 **Chlamydia Standing Order**

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| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| **Standing Order Name** | Chlamydia  |
| **Rationale** | To promptly and appropriately treat patients with chlamydia and follow-up of contacts |
| **Scope (condition and patient group)** | Adult patients presenting with either signs and symptoms of chlamydia or have had unprotected sex with someone who has been treated with chlamydia. |
| **Red Flags** | Differential diagnosis with other sexual transmitted diseases.  |
| **Assessment** | Symptoms and signs* Chlamydia infection commonly has no signs or symptoms. Symptoms are non-specific.

Females1. Check for history of vaginal discharge, dysuria, abnormal or inter-menstrual bleeding, lower abdominal pain. 2. Examination: * Obs including temperature, pulse, BP
* Exclude pregnancy.
* If patient is asymptomatic, perform a clinician-collected or a self-collected vulvovaginal nucleic acid amplification test (NAAT) chlamydia swab.
* If anal receptive sex, arrange an anorectal swab for chlamydia and gonorrhoea.
* If symptomatic, medical or nurse practitioner examination is necessary.
* Pelvic bimanual examination if symptoms suggestive of Pelvic Inflammatory Disease (PID).

Males1. Check for history of urethral discharge, dysuria, urethral irritation, testicular pain and/or swelling. 2. Examination: * Check for urethral discharge (may be clear, milky, or mucopurulent).
* Signs of epididymo-orchitis.
* First catch urine – first 15 to 30 mL of urinary stream, preferably at least 1 hour after patient has last passed urine.

Note: Rectal infection is also transmitted through finger insertion, toy insertion, or oral-anal sex. Rectal infections in both sexes are usually asymptomatic, but may present with anal discharge, anal bleeding, or proctitis. If present need a GP or NP assessment. |
| **Indication** | **Treatment of uncomplicated chlamydial infections**  |
| **Medicine** | **Doxycycline** 100mg tablets |
| **Dosage instructions** | 100mg TWICE daily for 7 days |
| **Route of administration** | Oral |
| **Quantity to be given** | 14 x 100mg tabs |
| **Contraindications** | Allergy to tetracyclinesPregnancy or breastfeedingConcurrent use of retinoids or acitretins (vitamin A derivatives) |
| **Precautions** | * Iron and calcium tablets and antacids can reduce absorption
* Check [www.nzf.org.nz](http://www.nzf.org.nz) for other interactions
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| **Indication** | **2nd line treatment of uncomplicated chlamydial infections for patients non-compliant with doxycycline above** |
| **Medicine** | **Azithromycin** 500mg tablets |
| **Dosage instructions** | 1 g immediately |
| **Route of administration** | Oral |
| **Quantity to be given** | 2 x 500mg tablets |
| **Contraindications** | Concomitant colchicine in patients with hepatic or renal impairment (increased risk of colchicine toxicity) |
| **Precautions** | * Warfarin—monitor INR 3 days after starting antibiotics
* Check [www.nzf.org.nz](http://www.nzf.org.nz) for other interactions
* Pregnancy- category B1
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| **Indication** | **Alternative regimen in pregnancy (category A) or if azithromycin is contraindicated, to treat uncomplicated chlamydial infections** |
| **Medicine** | **Amoxicillin** 500mg capsules |
| **Dosage instructions** | 500 mg THREE times a day for 7 days |
| **Route of administration** | Oral |
| **Quantity to be given** | 21 x 500mg capsules |
| **Contraindications** | Allergy to penicillin |
| **Precautions** | * History of allergy
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| **Additional information** | For all complicated cases of chlamydia, (for example PID or rectal involvement) refer to a medical or nurse practitioner for a verbal order or review.Advise to use condoms or abstain from sex for 7 days after initiation of treatment, and until 7 days after all sexual contacts have been treated.Management of sexual contacts:* Patient to advise all sexual contacts in the last two months, and contacts should be treated empirically for chlamydia, without waiting for their test results.
* Advise index case to give patient information to contacts.
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| **Follow-up** | Follow up index case 7 days after treatment to ensure symptom resolution. Check treatment compliance, give results, and check contact notification and offer syphilis serology.Re-treatment is required if there has been any unprotected sex with untreated sexual contacts during the follow-up interval.Pregnant women must have a test of cure at least 5 weeks after initiation of treatment and be retested at the beginning of the third trimester as a test of re-infection. With permission, notify LMC to support re-testing. |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.**OR** Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | The New Zealand Sexual Health Society Incorporated [www.nzshs.org](http://www.nzshs.org) Family Planning at [www.familyplanning.org.nz](http://www.familyplanning.org.nz) Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz) Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz) New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz) Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz) Standing Order Guidelines, Ministry of Health, 2012Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | Dysuria- painful urinationMucopurulent – discharge containing mucus and pusCategory A- Drugs which have been taken by a large number of pregnant women and women of childbearing age without any proven increase in the frequency of malformations or other direct or indirect harmful effects on the foetus having been observed.Category B1 - Drugs which have been taken by only a limited number of pregnant women and women of childbearing age, without an increase in the frequency of malformation or other direct or indirect harmful effects on the human foetus having been observed. Studies in animals have not shown evidence of an increased occurrence of foetal damage. |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Nurses operating under this standing order** |

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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