

## RN Protocol: Female Genitourinary Complaints

### **I. POLICY**

- A. Function: To facilitate and guide the Registered Nurse (RN) in the assessment and treatment of female patients with common genitourinary complaints.
- B. Circumstances under which the RN may perform the function:
1. Setting: Outpatient clinic.
  2. Supervision: No direct supervision required.

### **II. PROTOCOL**

- A. Definition: This protocol covers the assessment and treatment of patients presenting with symptoms of urinary frequency, dysuria, urgency, hematuria, abnormal vaginal discharge, genital pain and swelling.
- B. Subjective:
1. Chief complaint.
  2. Date and time of onset.
  3. Rate pain on a scale of 0-10, 0 = no pain; 10 = severe pain).
  4. Symptoms (pain, vaginal discharge, odor, itching, lesions, dysuria, frequency, burning, fever, chills, and hematuria).
  5. Last menstrual period. (painful, irregular; frequency of pad change; last Pap smear, pregnancy test).
  6. History of sexually transmitted diseases (number and type if known: genital warts, herpes, gonorrhea, syphilis, pelvic inflammatory disease, chlamydia, and others).
  7. History of chronic illness.
  8. Allergies.
  9. Current medications.
- C. Objective:
1. Vital signs and weight.
  2. Abdomen: soft, rigid, tenderness with or without rebound, distended.
  3. Bowel sounds (present or absent).
  4. Low back/flank area tenderness.
  5. External genitalia: note lesions, nodules, rashes, vesicles.
  6. Female: Presence of abnormal vaginal discharge.
  7. Urine dipstick. (If positive for nitrites or leukocyte esterase, notify physician).
- D. Assessment:
- Altered urinary elimination evidenced by/related to:
  - Pain evidenced by/related to:

**Female Genitourinary Complaints**

## E. Plan

1. If afebrile and without abdominal or pelvic pain, with white cheesy, itchy discharge and a history of no more than three yeast infections in the past year:
  - a. Miconazole 100mg Vaginal Suppository, vaginally, 1 nightly X 7 days.
  - b. Follow-up in clinic in 7 days if no improvement and symptoms.
2. All other abnormal physical findings or genitourinary symptoms, with or without vaginal discharge: refer patient to a physician on a **STAT**, **Urgent**, or **Routine** basis as appropriate.

## F. Patient Education:

1. Assess patient's potential for understanding the health information to be provided.
2. Provide patient education consistent with the assessment of the condition.
3. Document the education provided and the patient's level of understanding on the nursing protocol encounter form.
4. Refer patient to other resources as needed. Document all referrals on the nursing protocol encounter form.
5. Advise the patient to resubmit a Health Care Request Form (CDC 7362) if symptoms persist.

## G. Documentation:

All information related to the patient's complaint shall be documented on the appropriate nursing protocol encounter form. The encounter form(s) shall be filed in the patient's unit health record.

**III. REQUIREMENTS FOR RN**

- A. Education/Training: The Registered Nurse shall complete self-directed learning modules on common female genitourinary complaints, and achieve a minimum score of 85% on the written posttest examination.
- B. Experience: None.
- C. Certification: None.
- D. Initial Evaluation: Initial competence will be validated onsite through direct observation of the nurse providing care to inmates presenting with common female genitourinary complaints. The Registered Nurse must satisfactorily demonstrate all critical behaviors identified on the Competence Validation Tool to be considered competent to perform standardized procedure functions.

Following the initial competence validation process performance will be evaluated every two months for six months by the Supervising Registered Nurse through direct observation, feedback from colleagues and physicians, and chart review.

- E. Ongoing Evaluation: Ongoing competence will be validated annually using case study analysis.

**IV. REGISTERED NURSES AUTHORIZED TO PERFORM THIS PROCEDURE**

A current list of all Registered Nurse authorize to perform this procedure shall be maintained on file in the Office of the Director of Nursing.

**V. DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE**

This standardized procedure was developed and approved by authorized representatives of administration, medicine, and nursing. The procedure will be reviewed annually.

REVIEW DATE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REVISION DATE: \_\_\_\_\_  
\_\_\_\_\_  
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THE PROTOCOL WAS APPROVED BY:

\_\_\_\_\_  
Chief Nurse Executive/Director of Nursing

DATE:\_\_\_\_\_

\_\_\_\_\_  
Chief Medical Executive

DATE:\_\_\_\_\_