



Standing Orders for RN visit: STI screening with exposure and/or symptoms

PURPOSE:

This procedure allows the RN to order STI testing for patients who have symptoms of or recent exposure to an STI (unknown partner, condom failure or partner reported).

Rapid diagnosis and treatment of STIs is a public health imperative. Barriers to testing remain a significant source of delayed identification and treatment of STIs, particularly HIV. The request to test for STIs is an opportunity to educate patients on STI risk reduction. This procedure includes guidelines for STI Risk Reduction education.

POLICY AND GENERAL INSTRUCTIONS:

Standard STI testing covered under this procedure includes Chlamydia, Gonorrhea, HIV, Syphilis, Hepatitis C and cultures for HSV and Mpox. STI testing may be ordered by the RN after a discussion with the patient about STI concerns. Should the patient request HSV testing without typical symptoms of HSV lesions please provide education and CDC handout stating why HSV blood testing is not recommended (<https://www.cdc.gov/std/herpes/screening.htm>).

SUBJECTIVE:

Patient identifies concern for exposure to a sexually transmitted infection.

OBJECTIVE: At the RN visit, the RN discusses the patient's STI concerns and orders appropriate testing.

RN assesses the patient for:

- Specific symptoms (These may require a provider consult.)
- Patients with known STI exposure
- Potential victim of violence or assault (may result in provider visit or referral/warm handoff to BHP).
- Possible pregnancy (initiates the pregnancy testing protocol.)
- Need for contraception (may result in initiation of the HCM protocol or provider visit.)
- Additional issues identified which may require a provider consult or appointment.

ASSESSMENT: Exposure to a Sexually transmitted disease (Z20.2)

Add the following if applicable:

- Vaginal discharge (N89.8)
- Pelvic pain (R10.2)
- Penile Pain (N48.89)
- Dysuria (R30.0)
- Urethral discharge (R36.9)

PLAN:

Under the following special circumstances, RN will consult with provider: Patient complains of skin lesions, testicular pain, prostate pain or other more severe symptoms such as fever (>100.4), severe nausea and/or uncontrolled vomiting, or severe pelvic pain.

If none of the above special circumstances apply, RN orders appropriate STI testing under the delegated authority of the Medical Director or PCP.

GC/CT: LP1255 (this is a "dirty" catch urine for external genitalia and a self-collect swab for internal genitalia) and self-collect rectal and pharyngeal swabs as needed by patient description of areas of exposure

HIV: LV2182

Syphilis: RPR w/REFL TITER LT261

Hepatitis C RNQ QT, RT PCR w/RFLX : LP078

HSV culture w/typing: LT366 (swab of lesion)

NuSwab, Vaginitis Plus: LP1478 (self-swab of vagina) - caution patients without insurance regarding cost

If patient has a known exposure, RN may issue a prescription for treatment in the PCP's name with verbal order confirmation, under the following guidelines:

- Chlamydia: doxycycline 100 mg orally twice daily for 7 days; if patient is allergic to doxycycline, alternative options include azithromycin 1 gram orally in a single dose or levofloxacin 500 mg orally given daily for 7 days
- Gonorrhea:
 - For individuals who weigh <150 kg – Ceftriaxone 500 mg intramuscular (IM) in a single dose
 - For individuals who weigh ≥150 kg – Ceftriaxone 1 g IM in a single dose
 - If patient is allergic to ceftriaxone: consult with provider
- Trichomoniasis
 - patients with internal genitalia: metronidazole 500 mg twice daily for 7 days; patients with external genitalia: single dose of 2 grams of oral metronidazole
- Syphilis:
 - benzathine penicillin G given as 2.4 million units once as a single intramuscular dose and review patient history for possible latent syphilis.

If the patient is having symptoms with no known exposure, consult with the same-day provider or PCP regarding the specific symptoms and recommended treatment.

If testing results come back positive for any STI or other genital infection (such as BV or candida) the following may be prescribed with verbal order confirmation from PCP, under the PCP's name.

- Chlamydia, Gonorrhea, Trichomoniasis and Syphilis see above.

- HSV – initial outbreak: Acyclovir 400 mg orally three times a day for 7 days or 10 days if severe infection *or* Valacyclovir 1 g orally twice a day for 7–10 days (Treatment may be extended if not healed after 10 days, consult with Provider).
- Bacterial vaginosis: metronidazole 500 mg orally twice daily for 7 days; metronidazole 0.75% gel, 5 grams intravaginally once a day for 5 days; or clindamycin 2% cream, 5 grams intravaginally at bedtime for 7 days
- Vulvovaginal candidiasis: Two tabs of fluconazole 150 mg orally; take one tab today and repeat dose in 72 hours should symptoms persist.

TEACHING: RN reviews the basic concepts of safer sex and STI risk reduction using the available STI handouts and resources. Basic concepts to cover include clear instructions on how to use a condom and a reminder that drugs and alcohol can impair decision-making. Free condoms given to patient and affordable condom sources are reviewed. Consider initiating conversation on PrEP.

Medical Director

Date

Reviewed 09/2023