

Institution: _____

Encounter Form: Female Genitourinary Complaints

Name: _____ CDC# _____ DOB _____ Date/Time _____

Fill in the blanks and check all that apply

SUBJECTIVE:

Chief Complaint: _____

Date and time of onset: _____

Rate pain on a scale of 0-10 (0 = no pain, 10 = worst pain)

- Symptoms: Pain Vaginal discharge
 Vaginal odor itching Lesion
 Dysuria Frequency Burning Fever
 Chills Hematuria Other: (describe) _____

Last Menstrual Period (date started): _____

Menstrual periods are: Painful Irregular

Duration _____

How frequently is pad changed? _____

Last Pap: (date) _____ Normal Abnormal

Pregnant: yes no

- History of STDs: Genital warts Herpes
 Gonorrhea Syphilis Pelvic Inflammatory
Disease Chlamydia
 Other _____

History of chronic illnesses: _____

Allergies: _____

Current medications: _____

OBJECTIVE:

Vital signs: Temp _____ Weight: _____ Resp: _____

Pulse (sitting) _____ Pulse (standing) _____

BP (sitting) _____ BP (standing) _____

- Abdomen: soft rigid tenderness with or
without rebound distended
Bowel sounds: present or absent).
 Low back/flank area tenderness.
External genitalia: lesions nodules rashes
 vesicles
 Presence of abnormal vaginal discharge.
 Urine dipstick. (If positive for nitrites or leukocyte
esterase, notify physician).

Urine dipstick results: _____

ASSESSMENT:

Altered urinary elimination evidenced by/related to: _____

Pain evidenced by/related to: _____

PLAN:

MD Referral completed: (circle) NO / YES if yes:

STAT (Positive urine dipstick for nitrites / leukocytes)

Urgent Routine

Orders received by phone from POC

Physician called (name/time) _____

Physician responded (time) _____

Physician orders received Yes No

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:

Miconazole 100mg Vaginal Suppository,
vaginally, 1 nightly X 7 days.

Follow-up in clinic in 7 days if no improvement
and symptoms.

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.

EDUCATION:

Assess patient's potential for understanding the
health information to be provided.

Provide patient education consistent with the
assessment of the condition.

Document the education provided and the patient's
level of understanding on the nursing protocol
encounter form.

Refer patient to other resources as needed.
Document all referrals on the nursing protocol
encounter form.

Advise the patient to resubmit a Health Care Request
Form (CDC 7362) if symptoms persist.

Signature / Title

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DISPOSITION

Time released: _____

Condition on discharge: _____

Returned to housing unit

Housing reassignment to: _____

Referred for follow-up

Physician clinic

RN clinic

Referred to higher level of care: (specify) _____

Person/time contacted: _____

Time/Mode of transfer: _____

ERV (time) _____ ERV arrived _____

List name(s) of RN Protocols used: _____

Signature / Title

1. Disability Code:

- TABE score ≤ 4.0
- DPH DPV LD
- DPS DNH
- DNS DDP
- Not Applicable

2. Accommodation:

- Additional time
- Equipment SLI
- Louder Slower
- Basic Transcribe
- Other*

3. Effective Communication:

- P/I asked questions
- P/I summed information
- Please check one:**
- Not reached* Reached
- *See chrono/notes

4. Comments: _____