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## ABBREVIATIONS

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1. BV: Bacterial Vaginosis
2. CT: *Chlamydia trachomatis*
3. D&C: dilatation and curettage
4. DST: decision support tool
5. GC: *Neisseria gonorrhoeae*
6. GU: gonococcal urethritis
7. HAV: hepatitis A virus
8. HBV: hepatitis B virus
9. HCV: hepatitis C virus
10. HIV: human immunodeficiency virus
11. HSV: herpes simplex virus
12. IUD: intrauterine device
13. NAAT: nucleic acid amplification test
14. NGU: non-gonococcal urethritis
15. PID: pelvic inflammatory disease
16. PMNs: polymorphonuclear neutrophils (PMNs)
17. STI: sexually transmitted infection
18. T/A: therapeutic abortion
19. TID: typical intracellular diplococci
20. TOC: test of cure

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## GLOSSARY OF TERMS

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1. **Anal Fissure:** A painful linear ulcer at the margin of the anus.
2. **Anal verge:** Anal: pertaining to the anus. Verge: a circumference or ring. Anal verge: the external or distal boundary of the anal canal; the line where the walls of the anus come in contact during the normal state of apposition.
3. **Asymptomatic:** Without symptoms
4. **At Risk:** Embedded within the registered nurses' STI assessment is the current epidemiology of infection rates, population sub-groups that experience increased likelihood for risk of STI often associated with social (e.g., discrimination) and economic marginalization (e.g., poverty) and barriers in access to health care and clients who travel and engage in sexual contact in countries with high incidence of STI. Within Canada men who have sex with men, Aboriginal women, and survival commercial sex workers have been reported to experience higher rates of STI than within the general population.
5. **Clue Cells:** Vaginal epithelial cells covered with numerous coccobacilli. Clue cells detected microscopically in vaginal fluid are suggestive of BV.
6. **Consult:** refers to the process of seeking the assistance of other health care providers (physician/NP) in making clinical judgments.
7. **Dilation and Curettage:** Dilation: the condition of an orifice or tubular structure, of being dilated or stretched beyond the normal dimensions. Curettage: the removal of growths or other material from the wall of a cavity or other surface. Uterine curettage: by use of vacuum removal of uterine contents after cervical dilation.
8. **Dyspareunia:** Pain during sexual intercourse.
9. **Endogenous:** Growing from within.
10. **Friable:** Able to easily crumble or break.
11. **H208 form:** Confidential Notification of a Sexually Transmitted Infection. Required documentation for reportable infections.
12. **Incubation period:** the time lapse between point of infection and the onset of symptoms.
13. **Indurated:** to make or become hardened.
14. **Lesion:** Any pathological or traumatic discontinuity of tissue or loss of function of a body part.
15. **Microscopy:** Microscopes may be used in the assessment of vaginal, urethral, or rectal discharge for the detection of STI (bacteria), fungal infection (*Candida*), protozoans (*Trichomonas vaginalis*) or inflammation suggestive of infection ( $\geq 5$  PMNs).

16. **Nugent Score:** standardized method for scoring gram stained smears for diagnosis of Bacterial Vaginosis.
17. **Order:** An instruction or authorization for a specific client given by a health professional (i.e., a physician, midwife, podiatrist, nurse practitioner or dentist) to a registered nurse to carry out an activity that includes a restricted activity listed in Section 7 of the Regulation. This includes pre-printed orders that set out the usual care for a particular client group or client problem and are made client-specific by the health professional adding the name of the individual client, making any necessary changes to the pre-printed order to reflect the needs of the individual client, and signing the order. The Regulation also permits orders that refer to other documents. However, to support safe practice, these documents should be placed on the client's chart.
18. **PID: Pelvic Inflammatory Disease.** Inflammatory condition of the pelvic cavity that may involve the uterus, fallopian tubes, ovaries, pelvic peritoneum, or pelvic vascular system. Often caused by Gonorrhea and Chlamydia. PID may be acute or chronic. Acute PID produces very tender bilateral adnexal areas. Chronic PID produces bilateral tender irregular and fairly fixed adnexal areas. Movement of the cervix is usually painful.
19. **PMNs:** Polymorphonuclear neutrophils. White blood cells that increase during inflammation/infection.
20. **Pyoderma:** any purulent skin disease.
21. **Referral:** is the process by which the registered nurse transfers the care of the client to another health care provider (physician/NP).
22. **Smear:** Secretions (urethral, vaginal, and rectal) collected via swab that is rolled onto a slide for microscopic evaluation (e.g. gram staining, wet mount). Used for the detection of PMNs, bacteria, fungus and/or protozoans.
23. **Symptomatic:** Serving as a symptom.
24. **Tenesmus:** Straining, especially ineffectual and uncomfortable straining to defecate. The continual feeling of needing to empty the bowel.
25. **TID:** Typical intracellular diplococci are gram negative bacteria suggestive of *Neisseria gonorrhoeae* that are identified inside PMNs.
26. **Vaginal pH:** Determined via swab or pH paper. Normal vaginal pH is 3.5-4.5.
27. **Upper female genital tract instrumentation:** Insertion of an instrument through the vaginal canal, cervical os into the uterus.
28. **Wet Mount:** For the detection of bacteria (clue cells) and protozoans (*Trichomonas vaginalis*). Secretions collected via swab are dipped onto a slide with normal saline and then evaluated microscopically.
29. **Window period:** the time lapse between point of infection and the ability to detect infection through diagnostic testing

30. **Whiff Test:** Vaginal discharge is collected by swab and dipped into a KOH solution to determine the presence of an amine odour or KOH is dropped onto vaginal discharge on a slide.
31. **≥ 5 PMNs:** The number of PMNs per microscopic field (x1000) in five non adjacent fields is greater than 5. This indicates the presence of inflammation.
32. **≤ 5 PMNs:** The number of PMNs per microscopic field (x1000) in five non adjacent fields is less than 5.

## REFERENCES

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