 **Genital Herpes Standing Order**

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| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| **Standing Order Name** | Genital Herpes |
| **Rationale** | To reduce the morbidity associated with herpes simplex infections (primary or recurrent). |
| **Scope (condition and patient group)** | All adult non-pregnant, non-immunocompromised patients that present with symptoms suggestive of herpes simplex lesions. |
| **Red Flags** | If patient is immunosuppressed or acute severe systemic infection, consider referral for infectious diseases assessment.  Complications include:   * + Acute urinary retention in females secondary to vulvo-vaginal discomfort may require [catheterisation](http://www.healthpathways.org.nz/26706.htm).   + Acute radiculitis:     - may cause acute urinary retention, constipation, erectile dysfunction, and sacral neuralgia.     - is usually self-limiting and tends to resolve in 1 to 2 weeks.   + Acute lymphocytic meningitis   + Erythema multiforme:     - HSV is a common predisposing trigger     - Mild forms are common     - It usually resolves within 7 to 10 days.     - Stevens-Johnson syndrome (erythema multiforme major) is a related, much less common, but much more serious condition. Hospitalisation for supportive cares is indicated.   + HSV viraemia – hepatitis, pneumonitis and other organ involvement may occur, with or without vesicular skin lesions. |
| **Assessment** | 1. Signs and symptoms   * + Blisters or ulcers in the anogenital region (including buttocks, sacral area and upper thigh). Lesions may be atypical.   + Groin, leg, or buttock pain.   + Vaginal or urethral discharge with cervical or urethral lesions.   + Fever, malaise, myalgia, headache.   + Inguinal lymphadenopathy (swollen lymph nodes in the groin)   + Cervicitis, urethritis.   2. Attempt virological confirmation and typing:  •Take viral swab for nucleic acid amplification (NAAT) herpes simplex virus testing.  3. Complete full STI testing. |
| **Indication** | **If clinical suspicion of genital herpes and patient is symptomatic.** |
| **Medicine** | **Aciclovir** 400mg tablets |
| **Dosage instructions** | Take ONE tablet THREE times daily for 7 days |
| **Route of administration** | Oral |
| **Quantity to be given** | 21 x 400mg tablets |
| **Contraindications** | Hypersensitivity to aciclovir or any excipients. |
| **Precautions** | * Maintain adequate hydration * Renal impairment (seek Medical or Nurse Practitioner advice) * Elderly- risk of neurological reactions |
| **Additional information** | Medical consultation is required if:   * Patient has known or suspected renal impairment. * Patient is immunosuppressed e.g., taking prednisone or immunosuppressants. * Patient is pregnant * Patient is aged < 18 years as the diagnosis is unusual and dose adjustment is required.   About genital herpes:   * First episode disease caused by herpes simplex virus type 1 (HSV-1) has become common (40%). * Recurrent genital herpes is mostly due to herpes simplex virus HSV-2. * It is not possible to clinically distinguish:   + infection with HSV-1 or HSV-2.   + whether the infection is recently acquired.   + past asymptomatic infection with new clinical manifestations. * Transmission:   + occurs during skin-to-skin contact when virus is being shed. Virus shedding may be symptomatic or asymptomatic.   + is most likely to occur:     - during sexual contact.     - when the skin is broken.     - when there are lesions (e.g. vesicles or ulcers) present.     - from men to women.   + is reduced but not eliminated with the use of condoms   + is reduced with the use of anti-viral medications. Aciclovir suppresses symptomatic and asymptomatic shedding by 80 to 95 percent.   Advise patients that:   * + sexual contacts should be informed of diagnosis.   + it may be useful for contacts to have a clinical review and sexual health check.   + getting genital herpes in a long-term relationship does not necessarily mean their partner has been unfaithful. |
| **Follow-up** | Follow up in five to seven days:   * + Discuss results:     - A negative result does not exclude infection.     - Consider re-testing when next symptomatic and possibly serology.   + Check psychological well-being and offer counselling if required.   + Full STI check if not already done. |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.  **OR**  Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz)  Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz)  New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz)  Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz)  Standing Order Guidelines, Ministry of Health, 2012  Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** |  |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Nurses operating under this standing order** |

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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