INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order exclusively for your agency.

Print the customized standing order on agency letterhead. Review standing order at least annually and obtain Medical Director’s signature.

Standing order must include the effective start date and the expiration date.

**Assessment**

Subjective Findings

A client requesting a pregnancy test “just to know” is not sufficient criteria for ordering a urine PT in the STD clinic setting.

Objective Findings

The following must be present before an STD ERRN or RN can order a urine PT

* Menstrual history of greater than 35 days since the beginning of last menses and birth control method is absent or ineffective and client is sexually active.

**Plan of Care**

Implementation

An RN or STD ERRN employed or contracted by the local health department may order a PT test by standing order if the objective finding above is present.

Nursing Actions

1. Instruct client to collect urine sample in non-sterile clean container.

Laboratory Testing

1. Human Chorionic Gonadotropin (HCG)
2. All tests depend on the measurement of HCG in urine. HCG can be detected as early as 6 days after conception. At the beginning of the next period 98% of urine PTs will be positive in a normal pregnancy. A negative result 1 week (~35 days) after the missed period virtually guarantees that the woman is not pregnant.
	* false positives may occur in women with Chorionic Epithlioma or Hydatid Mole
	* possible false negatives may occur in women with extra uterine pregnancy, toxemia of pregnancy or threatened abortion
3. First morning void is the ideal specimen. The more concentrated the urine the better the test. Follow manufactures’ recommendations in the test kit package insert.
4. Interpretation of Lab Findings
5. Positive equates to pregnant
6. Negative equates to highly unlikely to be pregnant

**Criteria for Notifying the Medical Provider**

* Contact the medical director or medical provider, if there is any question about whether to carry out any provision of the standing order.
* Pregnant client reports vaginal bleeding/spotting.

**Follow Up**

* Refer all women with a positive PT to Prenatal care.
* Refer all women with a negative PT to Family Planning.

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date approved: \_\_\_\_\_\_\_\_\_\_\_\_

Local Health Department Medical Director

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date reviewed:\_\_\_\_\_\_\_\_\_\_\_\_

Director of Nursing/Nursing Supervisor

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Authority:** Nurse Practice Act, N.C. General Statutes 90-171.20(7)(a)(e)(f)&(8)(c)