

Bacterial Vaginosis (BV) 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:

- malodorous vaginal discharge
- vaginal discharge reported to be abnormal by the client
- new sex partner
- multiple sex partners
- history of douching
- lack of condom use

*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 at least three of the four findings below:

1. physical examination reveals a thin homogenous vaginal discharge that smoothly coats the vaginal wall
2. pH of vaginal secretion is > 4.5
3. positive whiff test – fishy odor from vaginal discharge with or without 10% KOH
4. presence of clue cells on microscopic examination of wet prep

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 treatment for bacterial vaginosis by standing order if three of the four objective findings are documented in the medical record and the client is symptomatic. **Do not treat BV, if client does not complain of symptoms.**

- Dispense Metronidazole 500 mg PO BID x 7 days

If alternative treatment is indicated, consult the LHD medical director or supervising clinician for a patient-specific order.

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 the 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 completion of the BV treatment regimen
2. consistently and correctly use disease prevention barrier methods (e.g., condoms, dental dams)
3. if client uses diaphragm for contraception: clean and disinfect diaphragm per manufacturer's instructions or agency protocol when the manufacturer does not provide instructions.
4. if client uses sex toys: cover sex toys during use and clean per manufacturer's instructions or agency protocol
5. 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)
6. keep scheduled follow-up appointments, (i.e., 3-month rescreening, referrals for immunization, contraception, etc.)
7. abstain from douching
8. routine treatment of sex partners is not recommended
9. **contact LHD for further instructions if symptoms persist, worsen, or re-appear within two 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, or administered.
3. advise client that they may experience side effects such as metallic taste, nausea, vomiting, cramps, or diarrhea
4. advise client that due to lower concentrations of Metronidazole in breastmilk when receiving 500mg BID, the breastfeeding client **DOES NOT** have to discard their breast milk while taking Metronidazole and for 24 hours after completion of Metronidazole
5. **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 $\geq 101^{\circ}$ F**
6. reinforce counseling by providing client with the appropriate medication teaching sheet(s)

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 for the medication provided in the standing order, or patient has persistent or recurrent symptoms
2. client reports GI intolerance for prescribed treatment regimen and needs alternate regimen
3. **DO NOT ADMINISTER TREATMENT** and consult with the medical provider, if any of the following conditions are present:
 - acute abdominal pain or rebound tenderness on exam
 - adnexal tenderness on exam
 - cervical motion tenderness on exam
 - sustained cervical bleeding on exam
 - ANY reported vaginal spotting/bleeding by a pregnant client
 - oral temperature $\geq 101^{\circ}$ F measured on exam
 - lesions or rash visualized on exam

F. Follow-up requirements:

1. pregnant women should notify their obstetric provider of their diagnosis and treatment
2. pregnant women, who are at high risk for pre-term labor, should be re-evaluated three months after completion of treatment by OB provider

Approved by: _____ Date approved: _____
Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
Director of Nursing/Nursing Supervisor

Effective Date: _____

Expiration Date: _____

Legal Authority: Nursing Practice Act, N.C. General Statutes 90-171.20(7)(f)&(8)(c)