 **Bacterial Vaginosis 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** | Bacterial Vaginosis (BV) |
| **Rationale** | To ensure rapid and appropriate treatment of women with symptomatic bacterial vaginosis |
| **Scope (condition and patient group)** | Women of reproductive age who are sexual active and have been assessed as having bacterial vaginosis and whom are symptomatic. It is not usually necessary to treat BV unless symptoms are present or an invasive procedure is planned eg. insertion of IUD or TOP. Treatment of male sexual contacts is not usually necessary. |
| **Red Flags** | Exclude other conditions  |
| **Assessment** | 1. vaginal discharge2. Dysuria3. Dyspareunia4. Ask regarding the following risk factors* Intrauterine device or oral contraception use
* Multiple or new sexual partners
* Recent antibiotic use
* Poor or excessive hygiene
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| **Indication** | **Treatment of women with symptomatic bacterial vaginosis**  |
| **Medicine** | **Metronidazole** 400mg tablets |
| **Dosage instructions** | Take ONE tablet TWICE daily for 7 days |
| **Route of administration** | oral |
| **Quantity to be given** | 14 x 400mg tablets |
| **Contraindications** | Known hypersensitivity to metronidazole |
| **Precautions** | * Advise patient to not drink alcohol while being treated with metronidazole and for 48 hours after completion of course.
* Severe liver disease- dose needs to be reduced
* History of blood dyscrasias
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| **Indication** | **Treatment of women with symptomatic bacterial vaginosis whom adherence will be an issue*** Higher relapse rate with this course compared with longer treatment above.
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| **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 being treated with metronidazole
* Severe liver disease- dose needs to be reduced
* History of blood dyscrasias
* Avoid single dose in 1st trimester pregnancy and breastfeeding to avoid high peak levels
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| **Additional information** | Metronidazole can be used in pregnant or breastfeeding women (see above)Treatment of male sexual partners is not usually necessary.If indicated, check for sexually transmitted diseases. |
| **Follow-up** | Ask the women to represent if symptoms have not cleared by one week. |
| **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** | Southern District Health Board Sexual Health Service Standing Orders 2018 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> Standing Order Guidelines, Ministry of Health, 2012Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | Dysuria- painful urinationDyspareunia- difficult or painful urination |

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

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