



Medical Directive

Title: Assessment and Treatment of Vaginal Yeast Infections

Number: HFHT 05

Activation Date: March 1, 2010

Review due by: March 1, 2011

Sponsoring/Contact Person(s) **Laurel Cooke RN, Clinical Practice Leader, HFHT**
(name, position, contact particulars): 905-667-4848 ext 127, laurel.cooke@hamiltonfht.ca

Order and/or Delegated Procedure:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Title:
<p>1. Assessment for, and treatment of, Vaginal Yeast Infections by Registered Nurses or Registered Practical Nurses, either in person or over the phone.</p>		
Recipient Patients:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Title:
<p>1. All active patients of HFHT physicians, identified on the attached Authorizer Approval Form (Appendix 2), and who require assessment for, and treatment of Vaginal Yeast Infections.</p>		
Authorized Implementers:	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Title: Appendix 1 Implementer Approval Form
<p>1. Hamilton FHT Registered Nurses (RN) *</p> <p>2. Hamilton FHT Registered Practical Nurses (RPN) *</p> <p>* The implementing RN/RPN must receive orientation from the authorizing physician, with regards to the task. The RN/RPN and authorizing physician must sign the attached 'Authorizer Approval Form' after successful completion of the orientation. Following review of this directive, the attached 'Implementer Approval Form' must be signed by the RN/RPN indicating acceptance of this medical directive.</p>		
Indications:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Title:
<p>1. Verbal consent received from the patient for the implementing RN/RPN to assess and treat the Vaginal Yeast Infection.</p> <p>2. Patient symptoms consistent with Vaginal Yeast Infections, include:</p> <ul style="list-style-type: none"> ○ Vaginal itching ○ Vaginal discharge that may be thick, white and lumpy like cottage cheese ○ Vaginal soreness, irritation or burning ○ Rash or redness on the skin outside the vagina ○ Burning on urination ○ Painful vaginal intercourse 		

Contraindications:

1. No verbal consent from patient or substitute decision maker for RN/RPN to implement this medical directive.
2. Patient is a child. In this circumstance careful evaluation of symptoms by the clinician is important to ensure that other causes are ruled out before treatment is initiated.
3. The patient has any of the following symptoms which may be signs of other vaginal conditions, such as bacterial vaginosis (BV), a sexually transmitted disease (STD) or a tubal pregnancy:
 - o Fever
 - o Chills
 - o Lower abdominal, back or shoulder pain
 - o Nausea or vomiting
 - o Foul-smelling vaginal discharge
 - o Missed periods
 - o Sores on vulva

For these patients the symptoms are reviewed and documented by the RN/RPN. The RN/RPN then books the patient for an appointment with the physician for assessment and treatment.

4. If patient is pregnant consult physician for treatment plan, physical assessment and diagnostics may be undertaken before initiating treatment.

Consent:

Appendix Attached: Yes No

Title:

1. Patients of HFHT Family Physicians.
2. RN/RPN obtains verbal patient consent prior to the implementation of care.

Guidelines for Implementing the Order / Procedure:

Appendix Attached: Yes No

Title: Order Table Form

1. For assessment and treatment of Patients who meet the **Indications** described above:
 - The RN/RPN assesses the patient for symptoms of a Vaginal Yeast Infection as described above.
 - The RN/RPN documents the assessment in the EMR as per the documentation guidelines below.
 - The RN/RPN considers the patient's history of previous yeast infections to determine effective treatment. If the patient has used OTC treatment (Canestan or Monistat) with good results in the past, it is suggested that the same treatment be used, preference for the 3-day or 7-day as opposed to the 1-day treatment is indicated. Bedtime administration is recommended. (See Order Table)
 - Vaginal candidiasis may be accompanied by irritation in the vaginal area. Concomitant local treatment with vaginal cream (or External Cream) applied to the irritated vaginal area and as far as the anal region twice a day is advisable. Topical cream (or vaginal cream) applied on the glans penis may prevent re-infection by the partner.
 - If the patient has used OTC treatment in the past with poor success, or compliance and/or monetary issues are a concern then a prescription for Diflucan (Fluconazole) is forwarded to the patient's pharmacy and the patient is instructed to take the pill at supper time with no alcohol consumption during treatment. (See Order Table)
 - The patient is also advised by the RN that if symptoms do not resolve within a few days to call again for a follow-up treatment with a second dose of Diflucan and/or reassessment by the physician.
 - Recurrent vaginal yeast infections (3 or more episodes annually) requires investigation by the physician for underlying causes and different therapeutic strategies

* Pilla, N.J., Rosser, W.W., Pennie, R.A., and the Anti-infective Review Panel. (2005). Anti-infective Guidelines for Community-acquired Infections. Toronto:MUMS Guideline Clearinghouse.

