Gonorrhea (GC) and Verified GC 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:

- genital discharge with or without dysuria
- female genital itching or dyspareunia
- male intrameatal itching
- asymptomatic with exposure at one or more sites (most commonly seen with female urogenital infections, and rectal and pharyngeal infections for both males and females)

*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 of the four criteria listed below:

1. Gram-negative intracellular diplococci (GNID) on a urethral smear obtained from a male
2. *N. gonorrhoeae* positively identified by Nucleic Acid Amplification Test (NAAT) from the urine, vaginal, urethral, pharyngeal or rectal site of a male or female
3. *N. gonorrhoeae* presumptively identified by isolation of typical gram-negative, oxidase positive diplococci by culture from a vaginal, cervical or urethral culture
4. *N. gonorrhoeae* growth confirmed by the North Carolina State Lab of Public Health (NCSLPH), qualified local lab staff or a CLIA approved reference lab, as identified in local policy, from any urogenital or extragenital site

Verified Partner Criteria

The STD ERRN or RN must assess for recent (within 60 days) exposure to Gonorrhea, or if no reported partners within the preceding 60 days, partner(s) of last sexual encounter to Gonorrhea. At least one of the three findings below must be documented and verified before implementing treatment for an asymptomatic contact:

1. client presents a state or county issued partner referral card
2. client provides name of sex partner(s) and public health nurse confidentially verifies diagnosis of named sex partner by NC Electronic Disease Surveillance System (NC EDSS), county health department electronic medical record, or by calling the medical provider of named partner (index case)
3. a 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.

When Chlamydia has been ruled out:

1. In persons weighing >45 kg and <150 kg administer **Ceftriaxone** 500 mg IM as a single dose.
2. In persons weighing ≥150 kg administer **Ceftriaxone** 1gram IM as a single dose.

When Chlamydia has NOT been ruled out:

3. For non-pregnant clients when chlamydia has not been ruled out in persons weighing >45 kg and <150 kg, administer **Ceftriaxone** 500 mg IM as a single dose AND dispense **doxycycline** 100 mg orally twice daily for 7 days.
4. For non-pregnant clients when chlamydia has not been ruled out in persons weighing ≥150 kg, administer **Ceftriaxone** 1 gram IM as a single dose AND dispense **doxycycline** 100 mg orally twice daily for 7 days.

When Chlamydia has NOT been ruled out and client is pregnant:

5. For treatment of pregnant clients weighing >45 kg and <150 kg when chlamydia has not been ruled out, administer **Ceftriaxone** 500 mg IM in a single dose AND **azithromycin** 1 gram orally in a single dose.
6. For treatment of pregnant clients weighing ≥150 kg when chlamydia has not been ruled out, administer **Ceftriaxone** 1gram IM in a single dose AND **azithromycin** 1 gram orally in a single dose.

Alternative regimens for uncomplicated gonococcal infections of the cervix, urethra, or rectum if ceftriaxone is not available: (check qualifiers for each regimen closely!)**

1. For nonpregnant clients administer Gentamicin 240 mg IM as a single dose plus azithromycin 2 g orally as a single
2. For nonpregnant clients when chlamydial infection has not been ruled out, administer Cefixime 800 mg orally as a single dose AND dispense doxycycline 100 mg orally twice daily for 7 days.
3. For pregnant clients when chlamydial infection has not been ruled out, administer Cefixime 800 mg orally as a single dose AND azithromycin 1 gram orally in a single dose.
4. For pregnant clients when chlamydial infection HAS been excluded, administer Cefixime 800 mg orally as a single dose

**No reliable alternative treatments are available for pharyngeal gonorrhea. For persons with a history of a beta-lactam allergy, a thorough assessment of the reaction is recommended. For more information, see the current STI Treatment Guidelines. For persons with an anaphylactic or other severe reaction (e.g., Stevens-Johnson syndrome) to ceftriaxone, consult an infectious disease specialist for an alternative treatment.

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 the 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 NCSD website: TellYourPartner.org |NCSD (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. **contact LHD for further instructions if symptoms persist, worsen, or re-appear within two weeks after treatment**
11. **contact LHD immediately if client develops oral temperature ≥ 101° F.**
12. **seek urgent or emergency care if abdominal pain develops**
13. **seek urgent or emergency care if testicular pain develops**

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 ceftriaxone advise client that they may experience side effects such as soreness at the injection site.
4. if treating with doxycycline:
    - advise client that they may experience side effects such as: rash or skin sensitivity to light.
    - 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.
5. if treating with azithromycin advise client that they may experience side effects such as: nausea, vomiting, cramps, diarrhea, or headache.
6. 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
7. **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 ≥ 101° F**
8. 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 provided in the standing orders.
2. If the client weighs less than 45 kg, consult medical provider for appropriate treatment dosage.
3. DO NOT ADMINISTER TREATMENT and consult the medical provider if any of the following conditions are present:
    - acute abdominal pain or rebound tenderness on exam
    - adnexal tenderness on exam
    - cervical motion tenderness on exam
    - sustained cervical bleeding on exam
    - ANY reported vaginal spotting/bleeding by a pregnant client
    - oral temperature ≥ 101^{o} F measured on exam
    - client has an IUD
    - scrotal pain or swelling
    - if the client has a history of anaphylaxis, Stevens-Johnson syndrome, or toxic epidermal necrolysis when given a penicillin and/or cephalosporin medication.
    - client is seeking service when they have persistence or recurrence of symptoms after initial treatment is completed and without re-exposure
    - client is seeking service because of a repeated positive culture or positive NAAT at least two weeks after initial treatment is completed and without re-exposure. In this circumstance, also contact the Epi-on-call with the Communicable Disease Branch to discuss possible testing for drug resistance after consulting with a Branch physician

F. Follow-up requirements:
    1. Return to clinic 14 days after treatment completion for test of cure (TOC) if gonococcal infection was of the pharynx, regardless of treatment regimen used.
    2. Clients treated for a positive Gonorrhea test should be rescreened upon any encounter greater than 3 months to 12 months after treatment.
    3. Assure disease reporting occurs via the NC EDSS with entry of lab test results and treatment information within 30 days.
    4. Document the rationale in NC EDSS if the treatment given is not first-line or one of the alternative regimens recommended in the most current CDC STD treatment guidelines.
    5. Retreat all contacts if index case is determined to be a treatment failure by the medical provider. Consult the medical provider for individual orders for retreatment.

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)