

# Bacterial Vaginosis (BV) Treatment

Standing Order in N.C. Board of Nursing Format

## INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

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

Print the customized standing order on agency letterhead. Review standing order at least annually and obtain Medical Director's signature.

Standing order must include the effective start date and the expiration date.

## Assessment

### Subjective Findings\*

Clients may present with the following history:

- malodorous vaginal discharge
- asymptomatic
- 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 white to gray, 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

### Implementation

A registered nurse employed or contracted by the local health department may administer or 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 client is not pregnant
- Dispense Metronidazole 250 mg PO TID x 7 days if client is pregnant

Consult medical provider if the client needs alternative treatment.

### Nursing Actions

- A. Review findings of the clinical evaluation with the client. Provide client-centered STD education, including verbal and written information concerning:
  1. laboratory tests that she received
  2. instructions for obtaining laboratory test results
  3. information about the diagnosis
  4. condoms and literature about risk reduction behavior
- B. Advise the client about:
  1. abstaining from sexual intercourse for seven days or until completion of a 7-day medication regimen
  2. using condoms always and always using correctly
  3. identifying risk for acquiring STDs and developing a personal risk reduction plan
  4. increasing chance of acquiring HIV infection and association of STDs to HIV
  5. requesting repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners should be tested every three (3) months, etc.)
  6. abstaining from douching
  7. using other disease prevention barrier methods such as dental dams, if applicable
  8. cleaning and covering sex toys, if applicable, to decrease transmission of infections
- C. Inform the client about the medication administered or prescribed:  
Metronidazole

- D. Counsel the client regarding the prescribed medication:
1. advise client that she may experience side effects such as metallic taste, nausea, vomiting, cramps, or diarrhea
  2. review client history regarding alcohol usage and recommend:
    - delaying the start of treatment until at least 24 hours after last alcoholic beverage
    - refraining from alcohol use during treatment with Metronidazole, and
    - refraining from alcohol use for 24 hours after the last dose of Metronidazole
  3. advise client that due to lower concentrations of Metronidazole in breastmilk when receiving 500mg BID, the breastfeeding client **DOES NOT** have to discard her breast milk while taking Metronidazole and for 24 hours after completion of Metronidazole
  4. reinforce counseling by providing client with a Metronidazole medication-teaching sheet
- E. Additional Instructions
1. return to clinic, if symptoms persist, worsen, or reappear two weeks after treatment
  2. return to clinic if client develops oral temperature  $\geq 101^{\circ}$  F.
  3. asymptomatic sex partners, do not need clinical evaluation since the client's response to treatment and the likelihood of relapse or recurrence are not affected by treatment of sex partners
  4. pregnant women should notify their obstetric provider of their diagnosis and treatment
  5. pregnant women, who are at high risk for pre-term labor, should be re-evaluated three months after completion of treatment by OB provider
- F. Criteria for Notifying the Medical Provider
1. consult with 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
  2. **DO NOT ADMINISTER TREATMENT** and consult with the medical provider, if any of the following conditions are present:
    - oral temperature  $\geq 101^{\circ}$  F.
    - abdominal, adnexal or cervical motion tenderness on examination
    - sustained cervical bleeding on exam or ANY reported vaginal spotting/bleeding by a pregnant client
    - lesions or rash visualized on exam
  3. if client reports a drug allergy for the medication provided in the standing order, inquire and document the type of reaction(s) the client has experienced in the past before consulting with medical provider.
  4. if client is diagnosed with BV more than three (3) times within twelve months.
  5. if client does not have a risk or exposure history for STIs & the only finding in the clinical exam is BV, consult a medical provider for possible prescription instead of dispensing medication.

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)