP medical director before initiating.

The protocols manual is divided into sections, each beginning with a table of contents. A number comprised of up to three alpha characters (letters) and up to 2 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 is paginated as follows: 1) the first number identifies the page; 2) the second number identifies the length of the protocol in pages, N of N (e.g., 1 of 3). 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 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 "must include" in the Subjective and Objective Data categories means the findings must 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.

References are cited in APA format for each protocol at the end of the protocol. The reference entitled, "Improving Access to Quality Care in Family Planning, Medical Eligibility Criteria for Contraceptive Use," is cited in the Contraceptives section of the protocol manual. This document should be kept with and as a part of the North Dakota Protocol Manual.

Protocols will be reviewed by the protocol committee and updated as necessary, but at least every three years. 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 staff. Individual delegate agencies are responsible to keep their protocol manual current, and must review/sign the protocol manual annually. 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.