Appendix A: Standing Orders for Nurses STD Protocol Syphilis & Gonorrhea

I. Evaluation of Positive Syphilis or Contact to Syphilis

A. Staging in cases of known syphilis
- Primary – active chancre
- Secondary – characteristic body rash, condyloma lata, mucous patches, alopecia
- (hair loss)
- Early latent – less than 1 year since infected and asymptomatic now
- Late latent – greater than 1 year since infected and asymptomatic now
- Syphilis of unknown duration – unable to determine if infected > or < 1 year. Treat as if late latent syphilis but investigate as if early syphilis. This can be the most common diagnosis.
- Neurosyphilis possible: consult ID for possible lumbar puncture.
- Ocular syphilis: as for Neurosyphilis

**** Staging should not be based on the level of the RPR titer. While higher titers are generally associated with earlier stages of disease, this should not be used to establish staging for the purposes of individual treatment of a client.**

II. Treatment:

A. For all stages of syphilis, Penicillin is the treatment of choice. Compliance is especially important if an alternative multiple dose therapy is used (e.g., doxycycline); deletion of only a few doses or slight shortening of therapy significantly increases the failure rate. Order an RPR on or very near the day of treatment if it has been > 1 week since the last RPR to aid in interpreting follow up titers and response to therapy.
   a. Primary, secondary, or latent syphilis less than one year in duration
      i. **<u>Recommended Regimen</u>:**
         1. **Benzathine penicillin G 2.4 million units IM, single Dose**
   b. Alternative regimen: Doxycycline 100 mg PO BID for 14 days; use only if there is a real and documented history of a severe reaction to penicillin (e.g., dyspnea, severe rash, urticaria, angioedema, or anaphylaxis) and penicillin desensitization is impractical or not available; limited to reliable clients who will adhere to the entire course of therapy. Use of doxycycline should not be common in the treatment of syphilis. Do NOT use for pregnant clients (see below).
   c. Counsel all clients about the possibility of a Jarisch-Herxheimer reaction (common manifestations include fever, chills, malaise, headache, and exacerbation of skin rash); treatment with ibuprofen or another non-steroidal anti-inflammatory drug is indicated if symptoms appear.
   d. Penicillin G administered intramuscularly (IM) or intravenously (IV) is the preferred drug for treating all stages of syphilis. The preparation used (i.e.

Benzathine, aqueous procaine or aqueous crystalline), dosage and length of treatment depend on the stage and clinical signs of the disease.

e. Combinations of Benzathine penicillin, Procaine Penicillin and oral Penicillin preparations are not appropriate for the treatment of syphilis.

B. Primary and secondary syphilis treatment:
   - **a. Administer Benzathine Penicillin G (Bicillin L-A) 2.4 million units Intramuscularly (IM) in a single dose**
   - **b. For penicillin allergic patient administer regimens of:**
     - **i. doxycycline 100 mg orally twice daily for 14 days or**
     - **ii. Tetracycline 500 mg four times daily for 14 days.**
   - c. Compliance is likely to be better with doxycycline than tetracycline due to the gastrointestinal side effects and more frequent dosing of tetracycline.
   - d. Do not use Azithromycin as first-line treatment for syphilis, it should be used with caution only when recommended treatment options are not feasible.

C. Late latent syphilis (more than 1 year in duration) and syphilis of unknown duration, excluding Neurosyphilis
   - **a. Recommended Regimen:**
     - **i. Benzathine penicillin G 7.2 million units IM total, administered as 3 doses of 2.4 million units IM each at 1 week intervals. (Minimum time periods between injections of 6 days; maximum of 10 days).**
     - **ii. Treatment therapy for pregnant women will receive Benzathine Penicillin G 7.2 million units IM (Minimum time periods between injections of 6 days; maximum of 9 days).**
   - **b. Alternative regimen:**
     - **i. Doxycycline 100 mg PO BID for 28 days;**

D. Follow-up
   - a. People with primary and secondary syphilis should have both clinical and serologic evaluation at 6 and 12 months after treatment.
   - b. People with HIV infection should have both clinical and serological evaluation for treatment failure at 3, 6, 9, 12, and 24 months.
   - c. People with latent syphilis should have quantitative nontreponemal serologic tests repeated at 6, 12, and 24 months. CSF examination should be performed if serology fails to indicate response to treatment.
   - d. For more details on Follow up, see the CDC MMWR; Sexually Transmitted Diseases
   - e. Treatment Guidelines, 2015 (http://www.cdc.gov/std/tg2015/clinical.htm, pages 37-44.

E. Management of Partners
    a. All people who have had sexual contact with people with primary, secondary or latent syphilis should be examined clinically and serologically, and receive treatment based on:
        i. People who have had sexual contact with a person who receives a diagnosis of primary, secondary or early latent syphilis within 90 days preceding the diagnosis should be treated presumptively for early syphilis, even if the serologic test results are negative.
        ii. People who have had sexual contact with a person who receives a diagnosis of primary, secondary, or early latent syphilis >90 days before the diagnosis should be treated presumptively for early syphilis of serologic test results are not immediately available and the opportunity for follow-up is uncertain. If serologic tests are negative, no treatment is necessary.
        iii. If serologic tests are positive, treatment should be based on clinical and serologic evaluation and stage of syphilis.

II: Gonorrhea Treatment

A. Treatment for positive cases and their reported contacts/partners:
    a. Before administering Ceftriaxone IM to dorsogluteal site is administrated, inquiry should be made if patient is **allergic** to Ceftriaxone or Penicillin or has history of bleeding disorder/taking anticoagulants.

    b. If the patient reports a history of an **allergic reaction** to the medications or has a history of bleeding disorders/actively on anticoagulant medication, then the PHN will instruct the case or the reported contacts/partners to immediately report to preferred facility/clinic of choice.

    c. **Ceftriaxone (500 mg if weight < 150 kg, 1000 mg if weight >150kg) to be administered IM to dorsogluteal site one time for Gonorrhea. ,** and **two Epi pens** from pharmacy according to individual facility policy.
        i. Reconstitute ceftriaxone 500mg ordered for patients <150kg with 1% lidocaine reconstitute = to 1ml of lidocaine
        ii. Reconstitute ceftriaxone 1000mg ordered for patients >150kg with 1% lidocaine reconstitute = to 2ml of lidocaine

B. After administration of Ceftriaxone injections, the Public Health team must remain with the patient and/or contact for a minimum of 30 minutes to ensure no reaction to the injection has occurred. If there is a reaction, the PHN nurse will document the reaction and follow the emergency protocol specified for Suspected Acute Anaphylaxis in Adults.

References:

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