

# Study Guide for Women's Health Procedures (Pelvic Exam, Specimen Collection) 2020



THE UNIVERSITY OF ARIZONA

College of Nursing

## Introduction to Pelvic Exam:

### 1. Overview

- a. The specific components of a pelvic examination will vary depending on the woman's age, risks, and assessment findings

### 2. Goal of the procedure

- a. To assist in assessment of all suspected vaginal infections and assist in determination of disease etiology.

### 3. References

- a. Alexander, I., Johnson-Mallard, V., Kostas-Polston, E., Fogel, C., & Woods, N. (2017). Women's Healthcare in Advance Practice Nursing (2nd ed.). New York, NY: Springer.

### 4. Required Reading and Video

- a. Book:
  - i. Alexander, I., Johnson-Mallard, V., Kostas-Polston, E., Fogel, C., & Woods, N. (2017). Women's healthcare in advance practice nursing (2nd ed.), **Pages 212-216**. New York, NY: Springer.
  - ii. This can be accessed through the University of Arizona Health Sciences Library.
- b. You Tube Videos:
  - i. <https://www.youtube.com/watch?v=AllLe3ql7uc>

### 5. Required Procedure Competencies

- a. Please review above. This will be briefly introduced in CSI and then covered extensively during the sexual health block later in the week.

## Microscopy/Specimen Collection:

### 1. Overview

- a. Microscopy is a skill used in many inpatient and outpatient settings to aid practitioners in the diagnosis of disease. The microscope produces a magnified image of a specimen, and makes the details of the specimen visible to the human eye.
- b. Some specimens specifically examined microscopically could include urine, vaginal discharge, blood smears, skin scrapings for fungus or yeast, joint aspirate and other body fluids, parasites such as lice.

### 2. Goal of the procedure

- a. To assist in assessment of all suspected vaginal infections and assist in determination of disease etiology.

### 3. References

- a. Colyar, M. R. (2015). Specimen collection. In M. R. Colyar, Advanced practice nursing procedures (pp. 230- 234). Philadelphia, PA: F. A.

#### 4. Required Reading and Video

- a. Book:
  - i. Colyar, M. R. (2015). Specimen collection. In M. R. Colyar, Advanced practice nursing procedures (pp. 230- 234). Philadelphia, PA: F. A.
    - This can be accessed through the University of Arizona Health Sciences Library.
- b. Articles
  - i. <https://www.olympus-lifescience.com/en/microscope-resource/>
- c. You Tube Videos:
  - i. <https://www.youtube.com/watch?v=nNksPmHQwHo>
  - ii. <https://www.youtube.com/watch?v=8dgeOPGx6YI>

#### 5. Required Procedure Competencies

- a. Gather needed equipment: Microscope, microscope slides, covers slips, lens paper, slide cleansing solution, normal saline, KOH, specimen/test tube rack
- b. The first rule of microscopy requires that the microscope be calibrated, and the elements used be free of dust, dirt, oil, solvents or any other contaminant, so using the slide cleansing solution, and optical lens paper, clean the microscope lenses, the slide and the coverslip to be used.
- c. Prepare a slide
- d. Safely place a slide on the microscope stage
- e. Prepare the microscope to begin viewing the slide: start with the proper position of the microscope stage and first lens choice

#### 6. During CSI Skills Lab

- a. Prior to arriving, you are expected to have read and watched the above. The skills lab is intended to build upon the above information and allow you to engage in a more patient-centered way.
- b. You will spend forty-five minutes at this skill station (15 minutes at male exam). This will be divided in the following manner:
  - i. 15 minutes: Short introduction to the skill
  - ii. 5 Minutes: Focused HPI (consider pointing out one student for OLDCARTS) and Basic Exam
  - iii. 20 Minutes: Procedure
  - iv. 5 Minutes: Final Report and Preceptor Presentation
- c. Please see the Case Study Worksheet on the next page

## Case Study Worksheet

**CC:** Mary Jane is a 17 year old female that presents for yellow vaginal discharge x 3 days

<b>O</b>	Onset	Three days
<b>L</b>	Location/radiation	Vaginal; denies radiation
<b>D</b>	Duration	Constant
<b>C</b>	Character	Yellow; no odor
<b>A</b>	Aggravating factors	Notices increased discharge and spotting after intercourse
<b>R</b>	Relieving factors	None
<b>T</b>	Timing	Constant

- Considering these answers, are there any follow up questions you would ask that would not be asked below in the ROS?
  - Sexual history (partners, protection, etc.)
  - Do you have any post-coital bleeding?
  - Do you have any pelvic pain?

