

Anogenital Warts 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

- referral by MD or medical provider after initial diagnosis of anogenital warts is documented in the medical record
- history of recurring wart lesions in exact same external anogenital area previously diagnosed by a medical provider

Objective Findings

Documentation by MD or other medical provider of diagnosis* and location of warts in the client's medical record with an order to treat.

*The STD ERRN cannot diagnosis anogenital warts. Any clinical presentation of any anogenital lesion requires a consult with MD or advanced practice provider during the same clinical visit.

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

All registered nurses employed or contracted by the local health department may administer treatment for external anogenital warts after completing training with a preceptor (medical provider or physician) and demonstrating competency to administer treatment. Training and skill demonstration should be documented according to local health department policy and procedure.

PLUS

Subjective or objective finding(s) listed above are recorded in the medical record by a medical provider.

Application of topical treatment:

- Trichloroacetic acid (TCA) 80-90% to external anogenital warts and allow to dry. Repeat weekly up to six times or until warts resolve.
 - if client experiences intense burning use talc powder or baking soda to neutralize the acid
 - if excessive acid flows on normal tissue, apply baking soda or soap and water to neutralize the acid and avoid trauma to normal skin

- Do not apply to urethral meatus or cervical warts. Consult with a provider before applying to vaginal or anal warts.
- If the client cannot tolerate TCA, or prefers a prescription for patient-applied therapy, consult with a provider for other therapies.

Local Decision: *the local medical director may prefer another modality of treatment. Standing orders should reflect local practice.*

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 until treatment is complete and all lesion(s) are healed
 2. notify sexual partner(s) they may benefit from examination to assess for the presence of wart lesions and other STIs. Anonymous notification of HPV diagnosis can be completed using NCSD website: TellYourPartner.org
 3. there is no treatment that will cure genital warts; some treatment may make the warts go away or get smaller, but they do not prevent recurrences or get rid of the virus that causes the warts
 4. after treatment of visible warts, the potential for transmission to sex partners may still persist
 5. necessity to perform good hand washing technique at all times
 6. consistently and correctly use disease prevention barrier methods (e.g., condoms, dental dams)
 7. about the relationship between STIs and an increased risk of HIV acquisition
 8. request repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners should be tested every three (3) months, etc.)

- 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 to keep the wart treatment site clean and dry
 4. return to clinic if client has signs of infection (pain, redness, swelling, discharge) at treatment site
 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

E. Criteria for Notifying the Medical Provider

1. contact health department medical director or 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 orders
2. consult health department medical director or medical provider if any of the following conditions are present:
 - persistent or reoccurrence of symptoms after six (6) weekly treatments are complete
 - new lesions are found on examination
 - client returns to clinic with signs of infection at the treatment site

F. Additional Instructions

1. return to clinic if symptoms worsen prior to next treatment visit
2. return for treatment visit regularly for optimal treatment.

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)