

Early Syphilis (Duration less than one year) (Primary, Secondary, Early Latent Syphilis), or Verified Contact to Early Syphilis 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 for STI testing

It is expected that clients with severe symptoms or symptoms suggestive of STIs other than syphilis should be referred to a healthcare provider. If the only symptoms present are mild, subjective findings consistent with syphilis, referral is not required. It is strongly recommended that all asymptomatic clients receive a physical examination and appropriate STI testing.

Patient Eligibility

Subjective Findings*

Clients may present with the following history:

1. genital sore(s) within the last 12 months
2. rash on hands, feet, and/or body within the last 12 months
3. asymptomatic, partner to a confirmed syphilis case

*Subjective findings alone do not meet the ND Board of Nursing requirement for treatment by a registered nurse (RN). The RN must assess and document at least one objective finding listed below before implementing treatment for an asymptomatic verified contact or case.

Objective Findings

Documented laboratory results consistent with a confirmed or probable diagnosis:

1. Confirmed Diagnosis:
 - a. positive Darkfield microscopy (if available) - *T. pallidum* detected from lesion exudate (anogenital ulcers or condyloma lata), OR
 - b. Positive polymerase chain reaction (PCR) or equivalent direct molecular method - *T. pallidum* detected in any clinical specimen
2. Probable Diagnosis:
 - a. Reactive rapid EIA on client without previous history of syphilis

OR

- b. A **reactive** quantitative non-treponemal test (TRUST, RPR, VDRL)

PLUS at least one of the following:

- Reactive qualitative treponemal EIAs (Trep-Sure, Trep-Check or Trep-ID) test

OR

- Reactive second treponemal test that uses a different antigen platform
 - syphilis-G enzyme immunoassay (CAPTIA),
 - treponema chemiluminescent assay (CLIA),
 - treponema pallidum particle agglutination assay (TP-PA),
 - fluorescent treponemal antibody absorbed (FTA-ABS)

Patient Education

A. Provide to client:

1. information about the physical examination findings and any 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.

B. Educate client to:

1. abstain from sexual intercourse until treatment has been completed by client and all sex partner(s) **and** all lesions have resolved. Use the longest timeframe before engaging in sexual activities to decrease chances of re-infection
2. consistently and correctly use disease prevention barrier methods (e.g. condoms, dental dams).
3. notify sex partner(s) of need for assessment and treatment to prevent further spread of infection
4. 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.
5. keep scheduled follow-up appointments:
 - a. A person diagnosed with early syphilis should be reevaluated clinically and serologically at 6, 12, and 24 months after treatment until a 4-fold decrease in RPR/VDRL titer is documented.
 - b. Referrals for immunization, contraception, etc.
6. contact LHD for further instructions if unable to tolerate the daily oral medication(s).
7. contact their private provider or present to the closest emergency department as soon as possible if client experiences vision changes, hearing loss, severe headache with stiff neck,

C. Medication Counseling:

1. inquire about and document the type of reactions/side effects 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. Counsel client on possibility of developing the Jarisch-Herxheimer reaction within 24 hours of treatment for syphilis.
 - symptoms may include fever, malaise, headache, musculoskeletal pain, nausea, and tachycardia
 - a primary lesion may swell, and the lesions of secondary syphilis may increase or appear for the first time
 - reassure the client that if this occurs, it is normal, and they should drink fluids and take oral analgesics if needed
4. **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 $\geq 101^{\circ}$ F after taking medication.**
5. reinforce counseling by providing client with appropriate medication teaching information in writing

Patient Exclusion

DO NOT ADMINISTER TREATMENT and consult with medical provider, if any of the following conditions are present:

- client is pregnant
- client is currently symptomatic for syphilis or any other STI infection
- client complains or has a history of neurologic changes (i.e. headache, fever, photophobia, stiff neck, nausea, vomiting, difficulty seeing, difficulty hearing, double vision or seeing "floaters", difficulty walking, difficulty thinking, bizarre behavior, facial paralysis, tremors)
- oral temperature $\geq 101^{\circ}$ F
- client has HIV infection
- client is allergic to Penicillin
- client has a history of a Jarisch-Herxheimer reaction
- client has signs or symptoms that persist or recur after treatment

- client has a four-fold increase from the initial (pre-treatment) RPR titer after therapy (suspect reinfection or treatment failure)
- RPR titers fail to have a four-fold decrease within 12 months after treatment (suspect treatment failure)
- syphilis patient is less than 14 years old
- client has a rash and is suspected of having secondary syphilis even if RPR is negative

Nursing Action

Precautions and Contraindications:

Before implementing this Standing Order:

1. Review **Patient Exclusion** section. If the client meets any of those criteria, immediately consult with a medical provider for orders on how to proceed.
2. Read and be familiar with the manufacturer's leaflet for medications applicable to this standing order. Consult with the physician when the manufacturer's recommendations are incongruent with this standing order application.

Contact the medical provider if there is any question about whether to carry out any treatment or other provision of the standing order.

A registered nurse employed or contracted by [local health department] may administer treatment for primary, secondary or early latent syphilis by standing order for patients meeting criteria described above. Registered nurse must document the client's treatment in the client's medical record and make notification to the medical director.

1. Administer Benzathine penicillin G (Bicillin L-A), 2.4 million units IM (either as a single 2.4 mu injection or split into two (2) 1.2 mu* injections given in each buttock).
**preferred method of delivery for patient comfort*

Patient Follow-up

1. Refer client to NDHHS regional field epidemiologist for partner notification follow-up
2. Report laboratory results and treatment information to NDHHS in compliance with NDCC 23-07-01.

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, NDCC 43-12.1