AMB Order Panel: Vaginitis

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References:	ACOG Practice Bulletin 215 Jan 2020 "Vaginitis in Nonpregnant Patients" www.cdc.gov/std/
OSQ codes:	522190 522191 522194 522195 522196 522198 197210 197230

Content:

Diagnoses, Synonyms:

Vaginal itching

Vaginal discharge

Vaginal pain

Vaginal lesion

Vaginal odor

Vulvar itching

Vulvar pain

Vulvar lesion

BV, Bacterial vaginosis

Vaginitis

Yeast infection

Orders:

- Vaginal Pathogens DNA Probe (aka Affirm)
- POCT Wet Mount
- Smear Wet Mount (microbiology)
- GC and Chlamydia by BD Probe Tec Cervix
- GC and Chlamydia by BD Probe Tec Urine

Yeast diagnosis:

- POCT Wet Mount visualization of spores, pseudohyphae or hyphae
- Vaginal Pathogens DNA Probe (aka Affirm)
- Treatment
 - OTC intravaginal agents (recommend Monistat 7 given improved efficacy)
 - PO fluconazole 150 mg once (Rx #1 once, no refills)

Complicated yeast vaginitis if: 4 or more episodes a year OR severe symptoms/findings OR non-C.albucans OR diabetes or immunocompromised/suppressed

- Culture Fungus Normal, Today, Clinic Collect, Specimen Src: Genital
- Treatment for recurrent (once confirmed species and susceptibility)
 - PO fluconazole 150mg weekly x6 months (Rx 150mg PO tablet every week x6 months, #24, no refills)
- Treatment for severe vulvovaginal candidiasis on exam
 - PO fluconazole 150mg Q3d x 2-3 (PO 150mg tab Q72h for 2 doses, #2 no refills)
 - Intravaginal azole for 10-14 days (no Epic Rx)
- Treatment C.glabrata or other non-albicans Candida species
 - Intravaginal boric acid 600mg daily x14d (Boric Acid (BULK) MISC POWD 600 MG NIGHTLY)

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BV diagnosis:

- Amsel Criteria if 3/4: homogenous, thin, white-gray discharge that coats vaginal walls; more than 20% clue cells in wet mount; vaginal fluid pH >4.5; positive KOH whiff test (POCT Wet Mount and POCT Nitrazine (pH?) vs Smear Wet Mount (microbiology)
- Vaginal Pathogens DNA Probe (aka Affirm)
- Treatment
 - PO metronidazole 500mg BID x7d (avoid alcohol until 24h after treatment) #14, no refill
 - Intravaginal metronidazole gel 0.75% one applicator (5g) QHS x5d Disp 70g, no refill
 - Intravaginal clindamycin cream 2% one applicator (5g) QHS x7d
- Recurrent BV (3 separate episodes in 1 year)
 - Intravaginal metronidazole gel twice weekly for 16 weeks after acute treatment of episode

Trichomoniasis diagnosis:

- Exam: elevated pH>4.5, green-yellow and bubbly discharge (POCT Wet Mount vs Smear Wet Mount (microbiology)
- Vaginal Pathogens DNA Probe (aka Affirm)
- Treatment
 - o PO metronidazole 500mg BID x7d (avoid alcohol until 24h after treatment), #14 no refill
 - o PO tinidazole 2g once (avoid alcohol until 24h after treatment)
 - o No sex until 7d after both partners treated and asymptomatic

Patient reports vaginal itching, irritation, discharge, pain.

Do exam and collect tests/orders:

- Vaginal Pathogens DNA Probe (aka Affirm)
- POCT Wet Mount
- Smear Wet Mount (microbiology)
- GC and Chlamydia by BD Probe Tec Cervix
- GC and Chlamydia by BD Probe Tec Urine

Diagnose or suspect uncomplicated yeast based on wet mount with visualization of spores, pseudohyphae or hyphae AND/OR positive Affirm:

- OTC intravaginal agents
- PO fluconazole 150 mg once

Diagnose or suspect BV based on Amsel criteria AND/OR positive Affirm. Amsel Criteria if 3/4: homogenous, thin, white-gray discharge that coats vaginal walls; more than 20% clue cells in wet mount; vaginal fluid pH >4.5; positive KOH whiff test

- PO metronidazole 500mg BID x7d (avoid alcohol until 24h after treatment)
- Intravaginal metronidazole gel 0.75% one applicator (5g) QHS x5d
- Intravaginal clindamycin cream 2% one applicator (5g) QHS x7d
- PO secnidazole 2g once (avoid alcohol until 24h after treatment)
- PO tinidazole 2g daily x2d or 1g daily x5d(avoid alcohol until 24h after treatment)
- PO clindamycin300mg BID x7d
- Intravaginal clindamycin ovules 100mg QHS x3d

Diagnose or suspect trichomoniasis based on wet mount AND/OR Affirm:

- PO metronidazole 500mg BID x7d (avoid alcohol until 24h after treatment)
- PO tinidazole 2g once (avoid alcohol until 24h after treatment)
- No sex until 7d after both partners treated and asymptomatic