

North Dakota Department of Health (NDDoH) – STD Program

Standing Orders for the Treatment of Gonorrhea

Patient Eligibility:

- No allergies to medications.
- Indicated for patients with a positive test for gonorrhea
OR
- recent exposure (within 60 days) to a known positive case of gonorrhea.
 - Patient provides the name of sexual partner and the Registered Nurse verifies diagnosis of named sexual partner with NDDoH, ND Health Information Network (NDHIN) or by calling the medical provider of the sexual partner.

Patient Exclusion:

- If **ANY** allergies to medications must call healthcare provider to receive a verbal or written order for treatment.
- If **ANY** signs or symptoms of genital /pelvic infection, must refer to healthcare provider.
- If patient is pregnant or breastfeeding, must refer to a healthcare provider.

Patient Education:

1. Provide and review with patient the following fact sheet: Gonorrhea - CDC Fact Sheet, <https://www.cdc.gov/std/gonorrhea/Gonorrhea-FS.pdf>.
2. Prevention of future STI's and risks of untreated STI's.
3. Instructions on the medication (to include benefits, risks, side effects, warning signs). <https://medlineplus.gov/druginfo/meds/a685032.html>
4. **Do not have sex for 7 days after you and your partner(s) finish the medicine.**
5. Provide patient with condoms for correct and consistent use post treatment.
6. Obtain names of all sexual contacts from the last sixty days and complete the NDDoH-STD Report Form for Healthcare Providers and fax to local epidemiologist.
7. Return for test of cure 14 days after treatment if positive for **pharyngeal** gonorrhea.
8. Retest 3 months after treatment. If retesting at 3 months is not possible, the patient should be retested whenever they present for medical care in the 12 month period following initial treatment.

Nursing Action:

Registered Nurse may treat any eligible patient as defined above after notification to the healthcare provider of the positive test result.

Registered Nurse must document the client's treatment in the client's medical record and signed off by the provider with prescriptive authority.

Administer: **Ceftriaxone 500mg IM in a single dose**
(for persons weighing <150 kg (330 lbs))

OR

Ceftriaxone 1g IM in a single dose
(for persons weighing ≥ 150 kg (330 lbs))

Signature_____ Date_____
Agency Medical Director