**ROS:** Given the above, which systems will you focus on?

<b>General</b>	Denies fever, chills, wt changes, lymphadenopathy
<b>HEENT</b>	
<b>Respiratory</b>	
<b>Cardiovascular</b>	
<b>Musculoskeletal</b>	Denies arthralgias and myalgias
<b>Endocrine</b>	
<b>GI/GU</b>	Denies abdominal pain, n/v, change to bowel habit; endorses mild dysuria
<b>Genital</b>	Endorses post-coital spotting, vaginal discharge, frequent new partners with intermittent protection; past h/o chlamydia
<b>GYN (if applicable)</b>	Menarche at 11 y.o.; LMP 01/08/2020; cycles are 28 days and regular; G0P0
<b>Neuro/Psych</b>	

**Exam:**

- How would you document the exam?

**Differential Diagnoses:**

- List three differentials in their order of likelihood
  1. Probable: Chlamydia +/- gonorrhea
  2. Possible: BV
  3. Unlikely: UTI

**Preceptor Report:**

Mary Jane is a 17 year old female that presents for yellow vaginal discharge x 3 days. She reports that this seems to be constant. She has not noticed any odor but endorses post-coital spotting and

mild dysuria. She reports that she has had 3-4 partners (males) over the last 6 months. She tries to be consistent with condoms but admits that this is intermittent. She has never had STI testing; she is unsure of her partners. Her ROS is negative except for above. The MA was asked to stay in the room with me during examination. The PE was negative except for mild, bilateral pelvic tenderness. Her pelvic exam was notable for friable cervix and yellow, mucoid vaginal discharge. Negative for cervical motion tenderness. A VG+ and sample for wet mount were collected. Wet mount was unremarkable. UA was unremarkable except for 1+ leuks. It is highly likely that this patient is presenting with chlamydia/gonorrhea, and I would recommend presumptive treatment. Educated the patient that she should abstain from sexual activity for one week. She should wait that amount of time after partners have been treated and/or screened. Discussed the importance of condoms. Discussed birth control options; she would like to continue to think.

### **Documentation Example:**

**CC:** Mary Jane is a 17 year old female that presents for yellow vaginal discharge x 3 days

**S:** Mary Jane is a 17 year old female that presents for yellow vaginal discharge x 3 days. She reports that this seems to be constant. She has not noticed any odor but endorses post-coital spotting and mild dysuria. She reports that she has had 3-4 partners (males) over the last 6 months. She tries to be consistent with condoms but admits that this is intermittent. She has never had STI testing; she is unsure of her partners. Her ROS is negative except for above.

**O:** VS: Temperature: 98.4 Pulse: 92, regular. Respirations: 16, easy and unlabored. Blood Pressure: 95/70. Height: 69 inches. Weight: 135# The PE was negative except for mild, bilateral pelvic tenderness. Her pelvic exam was notable for friable cervix and yellow, mucoid vaginal discharge. Negative for cervical motion tenderness. A VG+ and sample for wet mount were collected. Wet mount was unremarkable. UA was unremarkable except for 1+ leuks.

**A:**

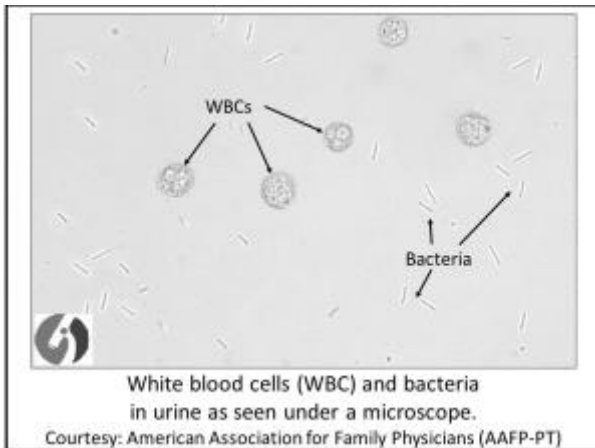
1. Probable: Chlamydia +/- gonorrhea
2. Possible: BV
3. Unlikely: UTI

