

**Describe your assigned client's situation. Why are they presenting to the clinic? What medications are they currently taking?**

Serra Maseko is a 25 year old female that presents with thick, white vaginal discharge, vaginal pain with intercourse, and vaginal itching. She recently completed Augmentin for a sinus infection. The patient's urine pregnancy test was negative. The patient states that she prefers oral medications over topical medications.

**Assess the applicable clinical practice guideline (CPG) for your assigned client. What treatment is recommended by the CPG for your client's situation?**

According to the clinical practice guideline, the patient should be diagnosed with candida albicans vulvovaginitis (Pappas et al., 2015). The recommended treatment for uncomplicated mucosal candida infections and vulvovaginitis is a single oral dose of 150 mg of fluconazole (Diflucan) (Pappas et al., 2015). The recommendation for severe cases of acute Candida vulvovaginitis, fluconazole 150 mg, should be given every 72 hours for 2-3 doses (Pappas et al., 2015).

**Discuss your personal professional assessment of the client's situation provided in the scenario. What pharmacological treatment is necessary and why?**

As a provider, I would adhere to the CPG and write the patient a prescription for fluconazole 150 mg for one dose. Based on the patient's signs and symptoms and recent antibiotic administration, a diagnosis of candida vulvovaginitis can be made. It is also recommended to confirm the diagnosis with a wet-mount preparation to demonstrate the presence of yeast (Pappas et al., 2015). If the wet-mount prep is negative, vaginal cultures should be taken to rule out other forms of candida and other conditions that can cause the patient's symptoms such as urinary tract infection, sexually transmitted diseases, and bacterial vaginosis (Pappas et al., 2015). I would also educate the patient to have only one sexual partner, use condoms to prevent sexually transmitted infections and unwanted pregnancy, abstain from intercourse until symptoms resolve, and return to the clinic if symptoms worsen or persist. The patient should receive education that fluconazole usually clears the infection within one week of taking the medication, however relief should be seen within 24 hours (*UpToDate*, 2024).

**Reflect on additional questions you have about your assigned client that may influence treatment. What else do you want to know? What follow-up assessments, labs, or conversations are required to ensure optimal health outcomes?**

Prior to prescribing the medication, I would obtain a full history of her antibiotic use, current list of medications, alcohol use frequency, and sexual activity list to determine if further testing was needed. I would also perform at least the wet mount prep to confirm the diagnosis of vulvovaginitis from candida albicans. If the patient recently had multiple sexual partners, I would test her for chlamydia, trichomoniasis, and gonorrhea to rule out other causes of her signs and symptoms. I would reiterate to the patient that the symptoms should be clear within a week, however if symptoms persist or she develops symptoms once these symptoms clear, she should follow up with the clinic again to be tested for diabetes, urinary tract infection, and sexually transmitted diseases.