THIRD EDITION

# FAMILY PRACTICE GUIDELINES

**Jill C. Cash • Cheryl A. Glass**

EDITORS

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# Family Practice Guidelines

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Editors

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Mom and Dad,
Thank you for sharing your wisdom and love in many ways.
Dad, I know there are holes in the floor of heaven allowing you to watch over me.
*—Jill*

Rob,
Late nights and determination make the difference.
Thank you for your patience, love, and confidence.
*—Jill*

Kaitlin and Carsen,
You provide love and laughter in my life.
I am so proud of you. You are my inspiration!
*—Mom*

**"Success is not the key to happiness. Happiness is the key to success. If you love what you are doing, you'll be a success."**
*—Albert Schweitzer*

This is dedicated to my older brother Joe, most lovingly called Papa Joe. You have shown us courage, strength, and humor through "kicking cancer's butt." You could not have done it without your bride, Miss Charlotte.
*—Cheryl*

To Ed,
You are the best! I can't wait to grow old with you.
*—Cheryl*

**"If we cannot now end our differences, at least we can help make the world safe for diversity."**
*—John F. Kennedy*

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# Preface

After working as an advanced practice nurse, Jill C. Cash identified the need for an advanced practice nursing book that provided differential information for both symptoms and diseases. As novice nurse practitioners (although we had been nurses for years), we both identified the need for a quick reference that provided guidelines, procedures, and patient education. Assisted by many of our colleagues, *Family Practice Guidelines* was written and first published in 2000 and revised in 2011.

We have again asked our experienced nurse practitioner colleagues for assistance in revising this important resource suitable for advanced practice students, as well as novice and experienced health care providers. *Family Practice Guidelines, Third Edition* is this newly revised version. Throughout, information has been updated and is presented in a newly designed, user-friendly format that is more easily accessed using either the table of contents or the book's index. Within the guidelines, more emphasis is placed on history taking, on the physical examination, and on key elements of the diagnosis. Useful website links have also been incorporated. Updated Patient Teaching Guides are availasble, including new additions on atrial fibrillation and migraines. These are presented in perforated tear-out format, making removal from the book easy. These guides found in Section III of the book are also available at **www.springerpub.com/family-practice-guidelines-3e-ancillary**.

The book is organized into chapters using a body-systems format. The disorders included within each chapter are organized in alphabetical sequence for easy access. Disorders that are more commonly seen in the primary care setting are included.

Bold text or italic text highlights "alerts" for practitioners and educational "clinical pearls."

## Organization

The book is now organized into three major sections:

- Section I: "Guidelines" presents the 20 chapters containing the individual disorder guidelines.
- Section II: "Procedures" presents 19 procedures that commonly are conducted within the office or clinic setting.
- Section III: "Patient Teaching Guides" presents 151 Patient Teaching Guides that are perforated for easy distribution to patients as a take-home teaching guide. For ease of reference, the teaching guides are organized by chapter content and can easily be associated with the disorder chapter by matching the teaching guide chapter number and title.

## New to This Edition

One entirely new section on cultural diversity has been added to the present guidelines in Chapter 1.

New guidelines have been added throughout, including:

- Chapter 3, "Dermatology Guidelines," Wound Care: Lower Extremity Ulcers and Pressure Ulcers
- Chapter 8, "Respiratory Guidelines": Obstructive Sleep Apnea
- Chapter 9, "Cardiovascular Guidelines": Atrial Fibrillation, Chronic Venous Insufficiency and Varicose Veins, Deep Vein Thrombosis, Lymphedema, and Peripheral Arterial Disease
- Chapter 10, "Gastrointestinal Guidelines": Colorectal Cancer Screening
- Chapter 11, "Genitourinary Guidelines": Erectile Dysfunction
- Chapter 15, "Infectious Disease Guidelines": Mumps and West Nile Virus
- Chapter 19, "Endocrine Guidelines": Hypogonadism

## New Teaching Guides

- Chapter 3, "Dermatology Conditions: Wound Care: Lower Extremity Ulcers and Wound Care: Pressure Ulcers
- Chapter 5, "Ear Disorders": Tinnitus
- Chapter 9, "Cardiovascular Disorders": Atrial Fibrillation, Chronic Venous Insufficiency, Superficial Thrombophlebitis, and Varicose Veins
- Chapter 11, "Genitourinary Disorders": Chronic Kidney Disease
- Chapter 18, "Neurologic Disorders": Migraine Headache
- Chapter 20, "Psychiatric Disorders": Sleep Disorders/Insomnia

### Procedures

Three of the procedures have been updated: Cystometry, Clock-Draw Test, and Prostatic Massage Technique: 2-Glass Test.

