

Sexually Transmitted Infection (STI) Post Exposure Prophylaxis with Doxycycline

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

Reducing rates of STIs in North Carolina is a public health priority. Ensuring new evidence-based preventive tools are incorporated into the services provided by local health departments is critical to improving the health of our communities. Doxycycline has been shown to be an effective and tolerable biomedical prevention tool that can reduce the risk of bacterial STIs. Two large randomized studies ([DoxyPEP](#) and [ANRS DOXYVAC](#)) have shown the efficacy of taking doxycycline within 72 hours of condomless sex in protecting against chlamydia, gonorrhea, and syphilis infections in men who have sex with other men and transgender women.

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 meets the below criteria:

- Sexually active cisgender man or transgender woman
- Reports engaging in condomless sex within the past 12 months

*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).

Objective Findings

- Clinical documentation of at least one bacterial STI (i.e., gonorrhea, chlamydia, or syphilis) in the past 12 months
- Negative test results for gonorrhea, chlamydia, and syphilis at the most recent STI visit (no pending lab results)

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 to doxycycline or any antibiotic in the tetracycline class, 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 provide a medical provider's prescription to the client or call/fax the medical provider's prescription into a pharmacy as directed by an authorized agency provider when the Objective Findings section of this standing order is met and documented in the medical record and no precautions and/or contraindications exist.

NC Sexually Transmitted Diseases Public Health Program Manual/Treatment Guidelines

Standing Order Template Doxycycline Post Exposure Prophylaxis

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Your standing order must indicate ONE option – the following is an example that may be used. Your agency's medical director must determine the number of doses to be prescribed for PEP

- Doxycycline* 200 mg PO once per day x 30 doses, (two 100 mg tablets to be taken together OR one 200 mg tablet) to be taken within 24 hours, but no later than 72 hours, after condomless sex

**Acceptable formulations of doxycycline to use for doxyPEP:*

- 1) doxycycline monohydrate 100 mg immediate release oral tablets
- 2) doxycycline hyclate 100 mg immediate release or 200 mg delayed release oral tablets

Nursing Actions

A. Read and Review:

1. manufacturer's leaflet for medication/treatment

B. Provide to client:

1. condoms and literature about risk reduction behavior
2. follow-up instructions to include scheduling future STI/HIV screening appointments, accessing patient portal for results, and referrals for additional services
3. client-centered STI education, both verbally and in written form

C. Educate client:

1. information about the efficacy and risks of using doxycycline post-exposure prophylaxis including risk of side effects, the yet unknown impact of doxyPEP on the potential development of antibiotic resistance and changes to the client's normal microbiome
2. to not start doxyPEP until all pending HIV, gonorrhea, chlamydia, and syphilis testing results are back and negative, or if positive, until the STI has been appropriately treated
3. to stop doxyPEP and seek STI/HIV testing immediately if symptoms of an STI develop and not to restart doxyPEP until test results are known and any present STI has been appropriately treated
4. to receive routine STI/HIV screening (every 3 months) as long as there is a need for doxyPEP
5. education about the relationship between the presence of one STI and increased risk of HIV acquisition
6. on where client can seek STI/HIV testing
7. on the benefit of HIV Pre-Exposure Prophylaxis (if not already HIV positive or taking HIV PrEP) and referral to HIV PrEP provider if interested
8. how to consistently and correctly use disease prevention barrier methods (e.g., condoms, dental dams)
9. to keep scheduled follow-up appointments, (e.g., 3-month rescreening, referrals for immunization, contraception, etc.)

D. Medication Counseling (example educational sheet for clients: [PowerPoint Presentation \(naccho.org\)](https://naccho.org)):

1. take doxycycline 200 mg within 24-hours, but no later than 72 hours, after condomless sex
2. do not take more than 200 mg of doxycycline within a 24-hour period
3. take doxycycline with a large glass of water and remain upright for 30 minutes after taking it to reduce risk of pill esophagitis
4. doxycycline should not be used as post-exposure prophylaxis concurrently with other doxycycline therapy (or other tetracycline-class antibiotics) being taken for treatment or prevention of a health condition (e.g., malaria prophylaxis, acne, rosacea)
5. avoid taking calcium containing supplements, antacids, multivitamins, or calcium rich foods including dairy products within 2 hours of taking doxycycline as this may reduce efficacy
6. advise client regarding side effects as indicated in manufacturer's leaflet or other agency approved medication reference for any treatment or medication prescribed
7. advise client that they may experience side effects such as: rash or skin sensitivity to light

8. Advise client to seek immediate medical evaluation if they develop new refractory headaches or visual changes as intracranial hypertension is a rare but serious adverse effect of doxycycline
9. **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**
10. reinforce counseling by providing client with the appropriate medication teaching sheet(s)

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 or another medication in same antibiotic class as the medication provided in the standing orders
2. **DO NOT ADMINISTER TREATMENT** and consult the medical provider if any of the following conditions are present:
 - oral temperature $\geq 101^{\circ}$ F measured on exam
 - scrotal pain or swelling
 - client is seeking service but reports clinical symptoms of current STI

F. Follow-up requirements:

1. Refills of doxycycline should be dependent on clients adhering to recommended STI/HIV screen every 3months.
2. Reassess doxyPEP usage, side effects, and continued need at each three-month STI/HIV screening follow up

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)