



**GONOCOCCAL INFECTION - DIAGNOSED OR EPIDEMIOLOGIC
Urethral, Cervical, Rectal or Pharyngeal Infection**

DEFINITION	Infection of the lower genital tract or the throat with Neisseria Gonorrhoea. Treatment of gonococcal infection has changed-recently because of the recognition of significant sequela of infections and the emergence of antibiotic resistant strains. The CDC now recommends dual therapy.
SUBJECTIVE	May include: <ol style="list-style-type: none">1. No symptoms.2. Vaginal discharge, penile discharge.3. Lower abdominal pain, dysuria, malaise, nausea, pain on defecation, dyspareunia.4. Sore throat or difficulty swallowing after oral-genital contact.5. Partner with recent history of GC or other STD(s).6. Partner with dysuria or penile discharge.7. Menstrual changes8. Fever9. Joint pain or swelling
OBJECTIVE	May include: <ol style="list-style-type: none">1. Purulent vaginal discharge.2. Urethral discharge.3. Erythematous, tender cervix, or contact bleeding.4. Cervical motion tenderness.5. Adnexal or uterine tenderness.6. Swollen tonsils, exudate covering tonsils, erythematous throat.7. Exudate from rectum. Must exclude: <ol style="list-style-type: none">1. Suspect pyelonephritis with fever, tachycardia, CVA tenderness.2. Suspect PID with cervical motion tenderness, adnexal tenderness, lower abdominal tenderness.3. Suspect epididymitis with scrotal swelling.
LABORATORY	May include: <ol style="list-style-type: none">1. Positive gonorrhoea test.
ASSESSMENT	Gonococcal infection or epidemiologic gonococcal infection, known or suspected.

<p>PLAN</p>	<ol style="list-style-type: none"> 1. Treatment options include: <ol style="list-style-type: none"> a. Ceftriaxone 250mg IM in a single dose, PLUS azithromycin 1g orally in a single dose, or doxycycline 100mg bid times 7 days. OR if not an option: Cefixime (Suprax) 400 mg PO in a single dose, PLUS azithromycin 1 g orally in a single dose or doxycycline 100mg bid times 7 days. OR: Single-dose injectible cephalosporin regimens PLUS azithromycin 1g orally in a single dose or doxycycline 100mg bid times 7 days. *This regimen is recommended all adult and adolescent populations regardless of travel history or sexual behavior. * Several other antimicrobials are considered active against N. gonorrhoeae but should not be used if pharyngeal infection is suspected. Some evidence indicates that cefpodoxime 400mg and cefuroxime axetil 1g might be oral alternatives. b. Uncomplicated Gonococcal infections of the pharynx: Ceftriaxone 250mg IM in a single dose PLUS azithromycin 1g orally in a single dose or doxycycline 100mg bid times 7 days. b. Pregnant women should not be treated with quinolones or tetracyclines – use a recommended cephalosporin. 2. Screen for other STDs and treat appropriately. 3. Refer sexual partner(s) in last 60 days for evaluation and treatment. 4. Prenatal clients with positive cultures early in pregnancy should have another GC culture obtained late in the third trimester. 5. Clients who have gonococcal infection and also are infected with HIV should receive the same treatment regimen as those who are HIV negative. 6. May include re-examination three weeks after therapy to rule out re-infection or therapy failed.
	<ol style="list-style-type: none"> 1. Provide client education handout(s) with review of symptoms, treatment options, and medication side effects. 2. Advise client to avoid intercourse or use condoms until course of treatment completed for client and partner(s). 3. Stress necessity of treating sexual partner(s). 4. Review safer sex education, as appropriate. 5. Instruct client to seek immediate care if she develops symptoms of PID such as fever, abdominal pain or vomits her medication. 6. Recommend client RTC PRN if symptoms reoccur.
<p>CONSULT / REFER TO PHYSICIAN</p>	<ol style="list-style-type: none"> 1. Clients whose symptoms or signs do not resolve following treatment.

Revised 10/11

References:

1. MMWR December 17, 2010, Sexually Transmitted Disease Treatment Guidelines 2010; MMWR 2010, Vol 59, RR 12
2. Contraceptive Technology 19th Revised Edition. Hatcher, 2007, pp 540-541.