

Cultural Competence Continuing Education:

Field Reference Guide for Transgender and Non-Binary Patients.



Rate of attempted suicide among transgender (trans) individuals:

- Trans men - 50.8%
- Trans Women - 29.9%
- Non-Binary - 41.8% (HRC, 2018)

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HOW TO ASK QUESTIONS

- 1. Sex assigned at birth-** Were you assigned male or female at birth?
- 2. Legal name change-** Have you legally changed your name? (If not let them know for charting and billing purposes you must use the name on the Government I.D.)
- 3. For adolescent patients-** Are you out to your parents? If not, do not say anything in front of the parents. We don't know family dynamics and we could make it worse for the patient.
- 4. Sex marker-** Have you legally changed your sex on your Government I.D.?
- 5. Pronouns-** What pronouns do you use?

PUBERTY BLOCKERS

LEUPROLIDE ACETATE

- **Pharmacology-** Leuprolide is an agonist of gonadotropin releasing hormone (GnRH) receptors. Acting as a potent inhibitor of gonadotropin secretion, leuprolide produces an initial increase in luteinizing hormone (LH) and follicle stimulating hormone (FSH), which leads to a transient increase (5 to 12 days [Cook 2000]) in testosterone and dihydrotestosterone (in males) and estrone and estradiol (in premenopausal females).
- **Metabolism-** smaller inactive peptides, a pentapeptide (Metabolite I), tripeptides (Metabolites II and III) and a dipeptide (Metabolite IV). Then eliminated through urine.
- **Adverse Reactions-** Angina, PE, MI, Dysphagia, Anxiety, Nervousness, Syncope, Ecchymosis, Bradycardia, Stroke, TIA, Auditory Hallucinations.
- **Brand Names-** Eligard, Lupron Depot, Lupron Depot-Ped, Lupron Depot (3 month), Lupron Depot (6 Month), Lupron Depot (4 month), and Lupron Depot-Ped (3 month)

HISTERLIN ACETATE

- **Pharmacology-** Potent inhibitor of gonadotropin secretion; continuous administration results in, after an initiation phase, the suppression of luteinizing hormone (LH), follicle-stimulating hormone (FSH), and a subsequent decrease in testosterone and dihydrotestosterone (males) and estrone and estradiol (premenopausal females). Testosterone levels are reduced to castrate levels in males (treated for prostate cancer) within 2 to 4 weeks.
- **Metabolism-** Hepatic via C-terminal dealkylation and hydrolysis
- **Adverse Reactions-** MI, Sudden Cardiac Death, Stroke, Hyperglycemia, Emotional Lability, Irritability, Anger, Aggression, Seizures.
- **Brand Names-** Supprelin LA, Vantas

Transgender Female Medications Associated with Transitioning

ESTROGEN

- ▶ **Pharmacology**-Estrogens are responsible for the development and maintenance of the female reproductive system and secondary sexual characteristics.
- ▶ **Metabolism**-Hepatic
- ▶ **Adverse reactions**-Edema, Hypertension, CVA, MI, Dementia, Headache, depression, anxiety, dizziness, anaphylaxis, back pain, weakness, may exacerbate asthma.
- ▶ **Brand names**-Alora, Climara, Delestrogen, Depo-Estrosol, Estrogel,

SPIRONOLACTONE

- ▶ **Pharmacology**-Competes with aldosterone for receptor sites in the distal renal tubules, increasing sodium chloride and water excretion while conserving potassium and hydrogen ions.
- ▶ **Metabolism**-Hepatic to multiple metabolites
- ▶ **Adverse reactions**-Vasculitis, Ataxia, Confusion, Headache, Lethargy, Hyperkalemia (no NSAIDs), Diarrhea, Nausea, Vomiting, Acidosis
- ▶ **Brand names**- Aldactone

FINASTERIDE

- ▶ **Pharmacology**- Blocks the action of an enzyme called 5-alpha-reductase. This enzyme changes testosterone to another hormone that causes the prostate to grow or hair loss in males.
- ▶ **Metabolism**- Hepatic
- ▶ **Adverse reactions**- Orthostatic hypotension, Dizziness, Decreased Libido, Impotence, Weakness, Edema, Drowsiness, Gynecomastia, Dyspnea.
- ▶ **Brand names**- Propecia, Proscar

Transgender Female EMS Protocols

Purpose:

To establish criteria for EMS assessment, triage, and treatment of a transgender female.

