Persistent Nongonococcal Urethritis (PNGU) and Verified PNGU 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

Male clients must meet both of the following criteria to be evaluated for Persistent or Recurrent NGU (PNGU):

- persistent or recurrent symptoms greater than one week after successfully completing the first-line or alternative NGU treatment regimen, per CDC STI Treatment Guidelines, and
- client has not been sexually active during or since treatment was completed

Subjective Findings*

Client who presents with history of one or more of the following signs or symptoms greater than one week after completing NGU treatment and has not been sexually active:

1. urethral discharge
2. continued dysuria
3. intrameatal itching
4. perineal, penile or pelvic pain

*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 the below physical exam criterion indicative of continued urethral inflammation:

1. Physical exam reveals a mucoid, purulent, or mucopurulent urethral discharge (this includes discharge produced by milking the penis)

PLUS, one (1) of the laboratory criteria listed below:

1. Gram stain demonstrating ≥ 2 WBC per oil immersion field without the presence of Gram-Negative Intracellular Diplococci (GNID) and a negative GC culture or NAAT result from specimen collected at time of original NGU diagnosis, **OR**
2. Microscopic examination of first void urine or urine collected ≥ one hour since last voiding demonstrates ≥ 10 WBC per high-power field and a negative GC culture or NAAT at time of original NGU diagnosis

Verified Criteria for Contacts

For a male or female client with exposure to PNGU, the STD ERRN or RN must assess, document, and verify at least one of the three findings below before implementing treatment.

1. client presents with documentation (i.e., medication prescription or clinical note) of being treated as a contact to the original NGU case within the exposure and treatment timeframe of the original case, or
2. client provides name of sex partner and public health nurse confidentially verifies diagnosis of named sex partner in NC EDSS, county health department electronic medical record, or by calling the medical provider of named partner (index case), or
3. client is referred by a medical provider or Disease Intervention Specialist (DIS)

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, dispense, 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 PNGU client who has female sex partners and was treated with doxycycline at time of initial NGU diagnosis, treat PNGU with:
    - Metronidazole 2 grams orally in a single dose, OR**
    - Tinidazole 2 grams orally in a single dose

    **medical director must choose which treatment regimen to include in this standing order. It is not within a nurse's scope of practice to make a treatment decision.

2. For PNGU client who has female sex partners and was treated with azithromycin at time of initial NGU diagnosis, treat PNGU with:
    - Doxycycline 100 mg orally twice daily for 7 days, **PLUS**
        - Metronidazole 2 grams orally in a single dose, **OR****
        - Tinidazole 2 grams orally in a single dose

    **medical director must choose which treatment regimen to include in this standing order. It is not within a nurse's scope of practice to make a treatment decision.

3. In men who have PNGU despite completion of regimen 1 or 2 above, or in men where *T. vaginalis* infection is unlikely (MSM or a negative *T. vaginalis* NAAT) the most common cause of persistent or recurrent NGU is *M. genitalium*, therefore testing for *M. genitalium* should be done when available. For empiric coverage of *M. genitalium* infection when testing is not available, treat with:
    - **Doxycycline***** 100 mg orally twice daily for 7 days followed by **moxifloxacin** 400 mg orally once daily for 7 days.

        *** Even if doxycycline was used to treat the initial NGU.

4. For female contact to PNGU client treat with:
    - Doxycycline 100 mg orally twice daily for 7 days, **AND**
    - Metronidazole 500 mg orally twice daily for 7 days

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
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. 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 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 metronidazole:
    - advise client that they may experience side effects such as metallic taste, nausea, vomiting, cramps, or diarrhea
    - review client history regarding alcohol usage and recommend:
        - delaying the start of treatment until at least 24 hours after last alcoholic beverage, and
        - refraining from alcohol use during treatment with metronidazole, and
        - refraining from alcohol use for 24 hours after the last dose of metronidazole
    - 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

5. if treating with azithromycin advise client that they may experience side effects such as nausea, vomiting, cramps, diarrhea, or headache.
6. if treating with moxifloxacin:
    - advise client that they may experience side effects such as nausea, vomiting, cramps, diarrhea, or headache, or weakness.
    - recommend drinking plenty of fluids while taking this medication
    - recommend taking this medication at least 4 hours before or 8 hours after taking other products that may decrease moxifloxacin's effectiveness. Examples of these products include, but are not limited to: quinapril, sucralfate, vitamins/minerals (including iron and zinc), and products containing magnesium, aluminum, or calcium.

7. 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
8. **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**

E. Criteria for Notifying the Medical Provider

1. Contact the medical director or 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 for the medication provided in the standing orders.
2. Contact the medical director or medical provider for treatment order if client has positive *M.genitalium* test.
3. DO NOT ADMINISTER TREATMENT and consult the medical director or medical provider, if any of the following conditions are present:
   - oral temperature ≥ 101° F
   - scrotal pain or swelling
   - abdominal, adnexal, or cervical motion tenderness on examination
   - sustained cervical bleeding
   - ANY cervical bleeding during pregnant exam
   - client is **allergic** to any of the medications ordered
   - contact to PNGU is pregnant and allergic to azithromycin

F. Follow up

1. If the client meets criteria for retreatment of PNGU, a new event does not need to be created in the NC Electronic Disease Surveillance System (NC EDSS). The original event will need to be reopened and additional labs and treatment entered.

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)