We believe that you will find that this thoroughly updated and easier-to-access third edition of *Family Practice Guidelines* will provide the quick-access reference that you have been searching for to use in your practice setting. We appreciate your support of our first and second editions and know that you will value and utilize this new version of *Family Practice Guidelines*. You will no longer have to spend valuable office time searching for the information needed to provide quality patient care. It's included here, at your fingertips!

*Jill C. Cash*
*Cheryl A. Glass*

# Acknowledgments

It has been a pleasure to work with the editorial staff and team at Springer Publishing Company.

To Margaret Zuccarini, Publisher for Nursing: We are so grateful to work with you again. Your talent, expertise, and hard work on organizing the technical matters of this textbook have been invaluable. We greatly appreciate your suggestions, advice, and patience through it all.

To Chris Teja, Assistant Editor, thank you for your master skills, helping us use the Dropbox, getting the files scanned and sent to us for the third edition revisions, and reassuring us.

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*Jill and Cheryl*

SECTION I

# Guidelines


- Health Maintenance Guidelines *Jill C. Cash and Angelito Tacderas*
- Pain Management Guidelines *Moya Cook and Deanna Tacderas*
- Dermatology Guidelines *Jill C. Cash*
- Eye Guidelines *Jill C. Cash*
- Ear Guidelines *Moya Cook and Jill C. Cash*
- Nasal Guidelines *Jill C. Cash*
- Throat and Mouth Guidelines *Jill C. Cash*
- Respiratory Guidelines *Cheryl A. Glass*
- Cardiovascular Guidelines *Jill C. Cash, Cheryl A. Glass, and Laura A. Petty*
- Gastrointestinal Guidelines *Cheryl A. Glass*
- Genitourinary Guidelines *Cheryl A. Glass*
- Obstetrics Guidelines *Jill C. Cash*
- Gynecologic Guidelines *Rhonda Arthur*
- Sexually Transmitted Infections Guidelines *Jill C. Cash*
- Infectious Disease Guidelines *Cheryl A. Glass*
- Systemic Disorders Guidelines *Julie Adkins*
- Musculoskeletal Guidelines *Julie Adkins*
- Neurologic Guidelines *Jill C. Cash*
- Endocrine Guidelines *Mellisa Hall and Jill C. Cash*
- Psychiatric Guidelines *Moya Cook, Jill C. Cash, and Cheryl A. Glass*

CHAPTER ONE

# Health Maintenance Guidelines

*Jill C. Cash*

### Cultural Diversity and Sensitivity—*Angelito Tacderas*

Culture is more than nationality or race. Culture influences a person's reasoning, decisions, and actions. It is the accumulation of learned beliefs, values, habits, and practices. Culture influences decision making, thoughts, what is approved or disapproved, what is normal or not, which is acquired from close personal relations (family/members of society) over time.

Cultural diversity exists when groups of different cultures must coexist within an environmental area (family, neighborhood, township, city, or country). Knowing that there are differences in cultures and not assigning values between different cultures reflect cultural sensitivity. However, significant differences may exist in the way health care is perceived and practiced because of the differing values and beliefs regarding health and illness inherent among people of varying cultural backgrounds.

