## 10.11 TRICHOMONIASIS

| TITLE | DESCRIPTION |
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| DEFINITION: | Infection of the penis, vagina, Skene's or Bartholin's glands, or vulva with the protozoan Trichomonas vaginalis. |
| SUBJECTIVE: | **Must Include:**<br>1. Sexual Health Assessment.<br><br>**May Include:**<br>1. Vaginal hygiene practices.<br>2. LMP.<br>3. No symptoms or symptoms that come and go.<br>4. Discharge with or without vulvovaginal or meatal itching or burning, or irritation.<br>5. Discharge with or without odor (may be yellow-green).<br>6. Abdominal pain.<br>7. Dyspareunia.<br>8. Dysuria.<br>9. Known exposure to trichomonas vaginalis.<br>10. Burning with ejaculation.<br>11. Discharge from penis. |
| OBJECTIVE: | **May Include:**<br>1. Strawberry patches on cervix and/or vaginal walls.<br>2. Mildly offensive to malodorous discharge.<br>3. Yellow, yellow-green, thin frothy watery discharge.<br>4. Erythematous and/or excoriated vulva and/or vagina.<br>5. Thin grey pseudomembrane over cervix.<br>6. Urethritis in males. |
| LABORATORY: | **May Include:**<br>1. Microscopic evaluation of saline wet mount reveals motile trichomonads.<br>2. Vaginal pH >4.5.<br>3. Positive KOH "Whiff" test.<br>4. Positive Trichomoniasis test (PCR or NAAT).<br>5. Trichomoniasis found on pap smear. (The rate of false positive is high. Confirmatory tests may be needed if asymptomatic and of low risk).<br>6. There is no point of care tests for males. Culture testing is available for men; however, NAAT has superior sensitivity. DNA test are also available for males and females. Oral and rectal screening is not recommended. |
| ASSESSMENT: | Trichomoniasis |
| PLAN: | 1. Examine and screen for other STIs and HIV as appropriate.<br>2. Trichomoniasis found on pap smear should be confirmed with a wet mount or other reliable test.<br>3. Treat according to regimens recommended by the current CDC STI Treatment guidelines.<br>4. Recent and current partners should receive treatment.<br>5. CDC STI Treatment guidelines recommend retesting in 3 months following initial treatment. |

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| | 6. Pregnancy: 2 Gm metronidazole orally in a single dose. (There may be an increase in preterm labor with treatment using metronidazole in pregnancy. Refer to the CDC Website (https://www.cdc.gov/) for any updates in treatment regimens for pregnant women).<br>7. Oral metronidazole or tinidazole should not be taken by clients:<br>a. Breastfeeding unless women are willing to discard breast milk throughout treatment and for 12 - 24 hours after last dose of metronidazole or 72 hours after last dose of tinidazole.<br>b. Who have hepatic dysfunction (as indicated by symptoms, elevated liver function tests or hepatitis in last 6-12 months) or bleeding disorder.<br>8. Metronidazole may not be preferred in clients using Coumadin. |
| EDUCATION: | 1. Stress importance of completing medication.<br>2. Counsel to avoid intercourse or to use condoms until client and partner's treatment is complete (3-5 days after completion of medicine).<br>3. Counsel on importance of genital hygiene.<br>4. Tell client:<br>a. To avoid alcohol while taking metronidazole or tinidazole and for at least 24 before and 72 hours after treatment, respectively, since drug might cause severe nausea and vomiting.<br>b. Side effect of treatment may cause metallic taste in mouth.<br>c. Treatment may cause seizures or peripheral neuropathy (numbness and tingling of hands and feet).<br>d. Medications should be taken with food.<br>5. Recommend HIV testing, especially for clients with recurrent or resistant infections.<br>6. Women with HIV infection retesting is recommended within 3 months following initial treatment.<br>7. Advise against douching.<br>8. Counsel and encourage safer sex practices.<br>9. RTC annually/PRB as needed. |
| REFERRAL TO MEDICAL PROVIDER: | 1. Resistant infections (for cultures).<br>2. Multiple recurrent infections (for cultures).<br>3. Extreme excoriation.<br>4. Clients with contraindications to Metronidazole/Tindamax.<br>5. Resistant infections or for desensitization for Metronidazole. |
| REFERENCES: | *1.* Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015. *MMWR Recomm Rep 2015;64 (No.RR-3): Pp. 1-137. (https://www.cdc.gov/std/tg2015/tg-2015-print.pdf). (Retrieved 2/9/2017).*<br>*2. Hatcher RA, Trussell J, Nelson A, Cates W, Kowal D, Policar M. Contraceptive Technology. 20 edition. Atlanta GA: Ardent Media, Inc., 2015. Pp. 616-617.*<br>*3.* Trichomonal Vaginitis or Urethritis. *(http://whcc.labiomed.org/book/3.1.1%20Trichomonal%20Vaginitis%20or%20Urethritis.pdf). (Retrieved 2/9/2017).* |