

15.2 Monilia (Candida Albicans)

SUBJECTIVE	May include: <ol style="list-style-type: none">1. Discharge with or without vulvar and/or vaginal itching, burning or soreness and with or without odor.2. History of recent use of antibiotics, oral contraceptives or other drugs.3. Pregnancy or suspected pregnancy.4. Dyspareunia.5. Vulvar and/or vaginal irritation or excoriation.6. Pain on urination.7. History of diabetes mellitus, immunosuppression, other associated medical conditions.8. Risk for STD, HIV.
------------	---

OBJECTIVE	May include: <ol style="list-style-type: none">1. White semi-adherent curdy discharge present on vaginal walls, cervix and/or vulva.2. Erythematous and/or excoriated vulva and/or vagina.3. Vaginal pH 4.0-5.0.
-----------	--

LABORATORY	Microscopic evaluation of 20% potassium hydroxide wet mount reveals monilial hyphae and spores.
------------	---

ASSESSMENT	Candidiasis.
------------	--------------

PLAN	<ol style="list-style-type: none">1. Treat according to regimens recommended by current CDC STD Treatment Guidelines.2. Evaluate need for partner evaluation and referral.3. Consider evaluation of immuno status if > 3 yeast infections in 1 year (CBC, FBS, HIV).
------	---

CLIENT EDUCATION	<ol style="list-style-type: none">1. Stress importance of completing medication.2. Advise patient not to interrupt treatment during menses.3. Temporarily avoid intercourse if irritation is moderate or greater.4. Advise use of condoms (latex condoms may be weakened by oil based creams, suppositories).5. Counsel on importance of perineal hygiene.6. Advise patient not to use tampons during treatment with vaginal creams.7. Return to clinic if symptoms persist.8. Advise client to stop regimen if allergy or intolerance to the regimen and report symptoms to the clinic.
------------------	---

CONSULT/REFER TO PHYSICIAN	<ol style="list-style-type: none">1. Extreme excoriation.2. Persistent and/or recurrent infection.
----------------------------	---
