Isle of Wight Healthcare NHS Trust  
Department of Genitourinary Medicine  

**Patient Group Direction for the Supply/administration of Miconazole pessaries for vulvovaginal candidiasis**

<table>
<thead>
<tr>
<th>Define situation/condition</th>
<th>First line management of uncomplicated vulvovaginitis</th>
</tr>
</thead>
</table>

**Criteria for inclusion**
- Direct microscopic visualization of yeast spores or hyphae or
- Positive candida culture or
- Clinical presentation of vulvovaginal candidiasis to include:
  - [vulvitis/fissuring](#)
  - [Vaginitis with typical curding discharge](#)
  - [Symptoms of vulvovaginal itching](#)

**Criteria for exclusion**
- Complicated presentations, e.g. complicated by secondary bacterial infection and/or bleeding frankly
- Recalcitrant vulvovaginitis
- Under 16s
- Large areas of broken skin/fissuring
- Repeated presentations, i.e. received treatment from nurse more than 3 times in last 6 months.

**Action if excluded**  Refer to Medical Practitioner

**Contraindications**
- Known allergies to Miconazole
- Co-existing inflammatory skin conditions

**Action if contraindications**  Refer to Medical Practitioner

**Action if patient declines**  Document in patient’s notes and refer to medical practitioner
<table>
<thead>
<tr>
<th><strong>Characteristics of staff</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Qualifications required</strong></td>
<td>RGN or RN (adult) and currently employed to work in GU Medicine</td>
</tr>
</tbody>
</table>
| **Additional requirements** | ENB 8103, 932, 276/5 or commensurate experience  
• Clinical competence in the history taking, clinical examination/assessment and genital screening; required to enable the accurate diagnosis and treatment of vulvovaginitis  
• Evidence of continuing professional development in GU Medicine and/or the GUM nurse role  
• Minimum of 1 year experience of working within the speciality in the preceding 3 years  
• Knowledge base of the interactions of Miconazole with other drugs, and other contra-indications for issuing Miconazole  
• Receiving Clinical Supervision and/or review of casenotes by a senior Medical Practitioner or Nurse, on an ongoing basis |
| **Continued education & training requirements** | Commitment to continuing professional development identified through Clinical Supervision and appraisal  
• 5 study days or the equivalent in hours, of study related to the field of GU Medicine; every 3 years.  
• Recommended attendance and participation in the monthly educational/audit half day at Portsmouth GU Medicine department |
## 3. Description of Treatment

<table>
<thead>
<tr>
<th>Name of Medicine</th>
<th>Miconazole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal status of medicine</td>
<td>POM</td>
</tr>
<tr>
<td>Dose</td>
<td>100mgs pessary</td>
</tr>
<tr>
<td>Route</td>
<td>intravaginal</td>
</tr>
<tr>
<td>Frequency</td>
<td></td>
</tr>
</tbody>
</table>
*Regimen 1* - Pessary nocte for 14 nights  
*Regimen 2* – Pessary nocte twice weekly for 7 weeks |
| Total dose/number of doses |  
*Regimen 1* – 14 100mg pessaries maximum over two weeks  
*Regimen 2* – 14 100mg pessaries maximum over seven weeks |

<table>
<thead>
<tr>
<th>Drug</th>
<th>Contraindications/ Cautions</th>
<th>Common Adverse Effects</th>
<th>Interactions</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Miconazole | # Known allergies  
# Under 16s | # Skin or vaginal irritation | Nil | Nil |
### Follow up treatment
- No follow up required
- Medical review if requires more than 3 courses of treatment in a 6 month period

### Written/verbal advice for patient
- Information regarding aetiology and transmission of candida infection and potential of recurrencies; with leaflet
- Insert pessary in lying position last thing at night and wear protective sanitary wear on underwear throughout and for next 48 hours after completion of course due to likely increased discharge from dissolving pessary
- Advise regarding damage to condoms for up to 5 days after application
- Advise regarding general hygiene and skin care during treatment
- Advise regarding discussions with partner, management of future episodes if any
- Discussion regarding safer sex in general for future sexual health


### Specify method of recording supply and/or administration
The following will be recorded in the patient’s clinical records:
- The basis for the diagnosis and/or treatment
- Miconazole pessary issued
- The route of administration
- The frequency of use
- The date of issue
- The signature of the person issuing the Miconazole
- The qualification of the person undertaking the issuing
### Procedure for reporting ADR's to Medical Practitioner

Document in the patient’s clinical records and refer to a Medical Practitioner

#### Management of Group Directions:

Group direction developed by:
- Mandy Tyson – GU Clinical Lead/Nurse Specialist
- Dr. Elizabeth Foley – Consultant in GU Medicine
- Zoe Wells – Directorate Pharmacist

Authorizing Doctor/s:
- Signature
  - Dr Elizabeth Foley – Consultant in GU Medicine
  - Dr Suzanne Chapman – Consultant Microbiologist

Date applicable: January 2003

Review date: January 2005

Senior Nurse
- Signature
  - Gill Kennett – Operational Manager

Clinical Directorate Pharmacist
- Signature
  - Zoe Wells

Approved by Nursing Policy Group
- Signature

Approved by Clinical Standards Group
- Signature
The group direction is to be read, agreed to, and signed by all staff it applies to. One copy is to be given to the health professional, another kept in the department.

I have read the group direction and agreed to use it in accordance with the criteria described.

Name:
Signature:
Date:
Review date:

Name:
Signature:
Date:
Review date:

Name:
Signature:
Date:
Review date: