

## STANDING ORDER FOR ORDERING SCREENING MAMMOGRAMS

### POLICY:

Under this standing order, medical assistants and RNs with proper training may order screening mammograms for clients who fit the criteria below. Diagnostic mammograms (when a patient has a lump or abnormal physical exam) must be ordered by a clinical provider.

### PURPOSE:

Worldwide, breast cancer accounts for 22.9% of all cancers (excluding non-melanoma skin cancers) in women. In 2008, breast cancer caused 458,503 deaths worldwide (13.7% of cancer deaths in women) [1]. Research has shown that mammograms lead to early detection of breast cancers, when they are most curable and breast-conservation therapies are available. Mammograms can show changes in the breast up to two years before a client or physician can feel them. Current guidelines from the US Preventive Services Task Force recommend screening mammography every 2 years, ages 50-74 (insufficient evidence of benefit over age 74).

### PROCEDURE:

1. Applicable population and screening frequency:
  - a. Women 50 -74 with low risk\*: every two years;  
Women 50 years old and above with high risk: every year
  - b. Women 75 and over: not recommended by US Preventive Services Task Force (insufficient evidence)
2. Relative contraindications:
  - a. Women with a symptom or sign of breast cancer: should undergo diagnostic imaging (the mammogram must be ordered and performed differently if the exam is abnormal).
  - b. Pregnancy
3. Alert client that they are due for a mammogram.
4. If client agrees to have a screening mammogram, schedule screening mammogram at affiliated hospital by protocol
5. Record the reason(s) for non-receipt of the test. If the client fits the description of the applicable population but refuses testing, provide education and then document.
6. Prepare the client for screening mammogram:
  - a. Collect following information if not documented in clinical record: prior surgeries, hormone use, family or personal history of breast cancer and pregnancy.
  - b. Instruct the client not to wear deodorant, talcum powder or lotion under arms or on breasts on the day of the exam.
  - c. Have patient sign a release of information form if the client has had previous mammograms at another institution
7. Document the encounter in client chart.
8. Follow up with clients on test results per clinic protocol.

Medical Director \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Effective date \_\_\_\_\_

Date reviewed \_\_\_\_\_

Date revised \_\_\_\_\_

1. "World Cancer Report". International Agency for Research on Cancer. 2008. Retrieved 2011-02-26.  
\* High risk groups include personal history of breast cancer or breast lesions, direct family history, genetics (carriers of mutation in either BRCA1 or BRCA2)