Definition:

1. **Transgender**- Denoting or relating to a person whose sense of personal identity and gender does not correspond with their birth sex.
2. **Transgender Female**- A woman who was assigned male at birth.

Procedures:

- A. **Airway**- Proper airway management is the priority of the EMS Provider/Paramedic.
1. If it's known that the patient has had a tracheal shave have an alternative to establish a patent airway.
 2. Follow Endotracheal Intubation protocol.
- B. **Chest Pain**- In order to get the correct Axis of the heart meaning the general direction of Ventricular Depolarization during Ventricular Polarization monitor setting needs to be sex assigned at birth for a transgender patient.
1. **Left Ventricular Hypertrophy- (LVH)** using the Cornell Voltage Criteria it states that LVH is present if the sum of the R wave in AVL and the S wave in V3 is 20mm in assigned females at birth and 28mm in assigned males at birth.
 2. **LVH Strain**- LVH strain can mimic a STEMI. Treat as a STEMI until ruled otherwise, transport to a Cath-Lab Capable hospital.
 3. **Hyperkalemia**- If you find the patient in a Hyperkalemic rhythm treat using Hyperkalemia Protocols.

Sex assigned at birth	Zoll-X	Phillips	Physio Life Pak
Male	Male	Male	Male
Female	Female	Female	Female
Intersex	Female	Female	Female

Precautions:**A. Tracheal Shave Risks**

1. Edema or Ecchymosis of Vocal Cords
2. Hoarseness or Pitch drop longer than 7-14 days are more likely due to anterior commissure detachment.
3. Within 6-12 months scar tissue will develop due to anterior detachment.

E. Penectomy Vaginoplasty

1. Sutures can split after surgery. Use an abdominal pad to stop the bleeding. (Combat Gauze will cauterize viable tissue that will be used for the graft.)
2. Transport the patient to the hospital where the procedure was done.
3. If the patient is unstable transport to the closest facility for stabilization.
4. Tissue Necrosis, rectal injuries, fistulas, deep vein thrombosis, and pulmonary embolism.
5. With the Rectosigmoid Colon technique specifically, diversion colitis, adenocarcinoma of a neovagina, introital stenosis, mucocoele, and constipation have been reported

F. Notes:

1. Upon contact ask patient preferred name and pronouns
2. Have legal documents been changed?
3. Check the buttocks for Priapism if you suspect a spinal injury.
4. Can develop testicular torsion if they haven't had an Orchiectomy.
5. If the youth isn't out to his parents, pull the nurse outside of the room and away from parents, and tell them they are not out to their parents.

Transgender Male Medications Associated with Transitioning

Depo-Testosterone

PHARMACOLOGY-Endogenous androgens are responsible for normal growth and development of the male sex organs and maintenance of secondary sex characteristics.

Metabolism- various 17-keto steroids through two different pathways.

ADVERSE REACTIONS-male patterned baldness, MI, Retention of sodium, chloride, water, calcium, potassium and inorganic phosphates. Nausea, TIA, PE, Cardiac Arrest, Hypertrophic Cardiomyopathy, CHF, CVA, Hepatotoxicity, Depression, Mania, Paranoia, Psychosis, Delusions.

Brand Names-[Aveed](#), Depo-Testosterone, Testosterone Cypionate, Testosterone Enanthate, [Xyosted](#)

Transgender Male EMS Protocols

Purpose:

To establish criteria for EMS assessment, triage, and treatment of a transgender male.

Definition:

- 1. Transgender-** Denoting or relating to a person whose sense of personal identity and gender does not correspond with their birth sex.
- 2. Transgender Male-** A man who was assigned female at birth.

Procedures:

A. Chest Pain- In order to get the correct Axis of the heart meaning the general direction of Ventricular Depolarization during Ventricular Polarization monitor setting needs to be sex assigned at birth for a transgender patient.

