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Soap Note: Bacterial Vaginosis

Name

Institutional Affiliation

Course

Instructor

Date of submission

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Soap Note

Name: T.Y	Date: 23.05.2021	Time: 1045hrs
	Age: 27 years	Sex: Female
SUBJECTIVE		
CC: “I have vaginal itching accompanied by foul smelling discharge and fever for the last one week”		
HPI: T.Y is a 26-year-old Black American female who presented to the clinic unaccompanied, and reported a vaginal foul smelling grey discharge for the past one week which has worsened over the past two days, experienced mainly after sexual activity. T.Y stated that she is experiencing a burning sensation while urinating and the discharge has a strong fishy odor. She also has been experiencing fever and nausea and has decided to see the gynecologist because of the uncomfortable feeling. The severity of the burning sensation is 8/10 on a scale of 1 to 10 and is aggravated mostly by sexual intercourse. The pain reduces when a sitz bath is applied.		
Medications: <i>None</i>		
PMH		

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Fully vaccinated, with the latest HPV vaccine done in December 2020, Negative pneumococcal vaccine and Positive influenza vaccine all up to date

Allergies: None

Medication Intolerances: No recorded cases

Chronic Illnesses/Major traumas: Sustained an accident early in life, but was fully managed to stability. No recorded case of chronic illness

Hospitalizations/Surgeries (include delivery of pregnancies here)

One orthopedic surgery after the accident. The patient is not using any contraceptives at the moment, and the last menstrual period was in April 24/04/2021. Last pap smear in March 2021. Menarche 14; cycle 6 days; Age of first sexual activity 20 years; two sexual partners; bisexual

Family History

Father living with Diabetes type II, mother diagnosed with hypertension three years ago. Elder sister is nursing chronic kidney disease for 3 years now.

Social History

T.Y lives alone in school, is single and sexually active. She is not working and admits use of alcohol mainly in the weekends for recreation.

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ROS	
General <p>T.Y has a BMI of 20.5, is active but with a mild fever for the last two days. Patient denies changes in weight during the period</p>	Cardiovascular <p>Patient denies chest pains, heart arrhythmias and murmurs, edema or shortness of breath</p>
Skin <p>The skin is in well moist and no bruises are seen. No recorded bleeding lesions, numbness or discoloration in the nails or cyanosis of skin.</p>	Respiratory <p>No recorded cough, dyspnea. Lung sounds are normal and no recoded case of forced respiration.</p>
Eyes <p>Patient admits short sightedness which developed times ago, but client is using contact lenses as a corrective measure. No blurred vision or itchy eyes associated with condition</p>	Gastrointestinal <p>Patient has good appetite, no abdominal pain, constipation or vomiting which has developed.</p>
Ears	Genitourinary/Gynecological

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Denies any hearing problems or vertigo	<p>Patient reports an itchy feeling accompanied by grey vaginal discharge with a foul fish smelling odor. The pain is aggravated by sex and denies any STDs in the past.</p> <p>The patient is not using any contraceptives at the moment, and the last menstrual period was in April 24/04/2021. Last pap smear in March 2021. Menarche 14; cycle 6 days; Age of first sexual activity 20 years; two sexual partners; bisexual</p>
<p>Nose/Mouth/Throat</p> <p>No recorded sinusitis, nose bleeding or throat pain. Palpated lymph nodes are in normal consistency. Dental exam done three months ago, and no gingivitis or cavities</p>	<p>Musculoskeletal</p> <p>No stiffness of joints, joint pain or movement difficulties</p>
<p>Breast</p> <p>Denies any pain or changes in color</p>	<p>Neurological</p>

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	Patient denies dizziness, loss of memory, numbness or seizures		
Heme/Lymph/Endo Denies any endocrine disorders like thyroiditis or hyperglycemia symptoms. No case of blood transfusion or heat and cold intolerance	Urinary Burning sensation on urination, no change in frequency of urination or abnormal inclusions in urine		
OBJECTIVE			
Weight 132 pounds 20.53	BMI	Temp 38 degrees	BP 116/74
Height 65 inches		Pulse 76	Resp 18
General Appearance Patient is alert, oriented and active and presents well with active participation in the disease diagnosis. There is no evidence of acute distress and pain..			
Skin Skin moisture good, intact skin and no abnormal discolorations seen.			
HEENT			

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Head is in normal symmetry, well supported and no traumatic lesions seen. No itching of eyes and symmetrically positioned. To injection of the sclera or the conjunctival membranes. Ears Canals patent. Bilateral TMs pearly grey with positive light reflex; landmarks easily visualized. Nose: Nasal mucosa pink; normal turbinates. No septal deviation. Oral mucosa pink and moist.

Cardiovascular

No extra sounds heard on auscultation, normal lung sounds and breathing normal in rate and muscles used in breathing. No arrhythmias and CRT is less than 2. Pink mucous membranes, and no edema in lungs

Respiratory

Clear lung sounds, and symmetrical chest

Gastrointestinal

No enlargement of the spleen. Abdomen is not distended and is soft, with bowel sounds in all quadrants

Breast

No discharge or lumps noticed. No skin wrinkling or discoloration.

