

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

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

Objective Findings

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

The STD ERRN cannot diagnosis genital warts. Any clinical presentation of any genital lesion requires a consult with MD or mid-level provider during the same clinical visit.

**Plan of Care**

Implementation

All registered nurses employed or contracted by local health department may administer treatment for external Genital Warts after completing training with a preceptor (medical provider or physician) and having competency to administer treatment 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 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 neutralized the acid and avoid trauma to normal skin

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

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. correct condom use, as well as client-specific counseling and literature about personal risk reduction behavior
  5. explain that condoms will not prevent transmission if current or previous lesions are in genital area that cannot be covered by a condom
  
- B. Advise the client :
  1. to notify and discuss warts with sexual partner(s)
  2. to inform sexual partner(s) they may benefit from examination to assess the presence of wart lesions and other sexually transmitted infections
  3. to avoid sexual contact until lesions are completely healed

4. 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
  5. after treatment of visible warts, the potential for transmission may still persist.
  6. of the necessity of good hand washing technique at all times
  7. about the relationship between STDs and the acquisition of HIV
  8. to 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.)
- C. Inform the client about the medication administered:
- Trichloroacetic acid (TCA) 80-90%
- D. Counsel the client regarding the prescribed medication:
1. inquire and document the type of reactions the client has experienced in the past when using the prescribed treatment
  2. advise the client to keep the area clean and dry
- E. Additional Instructions
1. return to clinic if symptoms worsen prior to next treatment visit
  2. return to clinic if client develops oral temperature  $\geq 101^{\circ}$  F or has signs of infection (pain, redness, swelling, discharge) at treatment site
  3. return for treatment visit regularly for optimal treatment.
- F. 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 lesion are found on examination
    - client returns to clinic with signs of infection of the treatment site

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)