*(Template Example of a)*

Standing Order for Metronidazole

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| **Rationale** | *To increase access to treatment of Trichomoniasis sexually transmitted infection (STI) and Bacterial Vaginosis for students at (enter school name)* |

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| **Organisation** | *(Enter school name and address)* |
| **Scope** | For the treatment of swab confirmed trichomonas and bacterial vaginosis at *(enter school)* |
| **Medicine** | **Metronidazole** |
| **Indication**  | 1) Student is over 12 years of age2) No contraindications3) Swab reports trichomonas positive and student is untreated ORStudent is sexual contact of a case of trichomoniasisORSwab confirms bacterial vaginosis AND student is symptomatic (malodorous discharge) |
| **Dosage** | Metronidazole 200mg tablets ORALLY:Either- 10 tablets after food stat (=2g stat dose)OR 5 tablets after food BD (=2g over 24hrs)If does not tolerate this dosingMetronidazole 200mg BD after food for 7 days (= 28 tablets in total)**IF PREGNANT/BREASTFEEDING DISCUSS WITH GP** |
| **Cautions** | Contraindications: - Allergy to metronidazole or nitroimidazoles (such as clotrimoxazole, miconazole, ketoconazole)Precautions:- Pregnancy especially 1st trimester; use 7 day dosing - Interactions with alcohol; **DO NOT DRINK DURING TREATMENT OR ONE DAY POST TREATMENT**- interactions with anticoagulants- interactions with lithium- Haemotological conditions- Organic central neurological diseaseSide effects:- Most common: abdominal pain, nausea, vomiting worsened by alcohol. - Very Rare: psychotic disorders, encephalopathy, pancreatitis.  |
| **Documentation** | All medication administered under this standing order must be documented in the patient notes. Must include:- Patient name and DOB- Date of administration- Any allergies or not- Medical conditions & current medication- Details of person administering- Medication given, route, dose, duration and expiry |
| **Information** | - All students with trichomonas or bacterial vaginosis should be given information about the medication, side effects and importance of completing the full course.In cases of trichomonas:- Advise that all sexual partners in last 3 months should be notified- Advise abstinence or condom use for 7 days after treatment of BOTH partners. - Consider following up students at 1 week to check adherence (if not given stat dosing) and repeat STI check in 3 months. - check contraception used |
| **Authorised persons** | *(enter nurses full name, nursing council number and school location)* |
| **Competency/ training requirements**  | Prior to administering metronidazole under this standing order the registered nurse is required to have read all relevant information and resources and to have undergone annual review of their competency in administering this standing order.  |
| **Countersigning and audit.**  | The issuer *(enter doctor's/nurse practitioner's name)* should countersign the standing order within 4 weeks  *or* *an audit of 50% of standing orders be done for this standing order every month*The standing order will be reviewed annually and is valid until cancelled, expired or replaced by the issuer. |
| **Additional information** | - Metronidazole data sheet<http://medsafe.govt.nz/profs/Datasheet/t/Trichozoletab.pdf>- NZSHS Management Summary Trichomoniasis<http://www.nzshs.org/docman/guidelines/management-of-sexual-health-conditions/trichomonas/177-trichomoniasis-guideline/file> - NZSHS Patient Information Trichomoniasis<http://www.nzshs.org/docman/guidelines/management-of-sexual-health-conditions/trichomonas/178-trichomoniasis-patient-information/file> |

**\*\*\*\*\*IN ORDER TO MAKE THIS STANDING ORDER EFFECTIVE,**

**THIS NEXT SECTION MUST BE COMPLETED: \*\*\*\*\***

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| Issuer:(GP or NP) | Name:  |  |
| Designation: |  |
| Medical Council Registration #: |  |
| Signature: |  |
| Date: |  |

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| Received by:(RN) | Name:  |  |
| Designation: |  |
| Nursing Council registration #: |  |
| Signature: |  |
| Date: |  |

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| Standing Order Review date:  |  |