

Pelvic Inflammatory Disease (PID) and Verified Contact to PID 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

Pelvic Inflammatory Disease (PID) comprises a spectrum of inflammatory disorders of the upper female genital tract. Acute PID is difficult to diagnose due to the wide variation in symptoms and signs associated with the condition. Because of difficulty in diagnosing PID and the potential for damage to the reproductive health of women when left untreated, health care providers should maintain a low threshold for the diagnosis of PID.

A STD ERRN cannot diagnose PID. If the STD ERRN identifies symptoms suggestive of PID during the medical history (see subjective findings below) and/or signs suggestive of PID during the examination (cervical motion tenderness on speculum or bimanual examination, uterine tenderness during bi-manual exam, or adnexal tenderness during bi-manual exam) they should consult with a medical provider during that same clinic visit.

If the client is pregnant or pregnancy status is unknown and PID is suspected, the ERRN should immediately consult with a medical provider prior to performing the physical exam.

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 reports one or more of the following:

- lower abdominal pain
- pelvic pain
- abnormal vaginal discharge
- fever (oral temperature $>101^{\circ}\text{F}$)
- abnormal vaginal bleeding
- dyspareunia
- 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).

Objective Findings

1. Physician or Advanced Practice Provider diagnosis of PID documented in the client clinical record.

Verified Criteria for Contacts

The STD ERRN or RN must assess, document and verify at least one of the three findings below before implementing treatment for an asymptomatic contact with exposure within the preceding 60 days (or if the woman's last sexual intercourse was greater than 60 days before the onset of symptoms or diagnosis, the most recent sex partner).

1. client presents with a state or county issued partner referral card, or
2. client provides name of sex partner and public health nurse confidentially verifies diagnosis of named sex partner in NCEDSS, county health department electronic medical record, or by calling the medical provider of named partner (index case), or
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. PID:

A registered nurse employed or contracted by the local health department may administer treatment, dispense treatment, or provide a physician prescription for the client as directed by an authorized agency provider for PID by standing order, after the medical provider records a diagnosis of PID in the medical record, for clients not allergic to cephalosporins, doxycycline or metronidazole.

1. For nonpregnant clients weighing ≥ 45 kg and < 150 kg:

Ceftriaxone 500 mg IM in a single dose
PLUS
Doxycycline 100 mg PO BID X 14 days
PLUS
Metronidazole 500 mg PO BID X 14 days

2. For nonpregnant clients weighing ≥ 150 kg:

Ceftriaxone 1 gram IM in a single dose
PLUS
Doxycycline 100 mg PO BID X 14 days
PLUS
Metronidazole 500 mg PO BID X 14 days

B. Verified Contact to PID:

A registered nurse employed or contracted by the local health department may administer treatment, dispense treatment, or provide a physician prescription for the client as directed by an authorized agency provider by standing order when criteria from the Verified Criteria for Contacts section are met and client is not allergic to cephalosporins or doxycycline.

1. For nonpregnant contacts weighing ≥ 45 kg and < 150 kg:

Ceftriaxone 500 mg IM in a single dose
PLUS
Doxycycline 100 mg PO BID X 7 days

2. For nonpregnant contacts weighing ≥ 150 kg:

Ceftriaxone 1 gram IM in a single dose
PLUS
Doxycycline 100 mg PO BID X 7 days

Nursing Actions

A. Read and Review

1. manufacturer’s leaflet for medication/treatment.

B. Provide to client:

1. information about the physical examination findings and any 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. **contact LHD for further instructions if symptoms persist, worsen, or reappear within 48 hours after treatment. Seek urgent or emergency care if outside of LHD business hours.**
11. **contact LHD for further instructions if unable to tolerate the daily oral medication(s).**
12. **contact LHD immediately if client develops an oral temperature $\geq 101^{\circ}$ F. Seek urgent or emergency care if outside of LHD business hours.**
13. **seek urgent or emergency care if abdominal pain develops or worsens**

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 metronidazole:
 - advise client that they may experience side effects such as metallic taste, nausea, vomiting, cramps, or diarrhea
 - advise client that due to lower concentrations of metronidazole in breastmilk, when receiving 500mg BID, the breastfeeding client **DOES NOT** have to discard breast milk while taking metronidazole
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 $\geq 101^{\circ}\text{F}$**
7. reinforce counseling by providing client with appropriate medication teaching information in writing

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 client has IUD, close medical follow-up is recommended; ask the medical provider when they would like the client to return
3. **DO NOT ADMINISTER TREATMENT** and consult with medical provider, if any of the following conditions are present:
 - client report of acute abdominal tenderness
 - oral temperature $\geq 101^{\circ}\text{F}$
 - ANY reported vaginal spotting/bleeding by a pregnant client
 - nausea and/or vomiting
 - pregnancy or suspected pregnancy

F. Follow-up requirements:

1. client who was treated for PID, with a positive lab result of any pathogen, should be rescreened upon any encounter at 3 months after treatment
2. assure disease reporting occurs via the NC Electronic Disease Surveillance System (NC EDSS) with entry of relevant positive and negative lab test results, and treatment provided (within 30 days).
3. if client tests positive for Chlamydia and/or Gonorrhea, assure disease reporting of one or both in NC EDSS as separate disease events, in addition to PID report

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)