# Vaginal Thrush Standing Order Template

|  |  |  |  |
| --- | --- | --- | --- |
| Issue date: | 1 August 2023 | Review date: | 1 August 2024 |

This standing order is to apply until it is either replaced by a new standing order covering the same subject matter or cancelled in writing by the issuer.

|  |  |
| --- | --- |
| **Standing Order Name** | Vaginal thrush |
| **Rationale** | To promptly and appropriately treat people presenting with symptoms of vaginal thrush. |
| **Scope (condition and patient group)** | Adult >12 years old who have symptoms of vaginal thrush or have a positive candida culture (and symptoms) |
| **Red Flags** | Other concerns that are not vaginal thrush   * Pain, fever or feeling unwell * A vaginal discharge that smells offensive * The vagina is very sore or there are ulcers or blisters in the area * Past treatments have provided only temporary relief |
| **Assessment** | 1. Check history. Possible contributing factors include:   * Recent antibiotics * Pregnancy * Diabetes, especially if blood glucose levels are not well controlled. * If the vagina is irritated during sex * Before or after their period * In hot weather * If the women is stressed or has low immunity   2. Patients may have the following symptoms:   * A change in vaginal discharge, from normal to a thick, curdy, white discharge * Itching, irritation, burning or soreness around vulva and vagina. * Pain or discomfort when having sex |
| **Indication** | **Antifungal treatment for vaginal thrush** |
| **Medicine** | **Clotrimazole 2% vaginal cream** |
| **Dosage instructions** | Insert ONE applicator full of cream nightly for 3 nights |
| **Route of administration** | Vaginal |
| **Quantity to be given** | 1 x 20g tube |
| **Contraindications** | Hypersensitivity to clotrimazole |
| **Precautions** | * Creams may reduce effectiveness and safety of latex products. * Sexual intercourse before treatment completion may reduce effectiveness of treatment. |
|  |  |
| **Indication** | **Antifungal treatment for vaginal thrush** |
| **Medicine** | **Clotrimazole 1% vaginal cream** |
| **Dosage instructions** | Insert one applicator full of cream nightly for 6 nights |
| **Route of administration** | Vaginal |
| **Quantity to be given** | 1 x 35g tube |
| **Contraindications** | Hypersensitivity to clotrimazole |
| **Precautions** | * Creams may reduce effectiveness and safety of latex products. * Sexual intercourse before treatment completion may reduce effectiveness of treatment. |
|  |  |
| **Additional information** | Either strength cream can be offered to the patient, depending on their preference and past experience, however, those people with recurrent symptoms or still completing courses of antibiotics will need the longer 6 day course. Pregnant people should be offered the 6 day course as a longer duration of treatment is needed to clear the infection.  Obtain a vaginal swab for culture to confirm candida causative agent of vaginitis.  The creams can also be applied to the outside of the vagina TWICE daily during the day to help with external itch.  Give advice on how to prevent future infections   * Wear loose cotton underwear and avoid tight clothing. This is important when wearing pantyhose or tights. * Wash genital skin daily with water only or a soap substitute such as aqueous cream. * Avoid use of deodorants, talcum powder on genital skin. * Avoid deodorised panty shields, bubble bath solutions, or vaginal douches. * Avoid spermicidal condoms and use only unflavoured, uncoloured lubricants. * Condom use before and after a period can reduce recurrent symptoms. * Suggest they request thrush treatment if prescribed antibiotics in the future. |
| **Follow-up** | If symptoms do not improve within 4 days, then ask the patient to return.  If the patient gets recurrent episodes of thrush (> 3 episodes in 6 months), they should see their doctor or nurse practitioner. |
| **Countersigning and auditing** | Countersigning is not required.  Audit:  50% monthly of administration and/ or supply records if there are 20 or fewer in total.  20-30% of administration and/ or supply records if they are in the range of 21-100. |
| **Competency/training requirements** | All healthcare professionals 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, https://www.health.govt.nz/publication/standing-order-guidelines |
| **Definition of terms used in standing order** | None |

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

|  |
| --- |
| **Signed by issuers** |

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

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

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

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

|  |
| --- |
| **Healthcare professionals operating under Vaginal Thrush Standing Order** |

Only registered healthcare professionals 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

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