#### Contributing Factors to Cultural Diversity

- Fewer White non-Hispanic children
- Increasing immigration
- Efficiency in transportation and travel
- Increase in the homeless and the poor population
- Increase in divorce rate
- Increase in single parenting
- Grandparents raising grandchildren
- Substance abuse
- Violence
- Transgender sex changes
- Homosexual acceptance
- Information explosion/high technology
- Illiteracy
- Increase in non-English-proficient health care providers
- Federal regulations

Cultural sensitivity is the responsibility of all health care providers. Each office visit is an opportunity to gain more knowledge about a client's health beliefs and practices. Inadequate awareness of the client's health beliefs and practices influenced by culture could lead to mistrust. This may result in barriers including inappropriate delivery of care, increased cost, noncompliance, and seeking care elsewhere. Thus, this may eventually lead to even more barriers to health care access. Title VI of the Civil Rights Act is very specific about providing services that are less than the existing standard of care to anyone based on race, age, sex, or financial status. According to this document, "No person in the United States shall, on the grounds of race, color or national origin be excluded in the participation in, be denied the benefits of, or be discriminated under any programs or activity receiving federal financing assistance" (U.S. Department of Justice [USDJ], n.d.).

#### Thoughtful Consideration

The provision of care without being sensitive to the needs of a culturally diverse client may suggest that the health care provider's values and beliefs are superior to that of the client's and may lead to disparity of care. The limited patient involvement in care may result in noncompliance, placing patients at greater risk for health-related complications. The delay in provision of health care can result in life-threatening complications.

Numerous resources are available throughout the literature and the Internet. Preferences to educational/assessment tools are within the health care provider's prerogative.

The following are guidelines for promoting cultural sensitivity in the clinical setting:

A. Provide a cultural diversity self-assessment/practice organization.
   1. Online Internet self-assessment tools, for example, Centers for Disease Control and Prevention (CDC) website (see next section)
   2. Download self-assessment tools from public (see next section).
   3. Use existing self-assessment tools and make necessary changes to fit the need (see Exhibit 1.1).

B. Identify the need of the population served.
   1. Understand the community and its health status.
   2. Evaluate resources, attitudes, and barriers inside the communities and practice location.
      a. Access to resources
      b. Notification of assistance
      c. Range of assistance option
         i. Transportation
         ii. Communication; consider an interpreter (personal vs. automation)
            1) Identify bilingual staff
            2) Use family members or personal acquaintance as interpreters (adults only)
            3) Provide multilingual written materials.
         iii. Education (meaningful/multilingual)
            1) User friendly
            2) Friendly technology

C. Educate staff to cultural diversities.
   1. Assessments should include patient's health values and beliefs (see Exhibit 1.2).
   2. Communication should be meaningful.
      a. Be precise and clear.
      b. Maintain eye contact when speaking.
      c. Use plain language.
      d. Observe facial expressions and body language
      e. Use short sentences to explain lengthy information.

D. Schedule longer appointments if needed.

E. Health care providers should clarify limitation of health care provider.

F. Clearly identify alternatives offered by health care provider.

**EXHIBIT 1.1 Cultural Diversity and Sensitivity Self-Evaluation Form**

Using a scale of 1 to 5, with 1 = never and 5 = always, please answer the following questions:

| Question | Response Value |
|---|---|
| 1. I am comfortable with my culture and can compromise on situations without sacrificing my integrity. | |
| 2. I think about what I say and how it may affect people with different beliefs and practices. | |
| 3. I am aware that others may stereotype me, and I am willing to proactively get involved and share my beliefs and practices. | |
| 4. I evaluate what the real reasons are when I encounter a conflict with persons of different culture. | |
| 5. I am aware of sensitive issues when I am around women and persons of different beliefs and race. | |
| 6. I ask for clarification when I do not understand what others mean. | |
| 7. I am aware of my assumptions about others who are culturally or racially different than myself and I am ok with it. | |
| 8. I object when others use ethnic jokes. | |
| 9. I listen when someone is speaking without interrupting. | |
| 10. I am comfortable forming friendships with people of different cultures. | |
| 11. I find ways to learn more about different cultures and how to communicate effectively. | |
| 12. I realize that flexibility and empathy allow me to evaluate persons of different cultures without imposing any judgments, which allows me to collaborate effectively. | |
| 13. I recognize that there are other ways than mine. | |

| | |
|---|---|
| 14. I accept people for who they are regardless of color, educational achievement, financial status, or gender. | |
| 15. I don't mind apologizing if I have wronged or offended someone. | |
| 16. I respect that others may have a different interpretation of personal space. | |
| 17. I treat people differently than the biases and prejudices of members of my culture. | |
| 18. I do not look down on people who do not speak English fluently or may have an accent. | |
| 19. I understand that there other ways to communicate. | |
| 20. I use simple and common phrases when around someone of diverse culture who may not speak my language proficiently. | |
| Add up all of the numbers for a Total Score | |