Documentation and Communication:	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Appendix 3 Recommended Format for a Prescription or Requisition
<ol style="list-style-type: none"> 1. Documentation in the patient's medical record needs to include: name and number of the directive, name of the implementer (including credential), and name of the physician/authorizer responsible for the directive and patient. 2. Information regarding implementation of the procedure and the patient's response should be documented in accordance with standard documentation practice. * 3. Standard documentation is recommended for prescriptions, requisitions, and requests for consultation. <p>* Potter, P.A. & Perry, A.G. (2006). <i>Fundamentals of Nursing</i>. St. Louis: Mosby.</p>	
Review and Quality Monitoring Guidelines:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<ol style="list-style-type: none"> 1. Annual routine renewal will occur on the anniversary of the activation date. Renewal will involve a collaboration between the authorizing physician and a minimum of one implementing RN/RPN. 2. At any such time that issues related to the use of this directive are identified, the team must act upon the concerns and immediately undertake a review of the directive by the authorizing physician and a minimum of one implementing RN/RPN. 3. If new information becomes available between routine renewals, such as the publishing of new "Anti-infective Guidelines for Community-acquired Infections", and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the authorizing physician and a minimum of one implementing RN/RPN. 	
Administrative Approvals (as applicable):	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
Not Applicable	
Approving Physician(s)/Authorizer(s):	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Appendix 2 Authorizer Approval Form
<ol style="list-style-type: none"> 1. Hamilton FHT Family Physician 'Authorizer Approval Form'/ Signatures attached. 	

Order Table Form: Assessment and Treatment of Vaginal Yeast Infections

Order	Indications	Contraindications	Notes (Optional)
<p>Clotrimazole (Canestan) 500mg tab intravaginally single dose OR 200mg tab intravaginally x 3 days</p> <p>Clotrimazole 10% cream One applicatorful intravaginally single dose</p> <p>Clotrimazole 1% cream One applicatorful intravaginally daily for 6 days OR external cream applied OD or BID for up to 7 days.</p>	<p>Treatment of vaginal yeast infection.</p>	<p>Allergy, previous adverse reaction or resistance</p> <p>Clotrimazole should not be used in the first trimester of pregnancy unless considered essential to patient welfare.</p>	<p>Caution for all medications on this list:</p> <p>Consult with physician regarding treatment during pregnancy If used in pregnancy digital rather than applicator insertion should be considered.</p>
<p>Miconazole (Monistat) 100mg ovule suppository intravaginally daily x 7 days OR 400mg ovule intravaginally single dose OR 1,200mg ovule intravaginally single dose</p> <p>Miconazole 2% cream One applicatorful intravaginally daily x 7 days</p> <p>Monistat Derm Cream: Apply a thin layer of topical cream topically to cover the affected area once or twice per day, if needed. Massage gently until cream disappears.</p>	<p>Treatment of vaginal yeast infection</p>	<p>Allergy, previous adverse reaction or resistance</p> <p>Monistat vaginal preparations should not be used by pregnant or nursing women unless the physician considers it essential to the welfare of the patient.</p>	<p>Miconazole nitrate preparations reduce the effectiveness of latex condoms and diaphragms. Therefore concurrent use of the suppository, ovule or cream prefilled applicator with natural rubber products, such as vaginal diaphragms or condoms, is not recommended.</p>
<p>Fluconazole (Diflucan) 150mg cap single dose (ORAL)</p>	<p>For the oral treatment of: vaginal candidiasis (yeast infections due to Candida).</p>	<p>Allergy, previous adverse reaction or resistance</p> <p>Fluconazole should not be used in pregnant or lactating women unless the potential benefit outweighs the potential risks.</p>	<p>Patients who develop abnormal liver function tests during fluconazole therapy should be monitored for the development of more severe hepatic injury.</p>

Reference

Canadian Pharmacists Association (2005). Compendium of Pharmaceuticals and Specialties. Online version (e-CPS).

Pilla, N.J., Rosser, W.W., Pennie, R.A., and the Anti-infective Review Panel. (2005). Anti-infective Guideline for Community-acquired Infections. Toronto: MUMS Guideline Clearinghouse.

Appendix 3 Recommended Format for a Prescription or Requisition

Assessment and Treatment of Vaginal Yeast Infections

Medical Directive # HFHT 05

A prescription or requisition for laboratory specimen complete pursuant to a medical directive must include:

- Name and Number of the Directive
- Name of Authorizer
- Name and Signature of the Implementer

The following sample illustrates the recommended format for including this information. The format readily signifies to pharmacists that they have the proper order, permitting them to dispense the prescribed medication, in accordance with legislative and regulatory requirements. Should there be questions about the prescription the pharmacist would contact the implementer. If questions cannot be resolved the physician or authorizer would be contacted for clarification. The physician or authorizer is recorded as the prescriber. Where requested a copy of the medical directive can be forwarded to the pharmacist. The sample prescription is appended to the directive.

The same convention would apply to requisitions received by medical laboratory technicians that are completed pursuant to a directive.

Dr. J.D. Authorizer, MD, CCFP.
Hamilton Family Health Team
10 George Street
Hamilton, ON
905 667-4848

Date: March 1, 2010
Patient: Christa Jones, 100 Main Street, Hamilton

Septra DS, BID
Mitte: 7 days
Repeat: 0

(Signature)

Dr. J.D. Authorizer, MD, CCFP /R.F. Jane Smith RN
(R.F. Jane Smith RN, HFHT 03)