 **Trichomoniasis 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** | Trichomoniasis |
| **Rationale** | To ensure rapid and appropriate treatment of patients with trichomoniasis and follow-up of contacts |
| **Scope (condition and patient group)** | Female patients presenting with clinically suspicious symptoms (+/- laboratory confirmation of trichomoniasis) and all male contacts. |
| **Red Flags** | Given lack of signs or symptoms, can be confused with other sexually transmitted diseases. |
| **Assessment** | 1. Symptoms and signs:* Often few or no symptoms or signs, especially in men.
* Incubation period – 5-28 days in women, 10 days in men.
* The commonest symptom in females are vaginal discharge, vulval irritation, dysuria or offensive odour.
* There may be signs of vulval, vaginal or cervical inflammation.
* The classic profuse yellow frothy discharge occurs in 10 to 30% of women.

2. Investigation:Females:* If NAAT available, vulvovaginal NAAT swab for trichomoniasis, chlamydia and gonorrhoea (note: you will need to specifically request trichomoniasis)
* Women complaining of vaginal discharge, abnormal bleeding or pelvic pain should have a speculum examination for proper clinical assessment

Asymptomatic male contacts:* A full sexual health check for other sexually transmitted infections should be done in male contacts of women with trichomoniasis
* They may complain of urethral discharge or dysuria.
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| **Indication** | **Treatment of trichomoniasis in symptomatic females and all male contacts** |
| **Medicine** | **Metronidazole** 400mg tablets |
| **Dosage instructions** | Take FIVE tablets STAT |
| **Route of administration** | oral |
| **Quantity to be given** | 5 x 400mg tablets  |
| **Contraindications** | Known hypersensitivity to metronidazole |
| **Precautions** | * Advise patient to not drink alcohol for 48 hours after taking metronidazole.
* Severe liver disease- dose needs to be reduced
* History of blood dyscrasias
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| **Additional information** | Metronidazole can be used in pregnant or breastfeeding women (advise women to abstain from breastfeeding for 12-24 hours)Advise patients to use condoms for 7 days after being treated.Advise patients that all sexual contacts over the last 3 months will need to be treated.There are usually no complications with trichomoniasis infections.  |
| **Follow-up** | * Follow-up (phone or in person) 7 days after treatment to ensure
	+ Symptom resolution, give results,
	+ All notified contacts informed?
	+ Completed/tolerated medication?
	+ Any unprotected sex in the last week?
* Any risk of reinfection? Re-treatment necessary if re-exposed to untreated contact
* Offer repeat sexual health check in 3 months.
* Refer suspected treatment failure to a sexual health specialist
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| **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)BMJ Best Practice <http://bestpractice.bmj.com> The New Zealand Sexual Health Society Incorporated [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines) Standing Order Guidelines, Ministry of Health, 2012Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | Dysuria- painful urinationTrichomoniasis - is a sexually transmitted infection caused by the protozoan Trichomonas vaginalis. |

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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