

North Dakota Department of Health (NDDoH) – STD Program
Standing Orders for the Treatment of Chlamydia

Patient Eligibility:

- Indicated for patients with a positive test for chlamydia (*C.trachomatis*).
- Recent exposure (within 60 days) to a known positive case of chlamydia.
 - Patient provides the name of sexual partner and the Registered Nurse verifies diagnosis of the named sexual partner with NDDoH or by calling the medical provider of the sexual partner.
- No allergies to medications.

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 healthcare provider.

Patient Education:

1. Provide and review with patient the following fact sheet: Chlamydia - CDC Fact Sheet, www.cdc.gov/std/chlamydia/Chlamydia-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/a697037.html>
4. **Abstain from sexual activity for seven days after treatment and for seven days after all sex partners have completed their treatment.**
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. 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.

Administer: Azithromycin 1 gram orally in a single dose
(This medication can be taken with or without food)

The Registered Nurse must observe the patient taking this medication (cannot be sent home for later use).

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

Signature_____ Date_____

Agency Medical Director