Total Score: Outstanding: 95 to 100
Good: 85 to 94
Average: 75 to 84
Needs improvement: 74 or less
(This tool is intended for personal use only. It is designed to be performed as a personal self-assessment. No reliability test that measures stability, equivalence, and homogeneity has been done.)

**EXHIBIT 1.2** **Sample: History Form**

**Client: Personal, Social, and Family Information**

Name _____

DOB _____

1. Today's date _____ 2. Age _____

3. Gender: M or F Is your answer to question number 3 based for those with a transgender sexual change

If no sexual change has taken place, skip questions 4 and 5.

4. Date of procedure _____ 5. Type of procedure _____

Medications prescribed: _____

_____

Sexual orientation: heterosexual: _____ gay/lesbian _____ other _____

Proficient in speaking English YES NO

Proficient in reading English YES NO

Ability to read lips YES NO

Preferred spoken language _____

Most comfortable language when speaking _____

Most comfortable language when reading _____

Preferred greeting Mr. Mrs. Ms First name: _____

Type of nonverbal communication used _____

Eye contact _____

Need of interpreter _____

Relation to Interpreter _____

Quiet/use of silence _____

Use and definition of time _____

(*continued*)

**EXHIBIT 1.2** **Sample: History Form (*continued*)**

Use of any common signs (okay, pain, clapping) _____

Use of comfort space _____

Tactile use _____

Use of cultural jargon or slang that may affect evaluation:

_____

_____

Perception of pain _____

Cultural _____ Ethnicity _____

Family role and function _____

Work _____

Leisure activities _____

Friends _____ Others: _____

Country of origin _____

Country of birth _____

Years in United States _____

Did you grow up in a city _____ town _____ suburb _____ rural _____

Ethnicity _____

Major support group _____

Dominant members of the family _____

Decision makers for the family _____

Previous work history _____

Present work history _____

Education _____

Describe importance of religion _____

Religious beliefs/practices _____

Religious association _____

Cultural/religious practices/restrictions _____

_____

Meaning and use of religious symbols _____

Interaction with family/significant other—describe: _____

_____

Role of father _____ Role of mother _____

Role of elder sibling/siblings _____

Grandparents' role _____

Expectation from this visit _____

Food preferences _____

Beliefs on health promotion _____

_____

Family history _____

_____

Skin color/Hair structure _____

**Reason for Visit**

Chief complaint _____

Perceived cause _____

Reasons for cause _____

Symptoms of illness: _____

_____

Onset and severity (pain scale): _____

Effects of illness on activities of daily living (ADL): _____

Fear of the unknown about illness _____

Treatment expectations and results _____

Beliefs/practices about illness _____

Health promotion beliefs and practice _____

_____

Types of healing practices _____

Client's appearance _____

Common diseases and disorders _____

Beliefs and practices regarding traumatic events _____

_____

Beliefs and practices for preventive health _____

_____

Surgical History _____

Other Medical History _____

_____

Any additional information that may improve client care _____

_____

## Health Maintenance During the Life Span

Health maintenance involves identifying individuals at risk for health problems and encouraging behaviors that reduce these risks. An important aspect of health maintenance is patient education, including teaching individuals about their risk factors for disease and ways to modify their behaviors to reduce their risks of comorbidities. This book contains Patient Teaching Guides that the practitioner may use for patient education; these forms are found in Section III, Patient Teaching Guides. They may be photocopied by the practitioner, filled in according to the patient's evaluation and needs, and given to the patient.

This chapter describes tools that the practitioner can use in preventive health care assessment, which includes websites, screening guidelines, and suggestions for patient education and counseling.

