

GENITAL DISCHARGE - FEMALE

Subjective Data:

Allergies: _____

Chief complaint: _____

Onset: _____ New Onset Chronic Recurrence

History:

Sexually transmitted disease: None Gonorrhea Syphilis Herpes Chlamydia Venereal warts

Antibiotic therapy: When: _____ Name of medication: _____

Last sexual intercourse: _____ Last menstrual period: _____ Last vaginal infection: _____

Associated Symptoms:

Change in voiding: Burning / painful urination Frequency Urgency Dribbling Inability to void

Lumbosacral back pain or mid-abdominal pain: Yes No If "Yes" describe: _____

Radiation of pain: Yes No If "Yes" describe: _____ Pain scale: (0-10)

Itching Foul odor Burning Redness Edema Discharge: Describe: _____

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____

Abdomen: Soft Slightly firm Rigid Distended

Bowel sound: Normal Hyperactive Hypoactive Absent

Mucus membrane: Moist Dry Parched

Turgor: Normal Decreased

Urine: Clear Dark Cloudy Bloody Foul odor

Appearance: No distress Mild distress Moderate distress Severe distress

(Nursing Protocol must be signed by the Medical Provider if offender displays any of the below s/s or any additional treatment/ medication required)

NOTIFY MEDICAL PROVIDER IMMEDIATELY IF:

- Temp > 101
- Abdominal pain

Refer to Medical Provider If:

- Any discharge or genital lesions are present
- Frequent recurrence
- Offender not responding to interventions

Medical Provider Notified: Date: _____ **Time:** _____ **Orders Received for Treatment:** Yes No

Assessment:

- Alterations in comfort related to genital infection

Plan: Nursing Intervention Routine: (check all that apply)

- Check in assessment only for medical providers visit.
- Assessment completed. Chief complaint resolved prior to appointment. Instructed offender to follow-up sick call for signs/symptoms warranting further evaluation.
- Clean catch urine specimen
- Dip-stick urine
- Anti-fungal vaginal cream or suppositories (This will require an order from the medical provider)
- Hydrocortisone cream 1% 2 times a day for 7 days to external vaginal area for symptomatic relief of itching or perineal irritation – issue one tube
- Education/Intervention: Instructed on proper hygiene care, methods to reduce irritation, medication use, follow-up sick call if no improvement. Offender verbalizes understanding of instructions.

Progress Note: _____

Medical Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

QHCP Signature/credentials: _____ **Date:** _____ **Time:** _____

Offender Name
(Last, First)

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