- 1. Left Ventricular Hypertrophy- (LVH)** using the Cornell Voltage Criteria it states that LVH is present if the sum of the R wave in AVL and the S wave in V3 is 20mm in assigned females at birth and 28mm in assigned males at birth.
- 2. LVH Strain-** LVH strain can mimic a STEMI. Treat as a STEMI until ruled otherwise, transport to a Cath-Lab Capable hospital.

Sex assigned at birth	Zoll-X	Phillips	Physio Life Pak
Male	Male	Male	Male
Female	Female	Female	Female
Intersex	Female	Female	Female

Specific Precautions:

1. When a transgender male complains of abdominal pain, providers must rule out active labor.

C. Trouble Breathing- If it is painful for the patient to take a deep breath, ask if they are wearing a binder.

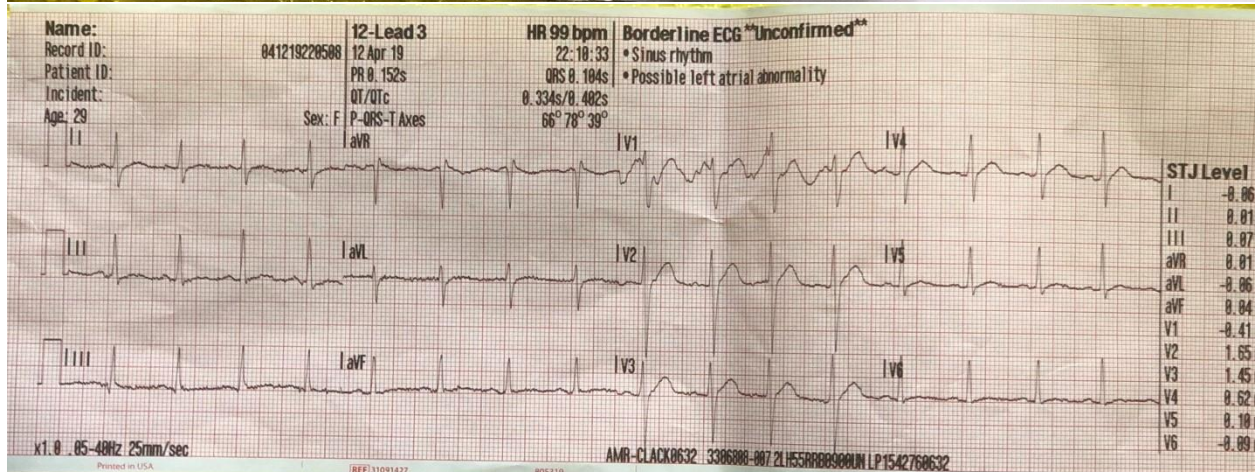
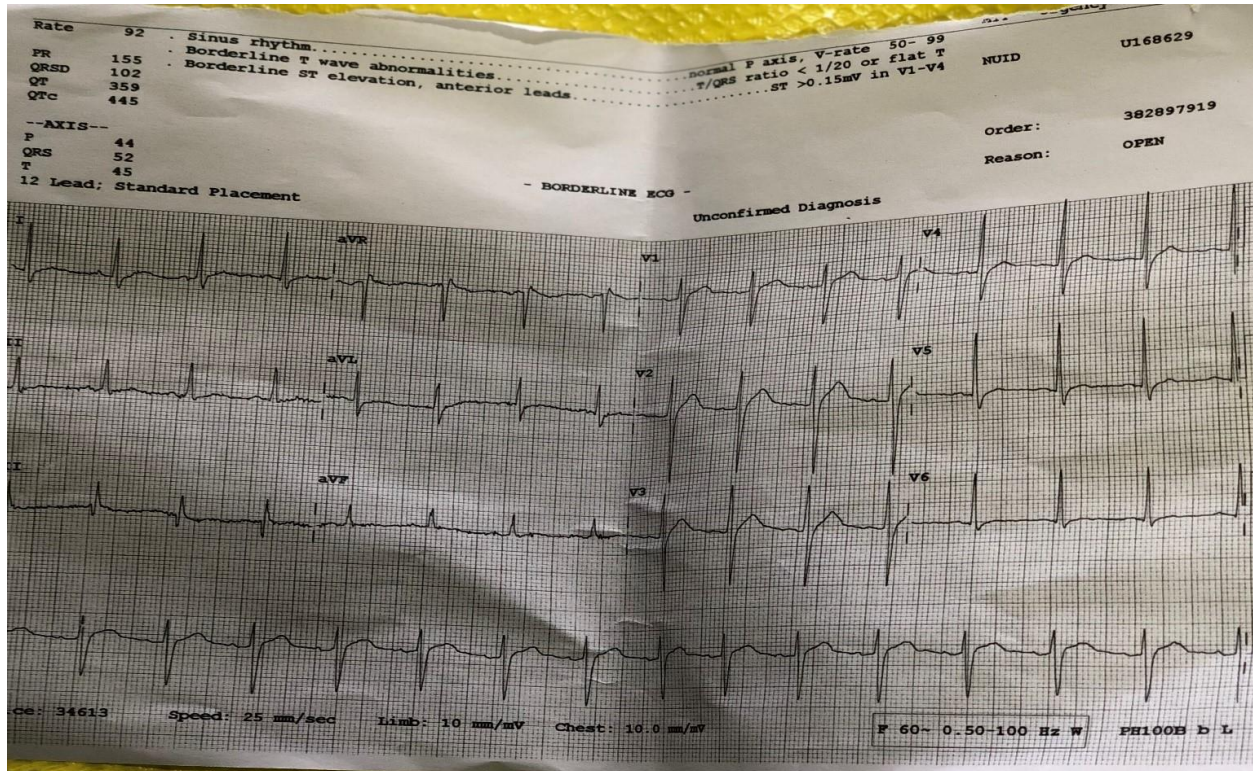
1. Binding can cause fractured ribs, pneumothorax, a sharp pain on inhalation.

