

## Vaginal thrush Standing Order

Issue date:		Review date:	
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This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

<b>Standing Order Name</b>	Vaginal thrush
<b>Rationale</b>	To promptly and appropriately treat women presenting with symptoms of vaginal thrush.
<b>Scope (condition and patient group)</b>	Adult females who have symptoms of vaginal thrush.
<b>Red Flags</b>	Other concerns that are not vaginal thrush <ul style="list-style-type: none"> <li>• Pain, fever or feeling unwell</li> <li>• A vaginal discharge that smells offensive</li> <li>• The vagina is very sore or there are ulcers or blisters in the area</li> </ul>
<b>Assessment</b>	<ol style="list-style-type: none"> <li>1. Check history. Possible contributing factors include: <ul style="list-style-type: none"> <li>• Recent antibiotics</li> <li>• Pregnancy</li> <li>• Diabetes, especially if blood glucose levels are not well controlled</li> <li>• If the vagina is irritated during sex</li> <li>• Before or after their period</li> <li>• In hot weather</li> <li>• If the women is stressed or has low immunity</li> </ul> </li> <li>2. Patients may have the following symptoms: <ul style="list-style-type: none"> <li>• A change in vaginal discharge, from normal to a thick and white discharge</li> <li>• Itching, irritation, burning or soreness around vulva and vagina</li> <li>• Pain or discomfort when having sex</li> </ul> </li> </ol>
<b>Indication</b>	<b>Antifungal treatment for vaginal thrush</b>
<b>Medicine</b>	<b>Clotrimazole 2% vaginal cream</b>
<b>Dosage instructions</b>	Insert ONE applicator full of cream nightly for 3 nights
<b>Route of administration</b>	Vaginal
<b>Quantity to be given</b>	1 x 20g tube
<b>Contraindications</b>	Hypersensitivity to clotrimazole
<b>Precautions</b>	<ul style="list-style-type: none"> <li>• Creams may reduce effectiveness and safety of latex products</li> <li>• Sexual intercourse before treatment completion may transfer infection to sexual partner</li> </ul>
<b>Indication</b>	<b>Antifungal treatment for vaginal thrush</b>
<b>Medicine</b>	<b>Clotrimazole 1% vaginal cream</b>
<b>Dosage instructions</b>	Insert one applicator full of cream nightly for 6 nights
<b>Route of administration</b>	Vaginal
<b>Quantity to be given</b>	1 x 35g tube
<b>Contraindications</b>	Hypersensitivity to clotrimazole
<b>Precautions</b>	<ul style="list-style-type: none"> <li>• Creams may reduce effectiveness and safety of latex products</li> <li>• Sexual intercourse before treatment completion may transfer infection to sexual partner</li> </ul>
<b>Additional information</b>	Either strength cream can be offered to the patient, depending on their preference and past experience, however, those women with recurrent symptoms or still completing courses of antibiotics will need the longer 6 day course.

	<p>Obtain a vaginal swab for culture to confirm candida causative agent of vaginitis.</p> <p>The creams can also be applied to the outside of the vagina TWICE daily during the day to help with external itch.</p> <p>Recommend avoidance of vaginal intercourse during infection and treatment to prevent the partner becoming infected.</p> <ul style="list-style-type: none"> <li>Although thrush is not an STI it can be transferred with sexual contact. The partner should be treated if symptomatic or in some cases of recurrent candidiasis</li> </ul> <p>Give advice on how to prevent future infections</p> <ul style="list-style-type: none"> <li>Wear loose cotton underwear and avoid tight clothing. For women this is important when wearing pantyhose or tights.</li> <li>Wash genital skin daily with a mild soap or a soap substitute such as aqueous cream.</li> <li>Avoid use of deodorants, talcum powder on genital skin.</li> <li>Avoid deodorised panty shields, bubble bath solutions, or vaginal douches.</li> <li>Avoid spermicidal condoms and use only water-based lubricants.</li> <li>Suggest they request thrush treatment if prescribed antibiotics in the future.</li> </ul>
<b>Follow-up</b>	<p>If symptoms do not improve within 4 days, then ask the patient to return.</p> <p>If the patient gets recurrent episodes of thrush (<math>\leq 3</math> episodes in 6 months), they should see the doctor.</p>
<b>Countersigning and auditing</b>	<p>Countersigning is not required. Audited monthly.</p> <p><b>OR</b></p> <p>Countersigning is required within <b>XX</b> days</p>
<b>Competency/training requirements</b>	<p>All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order.</p>
<b>Supporting documentation</b>	<p>Healthpathways at <a href="http://www.healthpathways.org.nz">www.healthpathways.org.nz</a></p> <p>Best Practice Journal at <a href="http://www.bpac.org.nz">www.bpac.org.nz</a></p> <p>New Zealand Formulary at <a href="http://www.nzf.org.nz">www.nzf.org.nz</a></p> <p>Individual medicine data sheets at <a href="http://www.medsafe.govt.nz">www.medsafe.govt.nz</a></p> <p>Standing Order Guidelines, Ministry of Health, 2012</p> <p>Medicines (Standing Order) Regulations 2012 (Standing Order Regulations)</p>
<b>Definition of terms used in standing order</b>	<p>None</p>

<b>Medical Centre or Clinic:</b>	
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<b>Signed by issuers</b>
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Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Nurses operating under this standing order</b>
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Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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