CUC STD treatment checklist

For YOUR PATIENT

1. Contact patient:

\***Do not disclose to parent unless patient explicitly consented.**

* 1. Call pt cell
  2. OR Call home #, ask to speak with patient🡪 ensure they’re **alone**

If parent asks why you’re calling, can say you’re following up on visit, etc.

* 1. OR Call the patient’s **school nurse** and get patient on the phone
  2. OR If you can’t get in touch 🡪 See STEP 4

1. Educate re:
   1. **Infection**
   2. **Transmission**
   3. **Treatment** for them AND treatment for partner🡪 see below
   4. **Overall Sexual Health, risk reduction**
      1. If bacterial STI 🡪 qualifies for PREP 🡪 Immunology x5284 or give patient PrEP cell (Hotline) is 267-441-8332
      2. Consider IPV screen
      3. Need for ECP supply at home? 🡪 consider rx for PlanB
      4. Need for Contraception? Consider rx or FP referral
      5. Condoms? TakeControlPhilly.com
2. Treatment:

Medications: <https://www.cdc.gov/std/treatment-guidelines/toc.htm>

* 1. Ideal situation: Appointment in Family Planning Adolescent Program
     1. Why? **Additional** testing, in-office treatment, education, ongoing care
     2. **Patient** calls 215 427 3802 or **you** call front desk x3803 to facilitate
     3. OR message Latanya Southerland Deeb or Jessica Velazquez
     4. **To see visit: add yourself to Care Team, re-open chart, break glass**
  2. Next best: Send prescription to patient’s pharmacy
     1. If privacy is a concern (if you don’t want the RX in Epic in off-chance parent would see it)🡪 consider faxing or calling in prescription **but document in chart that you did so**
     2. Consider calling pharmacy to ensure med picked up
     3. Consider calling patient to ensure med taken

1. Notify Health Department 🡪 Genpeds.com 🡪 Teen button 🡪 STD Reporting form
   1. YOU MUST REPORT INFECTION regardless of whether patient treated
   2. CUC provider completes and faxes (not Adolescent)
   3. If patient didn’t get treated, indicate so, DOH will attempt to reach them
2. Patient Follow up
   1. Needs re-screening in 3-6 months in CUC or Adolescent

For the PARTNER(S) – any sexual partner within past 60 days

1. IDEAL SITUATION: In-person visit for treatment and services
   1. If <22 years 🡪 Facilitate appointment at Adolescent Medicine
   2. If > 22 years🡪 Refer to Phila Department of Health OR partner’s doctor OR AccessMatters Hotline (CHOICE) You can contact the AcccessMatters' Information Hotline (formerly CHOICE) by text! Text “AskItMatters” to 66746 for free, confidential, and accurate sexual and reproductive health information you can use. Or call 215-985-3300
2. SLIGHTLY LESS THAN IDEAL: Expedited Partner Treatment for GC or CT only
   1. See DOH Guideline on Genpeds.com for full recommendations
   2. Useful if **patient serially re-infected and/or partner won’t seek care**
   3. Try to get partner’s name and DOB and allergies if possible
   4. Can call / fax in Rx to local pharmacy for oral treatment
   5. If name unknown, can write “E.P.T.” in Name section on Rx,
   6. Document your “good faith” efforts in patient’s chart (consider in Confidential History and/or in a phone call write CONFIDENTIAL at the top)

<https://www.health.pa.gov/topics/Documents/HAN/2022-673-11-15-ADV-EPT.pdf>

**EPT Treatment Recommendations and Management of Sex Partners**

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**Gonorrhea EPT**: Treatment:

EPT is recommended only for individuals suspected or exposed to uncomplicated gonococcal infection of the cervix, urethra, or rectum.

Cefixime\* 800 mg orally in a single dose\* should be used.

EPT is **not recommended** for any person suspected with pharyngeal gonorrhea. Individuals suspected of pharyngeal gonorrhea should be clinically examined, tested, and clinically treated with the following:

Ceftriaxone 500 mg\* IM in a single dose for persons weighing <300 Pounds For persons weighing ≥300 pounds, 1 g ceftriaxone should be administered

Any person suspected to have pharyngeal gonorrhea should return 7–14 days after initial treatment for a test of cure by using either culture or NAAT (Nucleic Acid Amplification Test)

Follow-Up:

A test of cure (i.e., repeat testing after completion of therapy) is unnecessary for persons who are suspected of having uncomplicated urogenital or rectal gonorrhea and who receive EPT. All individuals receiving EPT should be strongly encouraged to get tested for syphilis and HIV as soon as possible.

**Chlamydia EPT**:  
Treatment:  
EPT Treatment Among Adolescents and Adults Doxycycline 100 mg orally 2 times/day for 7 days

Alternative Regimens:  
Azithromycin 1 g orally in a single dose

or  
Levofloxacin 500 mg orally once daily for 7 days Follow-Up:

A test of cure (i.e., repeat testing after completion of therapy) is unnecessary for persons who are suspected of having chlamydia and who receive EPT treatment. All individuals receiving EPT should be strongly encouraged to get tested for syphilis and HIV as soon as possible.