Genitourinary

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Vaginal walls are pink and moist. There is a thin grey foul smelling discharge noticed from the vaginal opening. Pubic hair is in normal distribution. No masses on the uterus and ovaries are not palpable

Musculoskeletal

Peripheral pulses are present. No clubbing, edema or varicose veins present. There is full movement of the joints

Neurological

Patient is alert and oriented. Speech is clear and audible. Pain sensation present in all extremities and with a steady gait

Lab Tests

Urine dipstick: Negative

Pelvic/Vaginal examination: Thin grey vaginal discharge with a foul smelling odor.

Vaginal swab obtained for microscopic examination

wet mount test shows that clue cells are present

Whiff test, vaginal pH test, and oligonucleotide probes test are also done . Results: KOH positive for fishy odor; pH 5.6.

A bacterial culture shows growth of

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Diagnosis

Primary Diagnosis

- Bacterial Vaginosis

According to Bagnall & Rizzolo 2017, bacterial vaginosis is common in ladies who have attained the reproductive age and is caused by change of the vaginal flora, mainly increased habitation of the lactobacilli. The disease is high in women who have multiple partners and who practice douching. The disease presents as irritation of the vaginal walls and foul smelling discharge of the vagina, and upon numerous tests, shows presence of clue cells and Ph higher than 4.5 (Bagnall & Rizzolo, 2017).

Differential Diagnoses (these must be different from the Primary Diagnosis)

- 1- Bacterial vaginosis
- 2- Trichomoniasis

Trichomoniasis is a protozoal sexually transmitted infection according to CDC 2016. The infection presents with an itchy and burning sensation affecting the genitals and discharge is mainly thin, frothy and greenish yellow (CDC, 2016). Laboratory test is needed to diagnose the infection, and in this case, it is ruled out based on the nature and color of the discharge.

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- 3- Vaginal candidiasis

According to the centre for disease control, CDC, 2017, candidiasis is a yeast infection caused by *Candida albicans*, and causes extreme itching, irritation and swelling of the vagina. Condition present with a severe rash and a white odorless discharge. It causes pain during sex, soreness and burning sensation while passing out urine. The ruling out of the condition is based on the nature of the discharge, which according to the patient, is grey in color while candidiasis presents with a odorless, thick and cheese like discharge (CDC, 2016).

Plan/Therapeutics (explain fully)

Diagnostic Plan:

The diagnostic plan will involve ordering for specific tests for the vaginosis. The tests include the Oligonucleotide probes test which will be send out to a lab, wet mount test, whiff test and litmus test. In all tests ordered, the results were positive.

Medication

According to Bagnall and Rizzolo 2017, bacterial vaginosis resolves naturally in most women. In cases like in T.Y where it has recurred over a week, antibacterial therapy is indicated. Metronidazole tablets 500mg BID for 7/7.

Education

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Avoid alcohol during the treatment period to prevent cases of nausea and vomiting

Avoid douching the vagina

Wipe from front to back to prevent contamination of the vagina with the rectal bacteria

Have only one sexual partner and use a condom (Public health, 2015).

Non-medication treatments

Patient will be advised to eat two cups of yoghurt daily. Yoghurt restores the normal pH in the vagina and prevents growth of the pathogenic bacteria.

According to Machado et al., 2015, tea tree oil is of advantage to the patient. Add few drops of the oil in warm water and use the mixture to wash the vagina daily for 4 weeks. The mixture kills pathogenic bacteria which is inhabiting in the vagina.

Eating raw or cooked garlic also helps eliminating the pathogenic bacteria, since garlic has natural antibiotic properties (Machado et al., 2015).

- Evaluation of patient encounter

I will evaluate the patient for diabetes which could be predisposing the patient to the condition. Since vaginosis resolves naturally, I will allow the patient use natural remedies

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first before the medical intervention so as to reduce antimicrobial resistance. Patient will be evaluated after 14 days to ensure total bacterial wipe out.

References

Bagnall, P., & Rizzolo, D. (2017). Bacterial vaginosis: a practical review. *Journal of the American Academy of PAs*, 30(12), 15-21.

https://journals.lww.com/jaapa/fulltext/2017/12000/bacterial_vaginosis_a_practical_review.3.aspx

Centers for Disease Control and Prevention. (2016). Genital/vulvovaginal candidiasis.

Retrieved from <http://www.cdc.gov/fungal/diseases/candidiasis/genital/index.html>

Machado, M., Castro, J., Palmeira-de-Oliveira, A., Martinez-de-Oliveira, J., & Cerca, N.

<https://nursingessayonline.com/>

(2015). Bacterial vaginosis biofilms: Challenges to current therapies and emerging solution. *Front Microbiol*, 6, 1528-1542. doi: 10.3389/fmicb.2015.01528

Women's Health. (2015). Bacteria vaginosis. Retrieved from
[http://womenshealth.gov/publications/our-publications/fact-sheet/bacterial-](http://womenshealth.gov/publications/our-publications/fact-sheet/bacterial-vaginosis.html) vaginosis.html