

Chlamydia Trachomatis (CT) and Verified CT Contacts Treatment

Standing Order Template

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*

Clients may present with the following history:

- Current or history of urethral, penile, anal and/or vaginal discharge
- Rectal pain, diarrhea, bleeding, tenesmus
- Dysuria or urine discoloration
- Intrameatal /urethral itching
- Asymptomatic with history of new or multiple sex partners
- Asymptomatic

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

Objective Findings

Clinical documentation of the following criteria:

1. Positive laboratory test (i.e., NAAT, culture) for Chlamydia trachomatis (CT)

Verified Criteria for Contacts

For a client with exposure to CT, the STI ERRN or RN must assess and document at least one of the three findings for recent (within 60 days) exposure to CT below.

1. Client presents with a state or county issued partner referral card
2. Client provides name of sex partner and public health nurse confidentially verifies diagnosis of named sex partner through NC EDSS, county health department electronic medical record, or confirms with medical provider of named partner (index case)
3. Medical provider or Disease Intervention Specialist (DIS) refers client

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 the local health department will administer treatment, dispense treatment, or provide a physician prescription for the client as directed by an authorized agency provider when criteria from the Verified Criteria for Contacts section or the Objective Findings section of

this standing order are met and are documented in the medical record and no precautions and/or contraindications exist.

1. For nonpregnant clients dispense Doxycycline 100 mg PO BID x 7 days.
2. If client is allergic to Doxycycline, administer Azithromycin 1 gm PO in a single dose.
3. If client is pregnant or assumed to be pregnant, administer Azithromycin 1 gm PO in a single dose (doxycycline is contraindicated in pregnancy).

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:

1. abstain from sexual intercourse with any new or unexposed partners until 7 days after client has completed medication regimen
2. abstain from sexual intercourse with current and/or exposed partners until 7 days after both the client and partner(s) have completed medication regimen
3. consistently and correctly use disease prevention barrier methods (e.g., condoms, dental dams).
4. notify sex partner(s) of need for assessment and treatment to prevent further spread of infection using a partner notification card or by sending an anonymous notification using NCSDD website: TellYourPartner.org | NCSDD.org (ncsddc.org)
5. for female clients who take oral contraceptives: use back-up contraception during treatment regimen **and** for seven days after completion of regimen.
6. if client uses diaphragm for contraception: clean and disinfect diaphragm per manufacturer's instructions or agency protocol when the manufacturer does not provide instructions.
7. if client uses sex toys: cover sex toys during use and clean per manufacturer's instructions or agency protocol.
8. request repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners, new partner, partner diagnosis, sexual activity without appropriate prevention barrier use, and partner unknown monogamy status) should be tested every three (3) months.
9. keep scheduled follow-up appointments, (i.e., 3-month rescreening, referrals for immunization, contraception, etc.)
10. **return to clinic if symptoms persist, worsen, or reappear 2 weeks after treatment**

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. if treating with doxycycline:
 - advise client that they may experience side effects such as: rash or skin sensitivity to light, nausea, or vomiting.
 - if the client cannot complete the 7-day regimen of doxycycline, return to the clinic

- advise female clients who are prescribed or dispensed doxycycline that this medication is contraindicated during the second and third trimesters of pregnancy because of risk for fetal tooth discoloration.
4. if treating with azithromycin advise client that they may experience side effects such as: nausea, vomiting, cramps, diarrhea, or headache.
 5. if single dose oral medication is vomited within 2 hours after taking or it has been longer than 2 hours and the medication is seen in the vomitus, instruct client to contact agency to report this so provider can assess need for and arrange for retreatment, if necessary.
 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 $\geq 101^{\circ}\text{F}$**

E. Criteria for Notifying the 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 to the medication provided in the standing orders.
2. Contact the medical provider for possible Expedited Partner Therapy (EPT) for heterosexual partners if highly unlikely the partner will come to clinic for examination and treatment. EPT is not recommended for MSM partners.
3. **DO NOT ADMINISTER TREATMENT** and consult with medical provider, if any of the following conditions are present:
 - oral temperature $\geq 101^{\circ}\text{F}$.
 - abdominal, adnexal, or cervical motion tenderness on examination
 - sustained cervical bleeding on exam
 - ANY reported vaginal spotting/bleeding by a pregnant client
 - scrotal pain or swelling
 - contact to CT is pregnant and allergic to azithromycin

F. Follow-up requirements:

1. Continued or worsening symptoms two weeks after completing treatment and without re-exposure - consult provider regarding additional testing, test of cure, alternative treatments/plan of care.
2. Advise all clients being treated for Chlamydia to be rescreened three months after treatment due to high reinfection rates.
3. Assure disease reporting occurs via the NC Electronic Disease Surveillance System (NC EDSS) with entry of lab test results, and treatment provided (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)

References:

Article 9. Nurse Practice Act. §§ 90-158 through 90-171.18: Recodified as §§ 90-171.19 through 90-171.47
21 NCAC 36.0.224 – Components of Practice for the Registered Nurse