

# Toxic Shock Syndrome (TSS) Risks – GYN 5

## DEFINITION

Toxic shock syndrome (TSS) is a rare but potentially fatal disease that, when related to menstruation occurs most frequently in young women aged 15 to 24, usually in association with tampons but can include other intravaginal menstrual product use. It can occur in children, men, and women. Non-menstrual toxic shock can be associated with vaginal contraception, skin injury, and postoperative wounds. TSS is caused by the production of toxins from bacteria, most commonly *Staphylococcus aureus* or group A *Streptococcus*, which infect the bloodstream and results in a systemic reaction. It may be fatal in 50% of cases.

## SUBJECTIVE

May include:

1. LMP
2. Prolonged use of intravaginal menstrual products, including tampons with menses or mid-cycle bleeding
3. Prolonged use of vaginal contraception
4. Use of vaginal contraceptive devices for menstrual protection
5. Use of vaginal insertion devices for urinary incontinence
6. Complaints of dizziness, weakness, chills or malaise
7. Sudden onset of fever (over 102°F)
8. Nausea, vomiting or diarrhea
9. Muscular aches and pains
10. Headaches, light-headedness, fainting, confusion or hypotension
11. Sore throat
12. Bloodshot eyes
13. Skin rash (sunburn-like), red palms and soles or peeling of the skin on the palms and soles
14. Recent childbirth

## OBJECTIVE

May include:

1. Forgotten tampon/device upon examination
2. Remnants of tampon, sponge or latex found in vagina upon examination
3. Pelvic exam may reveal erythema of vaginal mucosa or vaginal ulcerations
4. Elevated temperature (>38.9°C/102°F), diarrhea, headache, nausea/vomiting or seizures
5. Hemodynamic signs associated with shock, including decreased blood pressure and increased pulse and respiration
6. Generalized erythema rash and skin desquamation (looks like sunburn). This is especially noticeable on the trunk, neck, palms of hands and soles of feet. Skin peeling usually occurs 1-2 weeks after the rash appears
7. Client may appear disoriented or confused

## LABORATORY

1. No specific test is available to confirm a TSS diagnosis.
2. Vaginitis cervicitis screening, as appropriate.

## ASSESSMENT

Toxic Shock Risks or suspected Toxic Shock Syndrome (TSS)

## PLAN

1. Remove tampon or other vaginal foreign body
2. Immediate consultation with a physician is warranted for suspicion of TSS and explain to the client the

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need for immediate hospitalization

3. Client education should be aimed at preventing or lowering the risks of TSS

## CLIENT EDUCATION

1. Educate all clients that the risk of TSS can be greatly reduced by following the recommended tampon guidelines (The FDA requires manufacturers to give information about TSS and absorbency on the box or in the package insert.)
  - a. Avoid super absorbent tampons; use the lowest absorbency tampon.  
Alternate the use of tampons with menstrual pads.
  - c. Change tampons and pads at least every 6-8 hours. Avoid leaving a tampon inserted overnight.
  - d. With insertion, use clean hands and take care not to scratch the vagina. Use water-soluble lubricating jelly if vagina is dry
  - e. Do not use tampons between periods
  - f. Always remove last tampon at end of your period
  - g. Never use tampons if have had TSS in the past
2. Teach all clients the danger signals of toxic shock and advise removal of tampon and get medical help right away if having the following symptoms during menstruation
  - a. Sudden high fever
  - b. Vomiting
  - c. Diarrhea
  - d. Muscular aches
  - e. Dizziness, fainting, or near fainting when standing up
  - f. A rash that looks like a sunburn
3. Review safer sex education, as appropriate
4. Recommend client RTC annually and PRN for problems

## CONSULT / REFER TO PHYSICIAN

1. Any client with suspected TSS

## REFERENCES

1. [Toxic shock syndrome: MedlinePlus Medical Encyclopedia](#)
2. [Toxic Shock Syndrome \(TSS\) | Johns Hopkins Medicine](#)