



## Objectives: Vaginitis

1. In patients with recurrent symptoms of vaginal discharge and/or perineal itching, have a broad differential diagnosis (e.g. lichen sclerosis, vulvar cancer, contact dermatitis).
2. In patients with symptoms of vaginitis, take a detailed history and conduct a physical examination to ensure appropriate investigations and treatments are ordered (do not assume the symptoms indicate a yeast infection).
3. In patients with recurrent vaginal discharge and no worrisome features found on examination or laboratory testing, make a positive diagnosis of physiologic discharge and communicate this to patients as to avoid recurrent consultations and inappropriate treatments.
4. When bacterial vaginosis or candida infections are identified through routine vaginal swabs or PAP testing, ask about symptoms and provide treatment only when it is appropriate.
5. In a child with a vaginal discharge, rule out sexually transmitted infections and foreign bodies (do not assume that the child has a yeast infection).
6. In a child with a candida infection, look for an underlying infection (e.g. immunocompromise, diabetes).

\*Modified from CFPC's Priority Topic Objectives