



DEPARTMENT OF HEALTH AND HUMAN SERVICES

INDIAN HEALTH SERVICE  
CROW/NORTHERN CHEYENNE SERVICE UNIT

<b>Policy Number</b> 	<b>Name of Policy</b> Standing Order Sexually Transmitted Infection Treatment and Testing	<b>Approved by:</b> <b>Date:</b>
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**PURPOSE / RATIONALE:** To allow Public Health Nurses to provide rapid testing and treatment in an effort to decrease Sexually Transmitted Infections (STI's).

**POLICY STATEMENT:** The Public Health Nurse shall have an expedited means to treat individuals, ages 14 and up, and known contacts of Gonorrhea (GC), Chlamydia Trachomatis (CT); Syphilis, Trichomoniasis, and other sexually transmitted diseases. Upon identification of a positive case, the patient and or contact(s) will be treated by the Public Health Nurse per standing order which follow the Centers for Disease Control's most current treatment guidelines.

**ASSESSMENT:** Criteria used to determine the situation or condition for which the standing order may be carried out.

**1. Subjective Findings:**

- a. Report of signs and symptoms of sexually transmitted disease (STI)
  - i. All patients who have not seen by a provider will need to be scheduled for an appointment after appropriate treatment.
- b. And/or contact of verified case of STI

**2. Objective Findings:**

- a. Confirmatory Lab Testing

**PLAN OF CARE:**

**1. Testing**

- a. Patients may present to Public Health Nursing requesting STD testing.
- b. PHN's, during STD investigations, may need to test a contact
- c. Using the nursing process and Standing Orders for STD Treatment based on CDC STD treatment guidelines, PHN's may treat symptomatic patients at the time of testing.

**2. Treatment:**

Condition	Medication
CT or known contact of CT	1 GM Azithromycin PO x1
Uncomplicated GC or known contact to GC	<b>Under 300 Pounds</b> – 500 mg Ceftriaxone IM X1 <b>300 Pounds and above</b> – 1 GM Ceftriaxone IM X1 <b>Expedited Partner Therapy</b> – Cefixime 800mg PO once (If IM injection cannot be given)

If Chlamydia has not been excluded or co-infection of CT/GC	<b>Under 300 Pounds</b> – 500 mg Ceftriaxone IM X1 <b>300 Pounds and above</b> – 1 GM Ceftriaxone IM X1 <b>Expedited Partner Therapy</b> – Cefixime 800mg PO x 1 (If IM injection cannot be given) <b>AND</b> Doxycycline 100 mg PO BID x7 Days <b>OR</b> Azithromycin 1GM PO x 1 for allergies or concern for noncompliance
Co-infection GC/CT during pregnancy	<b>Under 300 Pounds</b> – 500 mg Ceftriaxone IM X1 <b>300 Pounds and above</b> – 1 GM Ceftriaxone IM X1 <b>AND</b> Azithromycin 1 GM IM X1
GC/CT Treatment with Cephalosporin Allergy	Gentamycin 240 mg IM <b>AND</b> Azithromycin 2GM PO X1
Trichomoniasis Vaginalis	Tinidazole 2GM PO X1
Syphilis	Penicillin G 2.4 million units IM x 1
Syphilis treatment with Penicillin Allergy (Non-pregnant)	Doxycycline 100mg PO BID x 14 Days
Syphilis treatment with Penicillin Allegery (Pregnant)	Refer to PCP for penicillin desensatization

**PROCEDURE:**

1. Upon identification of positive case by lab or MIDIS, the patient will be contacted and treated in either the Public Health Nurse office or the outpatient clinic.
2. The PHN will complete the commuicable disease investigation, including known contacts.
3. The PHN will contact all contacts and will test and treat them per CDC recommendations outlined in this policy.
4. Documentation in the electronic health record will include allergies, positive confirmatory testing, treatment administered and STI education.
5. Public Health Nurses **will contact pharmacy** to order medications under this standing order in E.H.R., with a designated provider as the ordring provider, and the patient will be instructed to pick up the medication from the pharmacy or to report to the PHN office.
6. **Ordering pharmacist with enter a note in EHR inidcating why they ordered the medication and cosign the designated provider.**
7. Administration of a medication must be documented in the patient’s medical record by the licensed staff and must include name of medication, dosage, route, site, date and time of administration, effectiveness of medication/patient’s response to medication administration, and reference to this Standing Order and plan of care when applicable.
8. Outpatient pharmacy will be contacted to review for appropriateness process standing order and will “release without signature”.
9. Criteria for contacting the Primary Care Provider:
  - a. Signs and symptoms of severe local or system reaction to the antibiotic
  - b. Severe signs and symptoms of respective STI (unuals cases)
10. Follow up Requirements:
  - a. Contact Tracing

- b. Complete and submit positive STI investigation in MIDIS.

**REFERENCES:**

Montana Standards of Nursing Practice 24.159.1204

Centers for Disease Control Sexually Transmitted Infection Treatment Guidelines