

Inclusion Criteria:

- Signs and symptoms of STI
- Risk factors for STI
- · Patients that request STI testing

Exclusion Criteria:

· Pre-pubertal child

Call SCAN provider on call

- · Treatments of the following:
- Pelvic inflammatory disease
- Epididymitis, orchitis, or proctitis
- Immunocompromised patients
- Hepatitis
- Alternative treatments are not included in this guideline
 - Refer to the CDC STI Pocket Guide

Special Considerations:

(consult Social Work for the following scenarios)

- · Concern for abuse/assault
- · Concern for human trafficking
- If pt age is < 17 years consider age of partner
- Patient has developmental delay
- · Patient with known pregnancy

Evaluate symptoms and/or risk factors to determine need for STI testing in pubescent patient Private, confidential screening and documentation is recommended **Optional Screening questions**

> Pt presents with signs/symptoms of STI

> **OR** asymptomatic with STI risk factors

OR requests STI testing

STI Testing

refer to Confidentiality Tips

- 1. Obtain verbal permission for testing from pt or caregiver
- 2. If confidential testing is requested:
 - Use confidential order set
 - Use protected provider note
 - Complete *Confidential Information Form* (found in orders or ad hoc) Title X Sites should follow site-specific processes

STI testing is not routinely performed in the urgent care clinic should follow steps below if testing is completed

STI Signs & Symptoms:

Female

- Vaginal pruritus
- · Vaginal discharge
- · Inter-menstrual bleeding or menorrhagia
- Dysuria
- Urinary urgency/frequency
- Genital lesions Genital Lesions CPM
- · Abdominal/pelvic pain with no alternate diagnosis
- Cervical motion tenderness

- Urethral discharge
- Unilateral testicular pain/swelling
- Dysuria
- Urinary urgency/frequency
- Painful ejaculation
- Genital lesions

STI Risk Factors:

- History of sexual activity
- Sexual assault
- Known or recent STI exposure
- Concern for pregnancy
- Concern for drug or alcohol use

*Considerations for additional test sampling:

- If testing for Gonorrhea and Chlamydia, test also for Trichomoniasis due to high prevalence in metro area
- Throat swab: Pharyngitis with sexual risk factors
- Anal/rectal swab: Sexual risk factors (e.g., MSM)

TESTING*

Male

- · Gonorrhea and Chlamydia
 - PCR by first catch urine
- Trichomoniasis (symptomatic only) PCR by first catch urine
- HIV

Antigen/Antibody Screen (blood)

Syphilis

Algorithm with reflex to RPR (blood)

TESTING*

Female

- Gonorrhea and Chlamydia PCR by either provider **OR** self-collected vaginal swab **OR** first catch urine
- Trichomoniasis (symptomatic only) PCR by provider collected vaginal swab
- HIV

Antigen/Antibody Screen (blood)

OR first catch urine

Syphilis

Algorithm with reflex to RPR (blood)

Emergency Contraception CPM

PCR by First Catch Urine · No void during previous

- No genital cleaning
- 20-30 mL sample: do not
- DO NOT order as add-on unless appropriate sample confirmed by lab

Abbreviations (laboratory & radiology excluded):

CPM = Care Process Model MSM = men having sex with men PCR = polymerase chain reaction

pt = patient RPR = rapid plasma reagin

STI = sexually transmitted infection



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• Determine if empiric treatment is indicated while awaiting results Are results available before discharge? pt has access to care Yes

Complete treatment as indicated

- Provide patient STI education
- Complete confidential documentation
- Provide condoms if supply is available Follow-up with specified healthcare provider
- If empiric treatment is **NOT** provided, must ensure *Confidential Information Form* is completed (found in orders or ad hoc) AND that
- Utilize setting-specific procedure for follow-up of pending labs
 - Pt lost to follow-up

STI treatment

Last Updated: 10.24.24

Contact: EvidenceBasedPractice @cmh.edu

Link to: synopsis and references

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Sexually Transmitted Infection - Treatment

Associated Power Plans: EDP/Inpatient STI CPG, Teen Ambulatory STI and Title X Teen Ambulatory STI Positive, Ambulatory STI CPG



HIV

See **HIV CPM** for

recommendations

Evidence Based Practice

Inclusion Criteria:

Patients that have tested positive for STI

Exclusion Criteria:

• Pre-pubertal child -

Call SCAN provider on call

- Treatments of the following diagnoses:
- Pelvic inflammatory disease
- Epididymitis, orchitis, or proctitis
- Immunocompromised patients
- Hepatitis
- Alternative treatments are not included in this guideline
 - Please refer to the <u>CDC STI</u> <u>Pocket Guide</u>

Does pubescent pt test positive for No Negative test results for STI: Follow-up as needed with primary care provider

care provider Discontinue empiric treatment

CM lab will notify Infection Control for the following reportable STIs: Gonorrhea, Chlamydia, HIV, and Syphilis

STI2

Yes

Positive test results for STI:

- Continue to use protected note types as appropriate
- If pt is no longer in the care setting, contact pt using information on their **Confidential Information Form** (found in orders or ad hoc forms).
 - Pt lost to follow-up

Treatment guides

Chlamydia

- Preferred:
- <u>Doxycycline</u> 100 mg PO BID x 7 days

OR

 <u>Alternative</u> - to be considered in cases of pregnancy, poor adherence, or RX pickup issues:

Azithromycin 1 g PO x 1 dose

Gonorrhea

- Preferred: Ceftriaxone
- ∘ 500 mg IM x 1 for pts < 150 kg
- 1000 mg IM x 1 for pts > 150 kg
 OR

Altern

 <u>Alternative</u> for cephalosporin allergy:

Gentamicin 240 mg IM in a single does **PLUS** Azithromycin 2 g orally in a single dose

lf Chlamydia infection has not been excluded, treat for chlamydia also

Trichomoniasis

Metronidazole

- Females: 500 mg PO BID x 7 days
- Males: 2000 mg PO x 1 dose

Syphilis

Penicillin G 2.4 M units IM x 1

 Refer to Infectious Diseases for follow up testing

Abbreviations (laboratory & radiology excluded):

BID = two times a day

CDC = Centers for Disease Control

CPM = Care Process Model

HIV = Human Immunodeficiency Virus

IM = intramuscular

PO = by mouth

pt = patient

RX = prescription

STI = Sexually Transmitted Infection

Discharge Planning:

- Provide <u>STI prevention education, including</u> partner notification and expedited partner therapy
- Age < 17 years: Consider age of pt and partner
 - Consult Social Work
- Use <u>confidential documentation</u> processes
 - Refer to <u>Confidentiality Tips</u>

Gonorrhea, Chlamydia, or Trichomoniasis:

 Follow-up with PCP or CM Adolescent Specialty Clinic HIV or Syphilis:

Clinic referral to Infectious Diseases



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