**P:**

- It is highly likely that this patient is presenting with chlamydia/gonorrhea, recommended presumptive treatment. Patient agreed. Ceftriaxone 250 mg IM given in office. Patient tolerated well. Azithromycin 250 mg, T4 tabs once prescribed.
- Will call with Vg+ and urine culture results,
- Educated the patient that she should abstain from sexual activity for one week. She should wait that amount of time after partners have been treated and/or screened.
- Discussed the importance of condoms as other forms of birth control are not effective for STI protection.
- Discussed birth control options; she would like to continue to think.

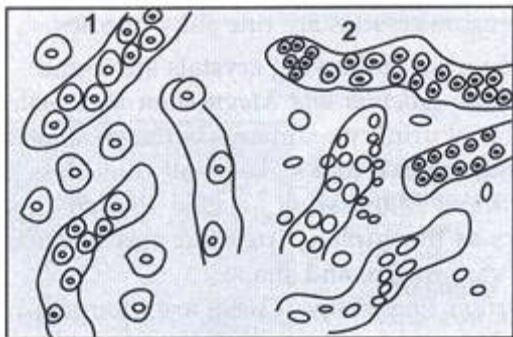
Microscopy: Sample slides/images

Urine Sediment: White blood cells, Bacteria



Retrieved from <https://www.google.com/search?q=Images+microscopy+urine>

Urine Sediment: Casts