D. Radial Forearm Phalloplasty- When doing a stroke assessment providers need to ask about any deficits the patient had after the surgery.

Notes:

1. Trans men can be on Testosterone and have an Estrogen ring.
2. When doing a trauma assessment, you can find a binder, packer, or STP.
3. Use sex assigned at birth for all Radio Reports.
4. If the youth isn't out to his parents, pull the nurse outside of the room and away from parents, and tell them they are not out to them.

12-Leads of a 29.Y.O. Male with acute chest pain



Axis Difference:

P- 22 degrees QRS- 26 degrees T- 6 degrees

Non-Binary EMS Protocols

Purpose:

To establish criteria for EMS assessment, triage, and treatment of a Non-Binary patient.

Definition:

Non-Binary- also known as genderqueer, is a spectrum of gender identities that are not exclusively masculine or feminine—identities that are outside the gender binary.

Binary- The classification of gender into two distinct, opposite, and disconnected forms of masculine and feminine, whether by social system or cultural belief.

AFAB- Assigned Female at Birth.

AMAB- Assigned male at Birth.

Procedures:

A. Chest Pain- In order to get the correct Axis of the heart meaning the general direction of Ventricular Depolarization during Ventricular Polarization monitor setting needs to be sex assigned at birth for a transgender patient.

1. Left Ventricular Hypertrophy- (LVH) using the Cornell Voltage Criteria it states that LVH

is present if the sum of the R wave in AVL and the S wave in V3 is 20mm in assigned females at birth and 28mm in assigned males at birth.

2. LVH Strain- LVH strain can mimic a STEMI. Treat as a STEMI until ruled otherwise, transport to a Cath-Lab Capable hospital.

3. Hyperkalemia- If you find the patient in a Hyperkalemic rhythm treat using Hyperkalemia Protocols.

Sex assigned at birth	Zoll-X	Phillips	Physio Life Pak
Male	Male	Male	Male
Female	Female	Female	Female
Intersex	Female	Female	Female

A. **Radio Report-** Should be a statement like “M271 enroute with a 25 y.o. assigned male at birth patient.....”

B. **Turn-over to nurse-** Same as radio report.

Notes

1. AMAB can be on any medication or surgery a MTF (Male to Female) can have.
2. AFAB can have any surgery or medications that a FTM (Female to Male) can have.
3. Refer to FTM or MTF protocols.
4. If this is a youth, ask them if they are out to their parents.
5. Pronouns could be They/Them, Ze/Zir.