### Pediatric Well-Child Evaluation

The Well-Child Care chart (Exhibit 1.3) is designed for use in newborns and young children up to the 5 to 6 years old. When complications arise, a detailed S.O.A.P. (Subjective, Objective, Assessment, and Plan) note is required for documentation. The documentation should be kept in the front of the child's chart as an easy reference.

Growth charts for children are available in English and metric versions and multiple languages, including Spanish and French, on the CDC website at www.cdc.gov/growthcharts.

### Anticipatory Guidance by Age

The anticipatory guidance tool (Exhibit 1.4) provides a quick reference for the practitioner from the child's initial visit at 1 month throughout his or her well-child visits until age 15. It lists topics that the practitioner should discuss with the caregiver. This information should be supplemented with booklets, teaching guides, and brochures for the caregiver.

### Nutrition

Proper nutrition is an essential part of maintaining health and preventing disease. Promote well-balanced diets for all patients with emphasis on the

**EXHIBIT 1.3** **Well-Child Care**

Name _____ DOB _____ Chart# _____

**BIRTH HISTORY:**

Mother's name _____ Age _____ G ____ P _____ Gestational age at delivery _____ weeks Birth weight _____ pounds _____ ounces

Apgar Scores: 5 min _____ 10 min _____

Delivery: Vaginal delivery or cesarean _____ Pregnancy/Delivery complications: _____

| | Initial Visit | 2 Wk | 2 Mo | 4 Mo | 6 Mo | 9 Mo | 12 Mo | 15 Mo | 18 Mo | 24 Mo | 3 Y | 4 Y | 5 Y |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | | | | | | | | | | | | | |
| Height percentile | | | | | | | | | | | | | |
| Weight percentile | | | | | | | | | | | | | |
| Head circ. percentile | | | | | | | | | | | | | |
| Vital signs | | | | | | | | | | | | | |
| Labs | | | | | | | | | | | | | |
| **Immunize** | | | | | | | | | | | | | |
| Hepatitis B (HepB) (Initial at birth) | | | #2 | | #3 | | | | | | | | |
| Diphtheria, tetanus, & acellular pertussis (DTaP) | | | #1 | #2 | #3 | | | #4 | | | | #5 | |
| Inactivated Poliovirus (IPV)/Oral Poliovirus (OPV) | | | #1 | #2 | | | | #3 | | | | #4 | |
| Measles, mumps, rubella (MMR) | | | | | | | #1 | | | | | #2 | |
| Varicella (VAR) | | | | | | | #1 | | | | | #2 | |
| Rotavirus (RV) | | | #1 | #2 | #3 | | | | | | | | |
| Hemophilus influenza B | | | #1 | #2 | #3 | | #4 | | | | | | |
| Pneumococcal | | | | | | | | | | | | | |

| | Initial Visit | 2 Wk | 2 Mo | 4 Mo | 6 Mo | 9 Mo | 12 Mo | 15 Mo | 18 Mo | 24 Mo | 3 Y | 4 Y | 5 Y |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Influenza | | | | | | | #1 | | | #2 | #3 | #4 | #5 |
| Hepatitis A (HepA) | | | | | | | #1 | | | | | | |
| Feedings | | | | | | | | | | | | | |
| Denver Dev. Screen. Tool | | | | | | | | | | | | | |
| Physical exam date | | | | | | | | | | | | | |
| General appearance | | | | | | | | | | | | | |
| Skin | | | | | | | | | | | | | |
| Head/neck | | | | | | | | | | | | | |
| Eyes/ears | | | | | | | | | | | | | |
| Nose/throat | | | | | | | | | | | | | |
| Mouth/teeth | | | | | | | | | | | | | |
| Heart/lungs | | | | | | | | | | | | | |
| Abdomen | | | | | | | | | | | | | |
| Extremities | | | | | | | | | | | | | |
| Back | | | | | | | | | | | | | |
| Genitalia | | | | | | | | | | | | | |
| Neurologic | | | | | | | | | | | | | |
| Medication review | | | | | | | | | | | | | |
| Assessment plan | | | | | | | | | | | | | |
| Follow-up | | | | | | | | | | | | | |