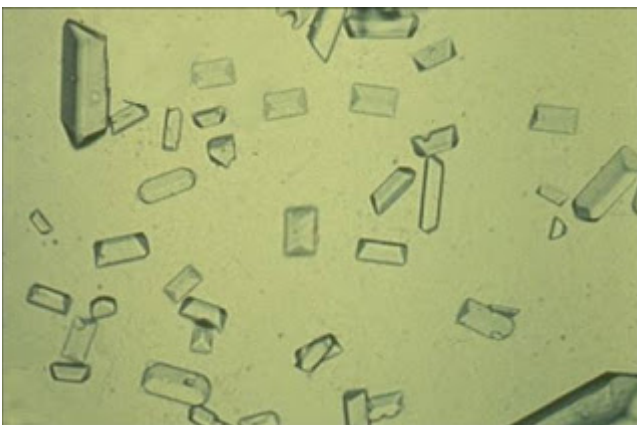


1. Epithelial casts and few free renal casts
2. Blood casts and few free RBCs

**Fig. 22.3:** Casts observed in urine

Retrieved from <https://www.google.com/search?q=Images+microscopy+urine>

Urine Sediment: Crystals



Retrieved from <https://www.google.com/search?q=Images+microscopy+urine>

Vaginal Wet Prep / Wet Mount Slide: with use of KOH – Fungi, Candida



Retrieved from <https://www.google.com/search?q=Images+microscopy+urine>

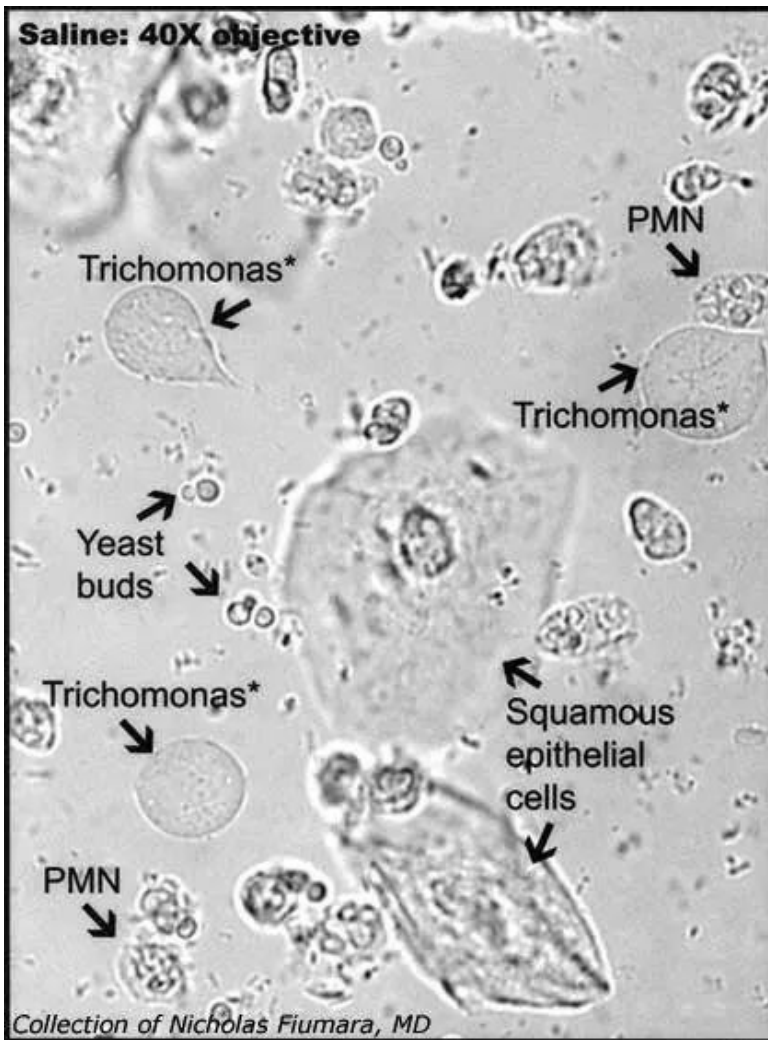
Vaginal Wet Prep / Wet Mount Slide: Clue Cells



Retrieved from <https://www.google.com/search?q=Images+microscopy>

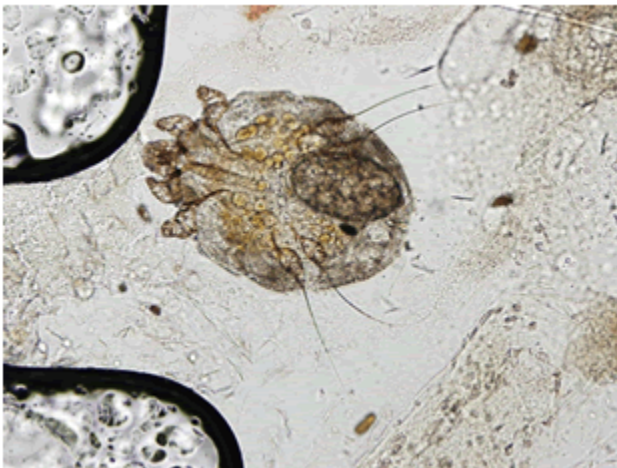


Vaginal Wet Prep / Wet Mount Slide: Trichomonas



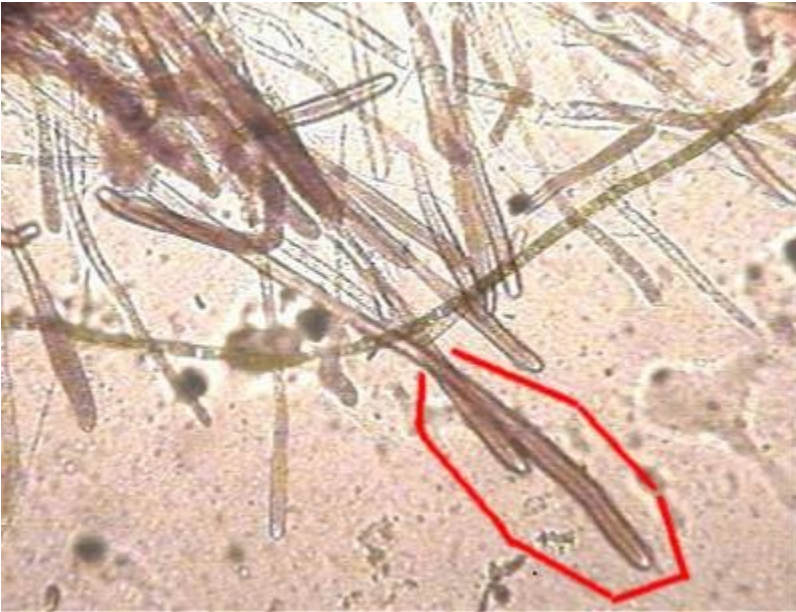
Retrieved from <https://www.google.com/search?q=Images+microscopy>