Charting a Transgender and Non-Binary Patient.

First Name and Last Name: The first and last name on the chart must be what is on the Government I.D. (Use the patient's chosen name during patient contact.)

Address: Ask the patient for the correct address. New Oregon Licenses do not have an updated address.

Sex- Use the sex marker on the Government I.D.

For **Non-Binary** patients get a face sheet from destination hospital and use the sex that is on the face sheet. (This will not always be sex-assigned at birth.)

Emergency Room Staff Considerations

Abdominal Pain- A patient who is assigned Female at birth and has not had a Hysterectomy a full pregnancy work-up needs to be done. If the patient has recently had penetrative sex, and a recent hysterectomy rule out Vaginal Cuff tear. A patient who is assigned Male at birth who hasn't had an orchiectomy needs to have testicular torsion ruled out.

12-Leads- When obtaining a 12-lead on a transgender patient you must go into the settings to change the sex of the patient. The sex on the monitor is the sex that is on the government I.D. Which does not always represent sex assigned at birth. Transgender women can be having a Hyperkalemic event due to Spironolactone (Includes Youth). Testosterone can cause Hypokalemia.

Legal Name and Sex Marker Change- If the patient hasn't been to this hospital since legal transition, prior name must be obtained to obtain a complete medical history.

Vocabulary

Gender - denotes the public (and usually legally recognized) lived role as boy or girl, man or woman. Biological factors combined with social and psychological factors contribute to gender development.

Assigned gender - refers to a person's initial assignment as male or female at birth. It is based on the child's genitalia and other visible physical sex characteristics.

Gender-atypical - refers to physical features or behaviors that are not typical of individuals of the same assigned gender in a given society.

Gender-nonconforming - refers to behaviors that are not typical of individuals with the same assigned gender in a given society.

Gender reassignment - denotes an official (and usually legal) change of gender.

Gender identity - is a category of social identity and refers to an individual's identification as male, female or, occasionally, some category other than male or female. It is one's deeply held core sense of being male, female, some of both or neither, and does not always correspond to biological sex.

Gender dysphoria - as a general descriptive term refers to an individual's discontent with the assigned gender. It is more specifically defined when used as a diagnosis.

Transgender - refers to the broad spectrum of individuals who transiently or persistently identify with a gender different from their gender at birth. (Note: the term transgendered is not generally used.)

Transsexual - refers to an individual who seeks, or has undergone, a social transition from male to female or female to male. In many, but not all, cases this also involves a physical transition through cross-sex hormone treatment and genital surgery (sex reassignment surgery).

Genderqueer - blurring the lines around gender identity and sexual orientation. Genderqueer individuals typically embrace a fluidity of gender identity and sometimes sexual orientation.

Gender fluidity - having different gender identities at different times.

Agendered - 'without gender,' individuals identifying as having no gender identity.

Cisgender - describes individuals whose gender identity or expression aligns with the sex assigned to them at birth.

Gender expansiveness - conveys a wider, more flexible range of gender identity and/or expression than typically associated with the binary gender system.

Gender expression - the manner in which a person communicates about gender to others through external means such as clothing, appearance, or mannerisms. This communication may be conscious or subconscious and may or may not reflect their gender identity or sexual orientation.

Polygender-is a gender identity which can be literally translated as 'many genders.' Polygender people experience multiple gender identities, either simultaneously or varying between them. These can be male, female and/or any non-binary identities.

Two-spirit-is a modern umbrella term used by some indigenous North Americans to describe certain spiritual people- gay, lesbian, bisexual, and gender-variant individuals.

Male to Female- a person who is born male and subsequently adopts the identity or appearance of a female, especially one who has undergone gender reassignment (MTF)

Female to Male-a person who is born female and subsequently adopts the identity or appearance of the male, especially one who has undergone gender reassignment (FTM)

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Excerpted from DSM-5. Note: The term gender dysphoria replaced the term gender identity disorder used in an earlier version of DSM.

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