



North Dakota Department of Health and Human Services (ND DHHS) - Family Planning Program
Standing Orders for Laboratory Testing for Chlamydia and Gonorrhea

Patient Eligibility:

The following patients are recommended by the Centers for Disease Control and Prevention (CDC) to be screened asymptotically for chlamydia and gonorrhea:

- Sexually active women aged ≤ 24 years of age are to be screened annually regardless of other risk factors.
- Anyone who is at increased risk of infection (e.g., those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection (STI)) is recommended to be screened at least annually or every three (3) to six (6) months.
- Sexually active men who have sex with other men are recommended to be screened at least annually or every three (3) to six (6) months if at increased risk, such as MSM on PrEP, with HIV infection, or if they or their sexual partners have multiple partners.
- Follow-up testing 3 months after treatment for anyone who previously tested positive for chlamydia or gonorrhea.
- Sexually active persons living with HIV, screened at first HIV evaluation, and at least annually thereafter.
- Follow-up testing 14 days after treatment for anyone who previously tested positive for **pharyngeal gonorrhea**.

All patients eligible for testing must provide consent for services. Consent is to be documented in the patient's medical record.

Patient Exclusion:

- If ANY signs or symptoms of genital /pelvic infection, must refer to a healthcare provider.

Patient Education:

Patients must be educated on the following:

1. How STI testing is performed (i.e., specimen collection, testing processes, expected time to result, how results are reported to the patient).
2. What the expectation and timeline is to return for treatment if the result is positive
3. To abstain from all sexual activity until test results are complete.
4. Safe sex education on how to prevent future STI infections (i.e., condom use, abstinence, monogamous partners who know STI status)
5. Signs and symptoms of infection. Patients must be informed that if any signs or symptoms are present of genital/pelvic infection post-evaluation, they must seek the care of a healthcare provider.

Nursing Action:

1. Registered Nurses must assess patients for symptoms indicative of an infection or serious medical problem. All patients who present symptomatically will be referred for



examination by a clinician. This may include referral to urgent care/ emergency department for severe symptoms if no clinician is available on site.

2. Sexual history to include the 5 P's (as stated in the CDC MMWR STD Treatment Guidelines, 2022): types of sexual partners, types of sexual practices, how are they preventing pregnancy, how are they protecting themselves from STIs, and their history of STIs.)
3. Based on the patient's sexual practices, below are the recommended sites for specimen collection. These may include one or all sites:
 - For insertive or receptive vaginal sex or insertive rectal sex—Urine
 - For receptive oral sex—A self-collected Oropharynx swab
 - For receptive rectal sex—Self-collected Rectal swab
 - For receptive vaginal sex—Self-collected Vaginal swab

Patients who are to self-collect specimens will be educated on how to perform the specimen collection and will be provided an illustrated guide on the appropriate technique.

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4. Provide the patient with instructions on specimen collection for one or more of the following laboratory tests:
 - Gonorrhea and Chlamydia testing by urine
 - Gonorrhea and Chlamydia testing by self-collection oropharyngeal swab
 - Gonorrhea and Chlamydia testing by self-collection rectal or vaginal swab

Signature _____ Date _____
Agency Medical Director