Skin scraping: Scabies



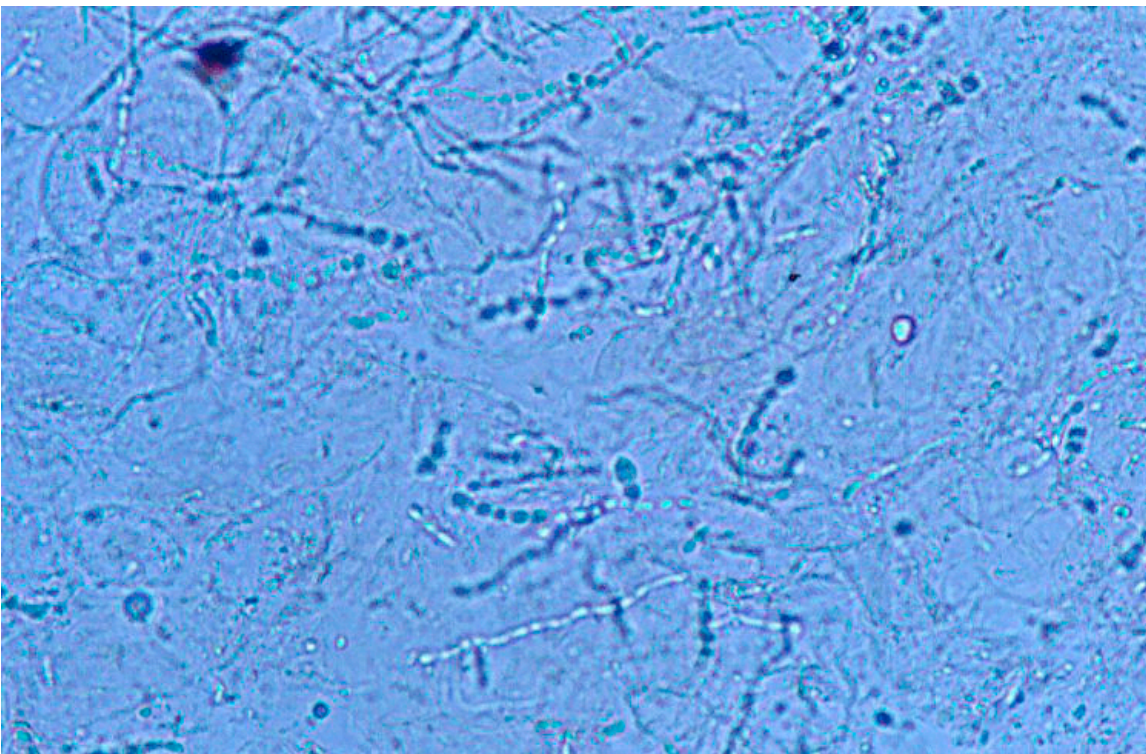
Retrieved from <https://www.google.com/search?q=images+of+skin+scrapings>

