



TRICHOMONIASIS

DEFINITION	Infection of the penis, vagina, or vulva with <i>Trichomonas vaginalis</i> .
SUBJECTIVE	May include: <ol style="list-style-type: none">1. No symptoms.2. Discharge with or without vulvovaginal or meatal itching or burning, or irritation.3. Discharge with or without odor (may be yellow-green).4. Abdominal pain.5. Dyspareunia.6. Pain on urination.7. Known exposure to <i>trichomonas vaginalis</i>.
OBJECTIVE	May include: <ol style="list-style-type: none">1. Strawberry patches on cervix and/or vaginal walls.2. Mildly offensive to malodorous discharge.3. Yellow, yellow-green, thin frothy watery discharge.4. Erythematous and/or excoriated vulva and/or vagina.5. Thin grey pseudomembrane over cervix.6. Urethritis in males.
LABORATORY	May include: <ol style="list-style-type: none">1. Microscopic evaluation of saline wet mount reveals motile trichomonads.2. Vaginal pH >4.5.3. Positive KOH "Whiff" test.4. Positive Trichomoniasis test.5. Trichomoniasis found on pap smear.
ASSESSMENT	Trichomoniasis.
PLAN	<ol style="list-style-type: none">1. Examine and screen for other STDs as appropriate.2. Trichomoniasis found on pap smear should be treated.3. Treatment options include:<ol style="list-style-type: none">a. Recommended regimen<ol style="list-style-type: none">1. Metronidazole* 2 g PO in a single dose. No alcohol during treatment and for 24-48 hours after last dose. Delay breastfeeding during treatment and for 12-24 hours after last dose.2. Tinidazole 2g PO dose with food. No alcohol during treatment and for 72 hours after last dose. Breastfeeding should be delayed during treatment and for 72 hours after last dose.

PLAN (continued)	b. Alternative regimen <ol style="list-style-type: none"> 1. Metronidazole 500 mg bid x 7 days. No alcohol during treatment and for 24-48 hours after last dose. Delay breastfeeding during treatment and for 12-24 hours after last dose. c. If treatment failure occurs with either regimen retreat with Metronidazole 500 mg PO bid x 7 days. If treatment failure occurs again, treat with Metronidazole 2 gm PO, Tinidazole 2gm PO QD x5days, if infection persists refer to specialist.
CLIENT EDUCATION	<ol style="list-style-type: none"> 1. Provide client education handout(s) with review of symptoms, treatment options, and medication side effects. 2. Advise client of pertinent information regarding Metronidazole/Tindamax, which should not be taken with alcohol because drug might cause severe nausea and vomiting. 3. Advise to avoid intercourse or use condoms during treatment. 4. Counsel on importance of perineal hygiene. 5. Review safer sex education, as appropriate. 6. Recommend client RTC if symptoms persist or reoccur, PRN.
CONSULT / REFER TO PHYSICIAN	<ol style="list-style-type: none"> 1. Resistant infections. 2. Multiple recurrent infections. 3. Extreme excoriation. 4. Clients with contraindications to Metronidazole/Tindamax. 5. Any woman with a confirmed pregnancy.

Revised 10/07, 05/10, 3/11

References:

1. Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines MMWR 2010, 59 (No. RR-12): pp. 58-60.
2. <http://www.drugs.com/tindamax.html>
3. Woiters Kluwer/Lippincott, Williams & Wilins. Nursing 2010 Drug Handbook. 30th Ed. P 60-61 & 65-66