

Vaginal Candidiasis (Yeast) Treatment

Standing Order Template

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

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

Your customized standing order should include a header with your agency name, effective start date, and expiration date. Review standing order at least annually and obtain Medical Director's signature.

Assessment

Subjective Findings*

Clients may present with the following history:

- vaginal discharge reported to be abnormal by the client
- vaginal itching and irritation
- dyspareunia
- external dysuria
- vulvar pruritus, pain, swelling and redness

*Subjective findings alone do not meet the N.C. Board of Nursing requirement for treatment by a registered nurse (RN) or STD Enhanced Role Registered Nurse (STD ERRN).

Objective Findings

Clinical documentation of the presence of yeast and symptoms are necessary before implementing treatment:

1. identification of typical yeast (budding cells), hyphae or pseudo-hyphae on microscopic examination of a smear of vaginal discharge by saline or KOH wet prep, OR
2. positive culture or other test for yeast species, and
3. client is symptomatic

Plan of Care

Precautions and Contraindications:

Before implementing this Standing Order:

1. Review "Criteria for Notifying the Medical Provider" under Nursing Actions Part E. If client meets any of those criteria, immediately consult with an agency medical provider for orders on how to proceed.
2. If client reports a drug allergy for any medication provided in the standing order, inquire about, and document the type of reaction(s) the client has experienced, then consult with an agency medical provider for orders on how to proceed.
3. Read and be familiar with manufacturer's leaflet for medications applicable to this standing order. Consult with physician when manufacturer's recommendations are incongruent with this standing order application.

Implementation

A registered nurse employed or contracted by the local health department may dispense or recommend treatment for Vaginal Candidiasis by standing order if the required objective findings are documented in the medical record.

Note: The medical director should choose his/her preference of "Over the Counter" (OTC) treatment for the STD ERRN or RN to recommend to symptomatic clients. Insert medical director's choice of treatment here.

Nursing Actions

- A. Read and Review:
 1. manufacturer's leaflet for medication/treatment.
- B. Provide to client:
 1. information about the diagnosis, both verbally and in written form.
 2. review of ordered laboratory tests and instructions for obtaining laboratory test results.
 3. client-centered STI education, both verbally and in written form.
 4. condoms and literature about risk reduction behavior.

5. education about the relationship between the presence of one STI and increased risk of HIV acquisition
6. Follow-up instructions to include scheduling future appointments, accessing patient portal for results, and referrals for additional services.

C. Educate client:

1. abstain from sexual intercourse until client has completed medication regimen
2. consistently and correctly use disease prevention barrier methods (e.g., condoms, dental dams)
3. OTC creams and suppositories are oil based and may weaken latex condoms and diaphragms, causing possible method failure so patient should refer to product labeling for further information
4. if client uses diaphragm for contraception: clean and disinfect diaphragm per manufacturer's instructions or agency protocol when the manufacturer does not provide instructions.
5. if client uses sex toys: cover sex toys during use and clean per manufacturer's instructions or agency protocol
6. request repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners, new partner, partner diagnosis, sexual activity without appropriate prevention barrier use, and partner unknown monogamy status)
7. keep scheduled follow-up appointments, (i.e., 3-month rescreening, referrals for immunization, contraception, etc.)
8. abstain from douching
9. routine treatment of sex partners is not recommended
10. inform sexual partners of infection. If a male partner complains of pruritus and/or irritation on or in conjunction with the glans of the penis or has erythematous areas on the glans of the penis they should contact their medical provider
11. **return to clinic if symptoms persist, worsen, or reappear 2 weeks after treatment**

D. Medication Counseling:

1. inquire about and document the type of reactions/side effects the client has experienced in the past when taking the medication
2. advise client regarding side effects as indicated in manufacturer's leaflet or other agency approved medication reference for any treatment or medication prescribed, dispensed, administered, or recommended
3. advise the client that they may experience local burning or irritation when using vaginal topical agents
4. **seek urgent or emergency care if any of the following develops within 30 minutes after treatment: shortness of breath, tongue, throat, or facial itching or swelling, chest pain or heaviness, abdominal pain, scrotal pain or oral temperature $\geq 101^{\circ}\text{F}$**

E. Criteria for Notifying the Medical Provider

1. contact the medical provider if there is any question about whether to carry out any treatment or other provision of the standing order, including client reporting a drug allergy to the medication provided in the standing orders
2. consult with a medical provider for a client-specific prescription if the client is not pregnant and prefers an oral treatment. Always present the medical provider with a list of the client's current medications. Clinically important interactions can occur when clients take oral azoles with other medications including:

• Astemizole	• Cyclosporin A	• Tacrolimus
• Calcium channel antagonists	• Oral hypoglycemic agents	• Theophylline
• Cisapride	• Phenytoin	• Trimetrexate
	• Protease inhibitors	• Rifampin
		• Warfarin

3. consult with the medical provider, if the client has reoccurrence of symptoms within two months after initial treatment or greater than two symptomatic vulvovaginal candidiasis occurrences (≥ 3) within 12 months
4. severe symptoms noted on exam (e.g. extensive vulvar erythema, edema, excoriation, and fissure formation)
5. DO NOT ADMINISTER TREATMENT and consult with medical provider, if any of the following conditions are present:
 - oral temperature $\geq 101^{\circ}$ F on examination
 - abdominal, adnexal, or cervical motion tenderness on examination
 - sustained cervical bleeding on exam
 - ANY reported vaginal spotting/bleeding by a pregnant client

F. Follow-up requirements:

1. if symptoms persist, worsen, or reappear within two months after treatment, return to clinic for re-evaluation

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)(f)&(8)(c)