Skin scraping: Fungal infection: hyphae



Retrieved from <https://www.google.com/search?q=images+of+skin+scrapings>

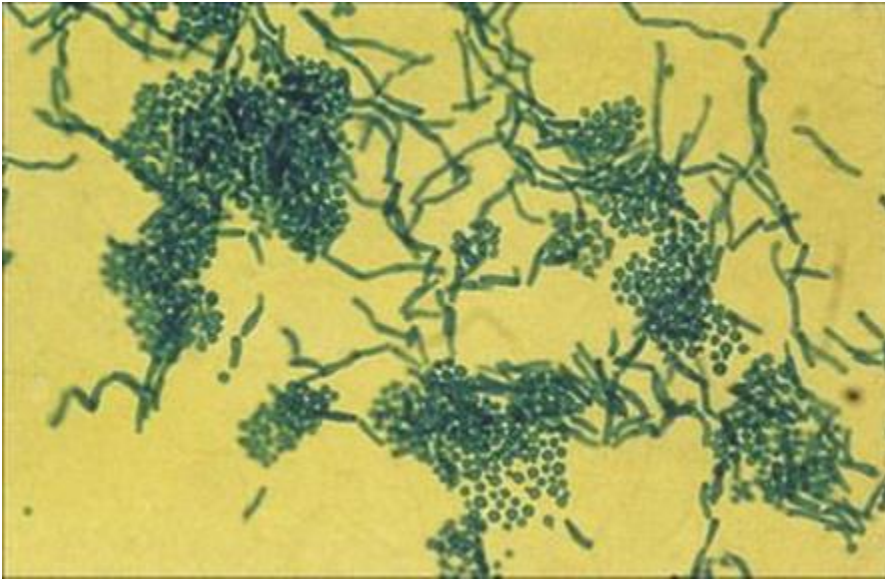
Skin scraping: Tinea



Retrieved from <https://www.google.com/search?q=images+of+skin+scrapings>



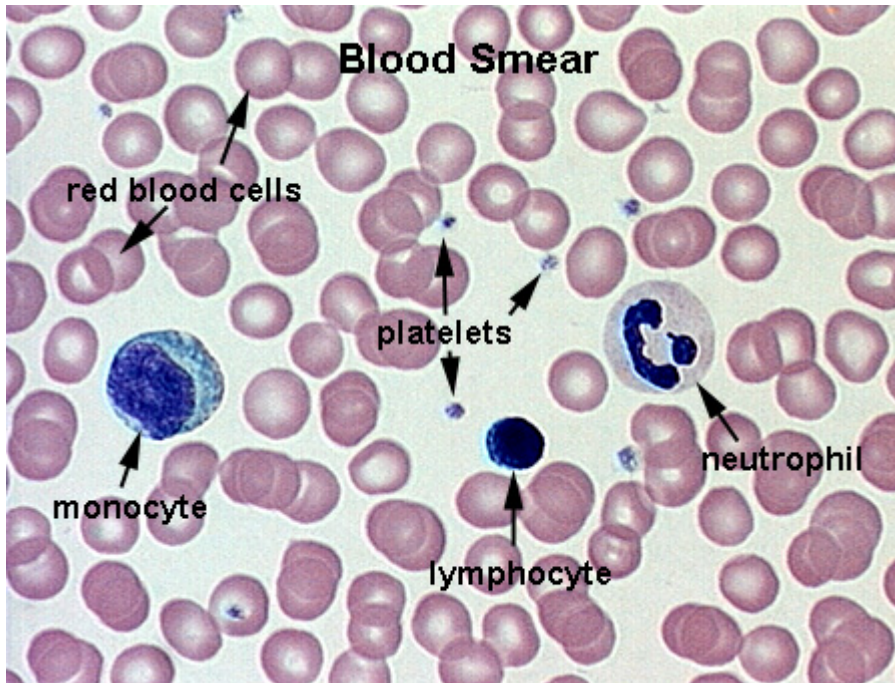
Skin scraping: Yeast - characteristic round yeast forms



Retrieved from <https://www.google.com/search?q=images+of+skin+scrapings>

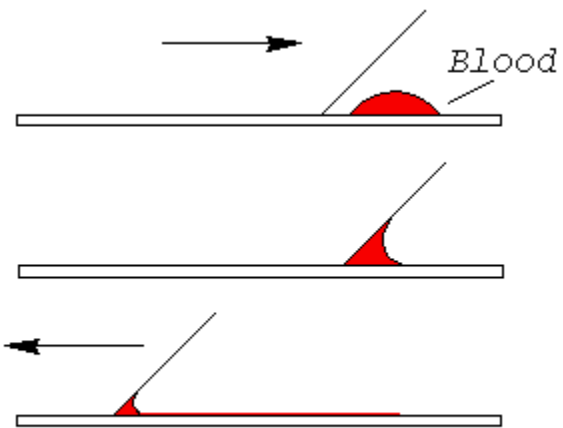
OPTIONAL FOR ANYONE INTERESTED

Microscopic Image of a Blood smear – Common Blood Cells Labeled



Retrieved from <https://www.google.com/search?q=blood+smear+images>

## Performing a Blood Smear



Retrieved from <https://www.google.com/search?q=blood+smear+images>

## Image of a Blood Smear



Retrieved from <https://www.google.com/search?q=blood+smear+images>