CAROLINE FAMILY HEALTH TEAM

MEDICAL DIRECTIVE

ASSESSMENT AND TREATMENT OF VAGINITIS

Delegated Procedure

Assessment and treatment of vaginitis.

Recipient Patients

Rostered to CFHT physicians who have signed the attached authorizer approval form (Appendix 1) and who require assessment and treatment for vaginitis.

Authorized Implementers

1. Registered Nurse (RN)
2. Registered Practical Nurse (RPN)

The implementing RN/RPN must:

- Maintain valid certification in CPR and First Aid (CPR/AED Level C).
- Demonstrate competency in assessment and treatment of vaginal yeast infections.
- Sign the implementer approval form (Appendix 2) indicating acceptance of the medical directive.

The authorizing physician must sign the attached authorizer approval form (Appendix 1).

Indications

3. Patient or substitute decision maker, in accordance with the Health Care Consent Act, consents to assessment and treatment by the implementing RN/RPN.
4. Patient has symptoms consistent with vaginitis which may include:
    - Itching or irritation of the vulva or vagina
    - New or changed vaginal discharge

Contraindications for Implementing the Directive

5. The patient or substitute decision maker does not consent.
6. The patient is a child younger than age 16.

If any contraindications are noted, the RN/RPN must schedule the patient for an appointment with a physician or nurse practitioner for assessment.

If the patient has any of the following symptoms, the RN/RPN may collect vaginal/cervical swabs but must also refer the patient to a physician or nurse practitioner:

- Abnormal vaginal bleeding
- Missed menstrual period
- Vulvar lesions

If the patient has any of the following symptoms, the RN/RPN must refer the patient directly to a physician or nurse practitioner:

- Fever or chills
- Lower abdominal, pelvic, back or shoulder pain
- Nausea or vomiting

Consent

The RN/RPN must obtain verbal consent prior to the implementation of care.

Guidelines for Implementing the Directive

For patients meeting the indications described above, the RN/RPN will:

- Assess the patient for symptoms of vaginitis.
- Document the assessment in the EMR.
- Consider the patient's history of previous vaginal infections.
- Complete a speculum examination and collect vaginal and cervical swabs.

If symptoms and examination are consistent with vulvovaginal candidiasis, the RN/RPN will:

- Provide health teaching that includes information about the mode and mechanism of action of the drug, common side effects, potential adverse events and how these should be addressed.
- Advise the patient to follow up within a few days if symptoms do not improve in order to be assessed for a second treatment and/or reassessed by a physician or nurse practitioner.

If symptoms suggest another cause for symptoms, the RN/RPN will:

- Advise the patient that treatment will need to be determined by a physician or nurse practitioner based on test results.

Review and Quality Monitoring Guidelines

Annual review and renewal will occur. This will involve a collaboration between the authorizing physician and a minimum of one implementing RN/RPN.

The renewal will be reviewed sooner if new information becomes available regarding assessment of vaginitis or treatment of vulvovaginal candidiasis.

CAROLINE FAMILY HEALTH TEAM

APPENDIX 1

AUTHORIZER APPROVAL FORM

Medical Directive: Assessment and Treatment of Vaginitis

By signing below, the authorizing physician indicates approval of this medical directive and authorizes qualified CFHT RN/RPN implementers who have met the requirements outlined in the directive to implement it for eligible patients rostered to the physician.

Authorizing Physician	Signature	Date
R. CHRIS WILLIAM		OCT 9, 2026
Alicia Gallaccio		Oct 9, 2026
Kim Walsh		Oct 9 2026
Curtis Kelly		Oct 9 2026
DAVID WALLIK		9/10/26
STEPHEN DUNCAN		9/10/26.
Sandra H. Charman		Oct 09/2026
LORI CHALKLIN		Oct 9/2026
Albert Gurges		Oct 8/2026

CAROLINE FAMILY HEALTH TEAM

APPENDIX 2

IMPLEMENTER APPROVAL FORM

Medical Directive: Assessment and Treatment of Vaginitis

By signing below, the RN/RPN confirms that they have reviewed and accept this medical directive, have met the competency requirements identified in the directive, and agree to implement it within their professional scope and CFHT policies.

Implementer Name	RN/RPN	Signature	Date
Lindsay Beriault	RN	Lindsay Beriault	Oct 13/2026

APPENDIX 3
TREATMENT PLAN

For patients presenting with symptoms and exam findings suggestive of vulvovaginal candidiasis, the RN/RPN may direct the patient to OTC treatment regimens.

Uncomplicated vulvovaginal candidiasis is effectively treated with either a short course of topical azole therapy (3-7 days clotrimazole or miconazole) or oral fluconazole 150 mg as a single dose. The choice between oral or topical therapy should be individualized based on patient preference, cost, and convenience.

If the patient has previously used clotrimazole or miconazole with good results, the same treatment can be used, with preference for a 3-7 day regimen. Bedtime administration is recommended.

If the patient has used clotrimazole or miconazole in the past with poor success, or if compliance is a concern, then oral fluconazole may be recommended.

Concomitant local treatment with clotrimazole cream applied to the vulvovaginal region may also be effective for reducing irritation and can be applied twice daily. Clotrimazole cream may also be applied on the partner's glans penis to prevent re-infection by the partner.

In pregnancy, only topical azole therapy for 7 days is recommended.

A 2025 network meta-analysis found that single-dose oral fluconazole was marginally superior to multiple-day topical therapy for early clinical cure and mycological eradication.

Reference

Gardella B, Dominioni M, Cassani C, Francesca Pasquali M, Spinillo A. Treatment of Uncomplicated Vulvovaginal Candidasis: Topical or Oral Drugs? Single-day or Multiple-Day Therapy? A Network Meta-Analysis of Randomized Trials. American Journal of Obstetrics and Gynaecology. 2025.