

# Trichomoniasis Infection and Verified Trichomoniasis Infection Contacts 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.

## Background

### General expectation for physical assessment of all clients seen in a STI clinic

It is expected that all clients presenting with symptoms of any STI receive a physical examination and appropriate STI testing. It is strongly recommended that all asymptomatic clients and verified contacts to a STI receive a physical examination and appropriate STI testing.

## Assessment

### Subjective Findings\*

Clients may present with the following history:

- Asymptomatic
- Symptomatic
  - Females
    - itching, burning, redness or soreness of the genitals
    - discomfort with urination
    - thin discharge with malodorous smell that can be clear, white, yellowish, or greenish in color
  - Males
    - itching or irritation inside the penis
    - burning after urination or ejaculation
    - discharge from the penis

\*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 one of the following:

1. identification of flagellated protozoan consistent with *T. vaginalis* on microscopic examination of a wet prep of vaginal discharge, or
2. identification of *T. vaginalis* by culture or NAAT (only treat *Trichomonas* found in urine, urethral or vaginal NAAT specimens; do not treat *Trichomonas* found in only pharyngeal or rectal NAAT specimens)

### Verified Criteria for Contacts

For any male or female client with exposure to *Trichomonas*, the STD ERRN or RN must assess, document and verify at least one of the three findings below before implementing treatment.

1. client presents with a state or county issued partner referral card, or
2. client provides name of sex partner and public health nurse confidentially verifies diagnosis of named sex partner in county health department electronic medical record, or by calling the medical provider of named partner (index case), or
3. medical provider or Disease Intervention Specialist (DIS) refers client

## 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 administer treatment, dispense treatment, or provide a physician prescription for the client as directed by an authorized agency provider when criteria from the Verified Criteria for Contacts section or the Objective Findings section of this standing order are met and are documented in the medical record and no precautions and/or contraindications exist.

1. For female cases or verified female contacts to a confirmed case:
  - Dispense Metronidazole 500mg orally, twice a day for seven (7) days\*\*  
*\*\*This regimen will treat concurrent Bacterial Vaginosis infection as well.*
2. For male cases or verified male contact to a confirmed case:
  - Administer Metronidazole 2grams orally in a single dose

### Nursing Actions

#### A. Read and Review:

1. manufacturer's leaflet for medication/treatment.

#### B. Provide to client:

1. information about the physical examination findings and any 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 with any new or unexposed partners until 7 days after client has completed medication regimen
2. abstain from sexual intercourse with current and/or exposed partners until 7 days after both the client and partner(s) have completed medication regimen
3. consistently and correctly use disease prevention barrier methods (e.g. condoms, dental dams).
4. notify sex partner(s) of need for assessment and treatment to prevent further spread of infection using a partner notification card or by sending an anonymous notification using NCSD website: [TellYourPartner.org](http://TellYourPartner.org) | [NCSD \(ncsddc.org\)](http://NCSD (ncsddc.org))
5. for female clients who take oral contraceptives: use back-up contraception during treatment regimen **and** for seven days after completion of regimen.
6. if client uses diaphragm for contraception: clean and disinfect diaphragm per manufacturer's instructions or agency protocol when the manufacturer does not provide instructions.
7. if client uses sex toys: cover sex toys during use and clean per manufacturer's instructions or agency protocol.
8. 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) should be tested every three (3) months.
9. keep scheduled follow-up appointments, (i.e., 3-month rescreening, referrals for immunization, contraception, etc.)

10. **contact LHD for further instructions if symptoms persist, worsen, or reappear within 2 weeks after treatment.**
11. **contact LHD for further instructions if unable to tolerate the daily oral medication(s).**
12. **contact LHD immediately if client develops an oral temperature  $\geq 101^{\circ}$  F.**
13. **sexually active females should return to clinic for rescreening in 3 months**
14. **pregnant women should notify their obstetric provider of their diagnosis and/or 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. caution female clients not to get pregnant while taking Metronidazole or Tinidazole
4. if treating with Metronidazole:
  - advise client that they may experience side effects such as metallic taste, nausea, vomiting, cramps, or diarrhea
  - advise client that due to lower concentrations of Metronidazole in breastmilk, when receiving 500mg BID, the breastfeeding client **DOES NOT** have to discard breast milk while taking 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 after taking medication.**
6. reinforce counseling by providing client with appropriate medication teaching information in writing

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. **DO NOT ADMINISTER or DISPENSE TREATMENT** and consult the medical provider if any of the following conditions are present:
  - client report of acute abdominal tenderness
  - rebound tenderness on exam
  - adnexal tenderness on exam
  - cervical motion tenderness on exam
  - sustained cervical bleeding on exam
  - ANY reported vaginal spotting/bleeding by pregnant client
  - scrotal pain or swelling
  - oral temperature  $\geq 101^{\circ}$  F
  - symptoms persist greater than two weeks after completion of Tinidazole treatment regimen (for treatment failure).
  - client presents for retreatment due to initial treatment failure (treatment completed within the last two weeks and client has no sexual activity or evidence of reinfection)

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)