

# Mucopurulent Cervicitis (MPC) or Verified Contact to MPC 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 and treatment. It is strongly recommended that all asymptomatic clients receive a physical examination and appropriate STI testing.

## Assessment

### Subjective Findings\*

Clients may present with the following history:

- Abnormal vaginal discharge
- Intermenstrual vaginal bleeding
- Vaginal bleeding after sex
- Asymptomatic

\*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).

### Verified Criteria for Contacts

The STD ERRN or RN must assess and document at least one (1) verified criteria below (1-3) before implementing treatment for an asymptomatic contact.

Recent (within 60 days) exposure or if exposure occurred greater than 60 days before onset of index client's symptoms, partner of last sexual encounter to MPC:

1. client presents a partner notification card
2. client provides name of sexual partner(s) and public health nurse verifies diagnosis of named sexual partner by calling the index case's medical provider or by speaking directly to the index case. (**NOTE:** MPC is not reportable in NC EDSS)
- 3.a MD or medical provider, or Disease Intervention Specialist (DIS) refers client

*Note: A STD screening examination is recommended in all the above scenarios.*

### Objective Findings:

Clinical documentation of lab criteria 1 below **PLUS** one criterion from physical examination criteria 2 or 3 before implementing treatment

Documented by lab result:

1.  $\geq 10$  WBCs/HPF on microscopic examination of vaginal fluid wet prep

**PLUS** at least one of the below

Documented physical exam finding of\*:

2. Yellow OR Green pus from the endocervical os. Must be able to visualize and document yellow or green discharge on white cotton-tipped swab removed from the cervical os (not vaginal vault), or
3. sustained endocervical bleeding (flows into speculum and continues after wiped with large Q-tip swab) easily induced by gentle passage of a small swab through the cervical os.

**\* STD ERRNs should not be performing pelvic exams on pregnant clients. Therefore, these documented physical findings for pregnant women would only be on exams performed by APPs or physicians.**

## 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 or dispense treatment 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.

### Non-pregnant client:

- For non-pregnant clients weighing >45 kg & <150 kg: Administer **Ceftriaxone\*\*** 500 mg IM as a single dose **AND** dispense **doxycycline** 100 mg orally twice daily for 7 days
- For non-pregnant clients weighing ≥150 kg: Administer **Ceftriaxone\*\*** 1 gram IM as a single dose **AND** dispense **doxycycline** 100 mg orally twice daily for 7 days

### Pregnant client:

- For pregnant clients weighing >45 kg & <150 kg: Administer **Ceftriaxone\*\*** 500 mg IM as a single dose **AND azithromycin** 1 gram orally in a single dose
- For pregnant clients weighing ≥150 kg: Administer **Ceftriaxone\*\*** 1 gram IM as a single dose **AND azithromycin** 1 gram orally in a single dose

***\*\*Ceftriaxone may be used in patients reporting allergy to penicillin IF the allergic response does NOT include anaphylaxis, Stevens-Johnson or toxic epidermal necrolysis.***

### **Alternative regimens if ceftriaxone is not available:**

### Non-pregnant client:

1. Gentamicin 240 mg IM as a single dose PLUS azithromycin 2 g orally as a single dose  
OR
2. Cefixime 800 mg orally as a single dose AND doxycycline 100 mg orally twice daily for 7 days, if client is not pregnant

### Pregnant client:

1. For pregnant clients, Cefixime 800 mg orally as a single dose AND Azithromycin 1 gram orally as a single dose.

### Nursing Actions

#### A. 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
  7. if Bacterial Vaginosis or Trichomoniasis is diagnosed on the same visit, treat them concurrently as identified.
- C. Educate client to:
1. abstain from sexual intercourse for 7 days after single-dose therapy or until completion of 7-day medication regimen
  2. advise client to abstain from sex until 7 days after partner(s) have completed their treatment
  3. 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 NCSD website: [TellYourPartner.org](http://TellYourPartner.org) | [NCSD \(ncsddc.org\)](http://NCSD (ncsddc.org))
  4. if client uses diaphragm for contraception: clean and disinfect diaphragm per manufacturer's instructions or agency protocol when the manufacturer does not provide instructions.
  5. if client uses sex toys: cover sex toys during use and clean per manufacturer's instructions or agency protocol
  6. abstain from douching
  7. repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners should be tested every three (3) months, etc.)
  8. **return to clinic if symptoms persist, worsen, or reappear 2 weeks after treatment**
- D. Medication Counseling:
1. inquire and document the type of reactions/side effects the client has experienced in the past when taking the ordered 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:
    - a. advise client that they may experience side effects such as: rash or skin sensitivity to light, nausea, or vomiting.
    - b. if the client cannot complete the 7-day regimen of doxycycline, return to the clinic
    - c. 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:
    - a. advise client that they may experience side effects such as: nausea, vomiting, cramps, diarrhea, or headache
    - b. if medication is vomited within 2 hours or is visualized in vomitus after taking a one-time dose of oral medication return to the clinic as soon as possible
- E. Criteria for Notifying the Medical Provider
1. 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 orders
  2. **DO NOT ADMINISTER TREATMENT** and consult with medical provider if any of the following conditions are present:
    - acute abdominal tenderness or rebound tenderness on examination

- adnexal tenderness on examination
- cervical motion tenderness on examination
- sustained cervical bleeding on exam or ANY reported vaginal spotting/bleeding by a pregnant client
- oral temperature > 101° F
- client has a history of an IgE mediated reaction (tingling or itching in the mouth; hives or red, itchy skin; swelling of the face, mouth or throat; difficulty swallowing; shortness of breath; dizziness; nausea/vomiting; abdominal pain) when given a penicillin and/or cephalosporin medication
- a pregnant client reports intolerance or allergy to azithromycin, penicillin, and/or cephalosporin medication

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. Women with a specific diagnosis of chlamydia, gonorrhea, or trichomoniasis should be instructed to return 3 months after treatment for repeat testing due to risk of reinfection.

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)