

NOTE: This standing order is not required in every health department. Risk for Chancroid increases when clients have traveled to the following areas: Africa and the Caribbean.

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order template to create a customized standing order exclusively for your agency. Your customized standing order should include a header with your agency name, effective start date, and expiration date. Review standing order at least annually and obtain Medical Director's signature.

Background:

General expectation for physical assessment of all clients seen in a STI clinic

It is expected that all clients presenting with symptoms of any STI receive a physical examination and appropriate STI testing. It is strongly recommended that all asymptomatic clients and verified contacts to a STI receive a physical examination and appropriate STI testing.

Assessment

Subjective Findings*

Client may complain of the following:

- painful genital ulcer
- tender suppurative inguinal adenopathy (inguinal nodes may be painful, tender, and filled with or draining pus)
- client has recent travel history to areas at risk for chancroid (certain Africa regions and the Caribbean) and reports having sex with commercial sex worker or local resident while traveling

*Subjective findings alone do not meet the N.C. Board of Nursing requirement for treatment by a registered nurse (RN) or STD Enhanced Role Registered Nurse (STD ERRN).

A definitive diagnosis of chancroid requires the identification of *H. ducreyi* using special culture media that is not widely available in the US and has a sensitivity of <80%. Diagnosis can also be performed by clinical laboratories that have developed their own NAAT and have conducted CLIA verification studies on genital specimens.

A probable diagnosis of chancroid can be made if all four of the below criteria are met:

1. presence of one or more painful genital ulcers
2. clinical presentation of genital ulcer and, if present, regional lymphadenopathy is typical of chancroid
3. no evidence of *T. pallidum* by darkfield, NAAT, or serologic tests performed 7-14 days after ulcer onset
4. HSV-1 and HSV-2 NAAT or culture performed on ulcer exudate or fluid are negative

Objective Findings

A probable diagnosis of chancroid must be made by a medical provider and documented in the medical record before an RN can treat by standing order.

Verified Contact Criteria:

The STD ERRN or RN must assess and document the presence of at least one verified contact criteria below before implementing treatment for asymptomatic contact(s) or a suspect chancroid client referred to health department for treatment.

1. client reports contact within the last 10 days with someone who was diagnosed with chancroid and provides name of sexual partner(s), so public health nurse can verify diagnosis of named sexual partner by NC EDSS or by calling the medical provider of named partner (index case)
2. client referred by MD, medical provider, or DIS for treatment of Chancroid

Note: STD examination is recommended for all verified or suspected contacts to chancroid.

Plan of Care

Precautions and Contraindications:

Before implementing this Standing Order:

1. Review "Criteria for Notifying the Medical Provider" under Nursing Actions Part E. If client meets any of those criteria, immediately consult with an agency medical provider for orders on how to proceed.
2. If client reports a drug allergy for any medication provided in the standing order, inquire about, and document the type of reaction(s) the client has experienced, then consult with an agency medical provider for orders on how to proceed.
3. Read and be familiar with manufacturer's leaflet for medications applicable to this standing order. Consult with physician when manufacturer's recommendations are incongruent with this standing order application.

Implementation

A registered nurse employed or contracted by local health department may administer treatment for chancroid by standing order if one of the following is true:

- the client meets at least one of the verified contact criteria, or
 - medical provider documents a probable diagnosis of chancroid, or
 - there is documentation of a positive lab culture for *H. ducreyi* or NAAT (from a laboratory CLIA verified for detection of *H. ducreyi*) in the medical record.
1. administer Ceftriaxone 250 mg IM in a single dose, or
 2. if allergic to cephalosporin; administer Azithromycin 1 gm PO in a single dose

If alternative treatment is indicated, consult the LHD medical director or supervising clinician for a patient-specific order.

Nursing Actions

- A. Read and Review:
 1. manufacturer's leaflet for medication/treatment
- B. Provide to client:
 1. information about the diagnosis, both verbally and in written form
 2. review of ordered laboratory tests and instructions for obtaining laboratory test results
 3. client centered STI education, both verbally and in written form
 4. condoms and literature about risk reduction behavior
 5. education about the relationship between the presence of one STI and increased risk of HIV acquisition
 6. follow-up instructions to include scheduling future appointments, accessing patient portal for results, and referrals for additional services
- C. Educate client to:
 1. abstain from sexual intercourse until treatment is complete, all lesion(s) are healed, and partner(s) have completed treatment
 2. notify sexual partner(s) they should be examined, tested, and treated empirically by their clinician immediately in order to prevent further spread of the disease. Provide client with partner referral cards for all recent (within 10 days of onset of symptoms) sexual partners
 3. consistently and correctly use disease prevention barrier methods (e.g., condoms, dental dams)
 4. provide DIS with the names and contact information for all sexual partner(s) within 10 days of client's onset of symptoms

5. have HIV test because chancroid has been associated with an increased risk of acquiring HIV infection
6. request repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners should be tested every three (3) months, etc.)
7. return to clinic in 3 -7 days for lesion(s) reevaluation by MD or medical provider
8. return to clinic if symptoms persist, worsen, or reappear after treatment
9. return to clinic if fluctuant lymph nodes develop drainage or other genital lesion(s) appear

D. Medication counseling:

1. inquire about and document the type of reactions/side effects the client has experienced in the past when taking the medication
2. advise client regarding side effects as indicated in manufacturer's leaflet or other agency approved medication reference for any treatment or medication prescribed, dispensed, or administered
3. Advise client that they may experience soreness at the injection site, if applicable
4. Advise client that they may experience side effects such as nausea, vomiting, cramps, diarrhea, or headache
5. If oral medication is vomited within 2 hours and pill is visible in vomitus after taking single-dose oral medication in the clinic, please return to the clinic as soon as possible
6. seek urgent or emergency care if any of the following develops within 30 minutes after treatment: shortness of breath, tongue, throat, or facial itching or swelling, chest pain or heaviness, abdominal pain, scrotal pain or oral temperature $\geq 101^{\circ}$ F

E. Criteria for Notifying the LHD Medical Director or supervising Medical Provider

1. contact the medical provider if there is any question about whether to carry out any treatment or other provision of the standing order, including client reporting a drug allergy for the medication provided in the standing order
2. a genital lesion or ulcer is present on examination. Chancroid may present with painful fluctuant lymph nodes which may require aspiration to provide quicker healing and alleviate pain

G. Follow-up requirements:

1. contact regional or local DIS when medical provider(s) suspects chancroid for follow-up
2. assure disease reporting occurs via the NC Electronic Disease Surveillance System (NC EDSS) with entry of lab test results, clinical symptoms, and treatment information within 30 days.

Approved by: _____ Date approved: _____
 Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
 Director of Nursing/Nursing Supervisor

Effective Date: _____

Expiration Date: _____

Legal Authority: Nurse Practice Act, N.C. General Statutes 90-171.20(7)(f)&(8)(c)