Define situation/condition  

**First line management of uncomplicated recurrent vulvovaginitis**


### 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
- Patients under 16 who are Gillick/Fraser competent
- Patients with recognised increased risk of recurrent candidiasis, such as those with diabetes.

### Criteria for exclusion

- Complicated presentations, e.g. complicated by secondary bacterial infection and/or bleeding frankly
- Recalcitrant vulvovaginitis
- Large areas of broken skin/fissuring
- Repeated presentations, i.e. received treatment from nurse more than 3 times in last 6 months.
- Pregnant/lactating females

### Action if excluded

Refer to Medical Practitioner

### Contraindications

- Known allergies to Fluconazole
- 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
## 2. Characteristics of staff

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

<table>
<thead>
<tr>
<th>Name of Medicine</th>
<th>Fluconazole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal status of medicine</td>
<td>P</td>
</tr>
<tr>
<td>Dose</td>
<td>150 mg tablet</td>
</tr>
<tr>
<td>Route</td>
<td>Oral</td>
</tr>
<tr>
<td>Frequency</td>
<td>Stat once only dose</td>
</tr>
<tr>
<td>Total dose/number of doses</td>
<td>Single dose – a maximum of 150 mg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug</th>
<th>Contraindications/ Cautions</th>
<th>Common Adverse Effects</th>
<th>Interactions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluconazole</td>
<td># Known allergies # Pregnancy # Breastfeeding # Renal Impairment # Hepatic disease</td>
<td># gastrointestinal disturbances # headache # rash</td>
<td># NSAIDs # Cox II inhibitors # Rifampicin # Rifabutin # anticoagulants # antidepressants # sulphonylureas # Antiepileptics # terfenadine # antimalarials # antipsychotics # HIV anti-viral therapies # anxiolytics # hypnotics # ciclosporins # diuretics # lipid regulating drugs # tacrolimus # theophylline</td>
<td></td>
</tr>
</tbody>
</table>
Isle of Wight Healthcare NHS Trust  
Department of Genitourinary Medicine

| 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  
|                         | • 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  
|                                                          | • Fluconazole issued  
|                                                          | • The route of administration  
|                                                          | • The frequency of use  
|                                                          | • The date of issue  
|                                                          | • The signature of the person issuing the Fluconazole  
|                                                          | • 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: