



TOXIC SHOCK RISKS

DEFINITION	Toxic shock syndrome (TSS) is a rare but potentially fatal disease that, when related to menstruation occurs most frequently in young women aged 15 to 24, usually in association with tampon use. It can occur in children, men, and women. Non-menstrual toxic shock can be associated with vaginal barrier contraception and postoperative wounds. TSS is caused by the production of toxins from the bacteria, staphylococcus aureus, which infects the blood stream and results in a systemic reaction. It may be fatal in 50% of cases.
SUBJECTIVE	May include: <ol style="list-style-type: none">1. LMP2. Prolonged use of tampons with menses or mid-cycle bleeding.3. Prolonged use of vaginal barrier contraception.4. Use of vaginal contraceptive devices for menstrual protection.5. Complaints of dizziness, weakness, chills or malaise.6. Sudden onset of fever (over 102 degrees F.)7. Nausea, vomiting, or diarrhea.8. Muscular aches and pains.9. Headaches, light-headedness, or fainting, confusion, or hypotension.10. Sore throat.11. Bloodshot eyes.12. Skin rash--sunburn-like, red palms and soles, or peeling of the skin on palms and soles.
OBJECTIVE	May include: <ol style="list-style-type: none">1. Forgotten tampon/device during examination.2. Remnants of tampon, sponge, or latex found in vagina during examination.3. Pelvic exam may reveal erythema of vaginal mucosa or vaginal ulcerations.4. Elevated temperature (38.9°C./102°F), diarrhea, headache, nausea/vomiting, or seizures.5. Hemodynamic signs associated with shock, including decreased blood pressure, and increased pulse and respiration.6. Generalized erythema rash and skin desquamation. (looks like sunburn) This is especially noticeable on the trunk, neck, palms of hands, and soles of feet. Skin peeling usually occurs 1 or 2 weeks after the rash appears.7. Client may appear disoriented or confused.
LABORATORY	<ol style="list-style-type: none">1. No specific test is available to confirm a TSS diagnosis.2. Vaginitis cervicitis screening, as appropriate.
ASSESSMENT	Toxic Shock Risks or suspected TSS.
PLAN	<ol style="list-style-type: none">1. Remove tampon or other vaginal foreign body.2. Immediate consultation with a physician is warranted for suspect of TSS and explain to the client the need for immediate hospitalization.3. Client education should be aimed at prevention or lowering the risks of TSS.

CLIENT EDUCATION	<ol style="list-style-type: none"> 1. Educate all clients that the risk of TSS can be greatly reduced by following the recommended tampon guidelines. (The FDA requires manufacturers to give information about TSS and absorbency on the box or in package insert.) <ol style="list-style-type: none"> a. Avoid super absorbent tampons; use the lowest absorbency that meets your need. b. Alternate the use of tampons with disposable menstrual pads. c. Never leave a tampon inserted overnight.(Change tampons frequently) d. With insertion, use clean hands and take care not to scratch the vagina. Use water soluble lubricating jelly if vagina is dry. e. Do not use tampons between periods. f. Always remove last tampon at end of your period. g. Never use tampons, if have had TSS in the past. 2. Teach all clients the danger signals of toxic shock and advise removal of tampon and get medical help right away if having the following symptoms during menstruation. <ol style="list-style-type: none"> a. Sudden high fever. b. Vomiting. c. Diarrhea. d. Muscular aches. e. Dizziness, fainting, or near fainting when standing up. f. A rash that looks like a sunburn. 3. Review safer sex education, as appropriate. 4. Recommend client RTC annually and PRN for problems.
CONSULT / REFER TO PHYSICIAN	Any client with suspected TSS.

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References:

1. Hatcher, R. A., Trussell, J. Nelson, A., et al (Editors)(2011). Contraceptive Technology. (20th revised ed.).p. 95, 359, 395, 400, 406. New York: Ardent Media.
2. ncbi.nlm.nih.gov/pubmedhealth/PMH0001676/ retrieved August 3rd, 2013