

**Inclusion Criteria:**

- Signs and symptoms of STI
- Risk factors for STI
- Patients that request STI testing

**Exclusion Criteria:**

- Pre-pubertal child

**Call SCAN provider on call**

- Treatments of the following:
  - Pelvic inflammatory disease
  - Epididymitis, orchitis, or proctitis
  - Immunocompromised patients
  - Hepatitis
- Alternative treatments are not included in this guideline
  - Refer to the [CDC STI Pocket Guide](#)

**Special Considerations:**  
 (consult Social Work for the following scenarios)

- Concern for abuse/assault
- Concern for human trafficking
- If pt age is < 17 years consider age of partner
- Patient has developmental delay
- Patient with known pregnancy

**\*Considerations for additional test sampling:**

- If testing for Gonorrhea and Chlamydia, test also for Trichomoniasis due to high prevalence in metro area
- Throat swab: Pharyngitis with sexual risk factors
- Anal/rectal swab: Sexual risk factors (e.g., MSM)

**Abbreviations (laboratory & radiology excluded):**

CPM = Care Process Model  
 MSM = men having sex with men  
 PCR = polymerase chain reaction  
 pt = patient  
 RPR = rapid plasma reagin  
 STI = sexually transmitted infection

Evaluate symptoms and/or risk factors to determine need for STI testing in pubescent patient  
*Private, confidential screening and documentation is recommended*  
[Optional Screening questions](#)

Pt presents **with** signs/symptoms of STI  
**OR** asymptomatic with STI risk factors  
**OR** requests STI testing

**STI Testing**  
 refer to [Confidentiality Tips](#)

1. Obtain verbal permission for testing from pt or caregiver
2. If confidential testing is requested:
  - Use confidential order set
  - Use protected provider note
  - Complete **Confidential Information Form** (found in orders or ad hoc)  
 Title X Sites should follow site-specific processes

*STI testing is not routinely performed in the urgent care clinic should follow steps below if testing is completed*

**STI Signs & Symptoms:**

**Female**

- Vaginal pruritus
- Vaginal discharge
- Inter-menstrual bleeding or menorrhagia
- Dysuria
- Urinary urgency/frequency
- Genital lesions - [Genital Lesions CPM](#)
- Abdominal/pelvic pain with no alternate diagnosis
- Cervical motion tenderness

**Male**

- Urethral discharge
- Unilateral testicular pain/swelling
- Dysuria
- Urinary urgency/frequency
- Painful ejaculation
- Genital lesions

**STI Risk Factors:**

- History of sexual activity
- Sexual assault
- Known or recent STI exposure
- Concern for pregnancy
- Concern for drug or alcohol use

**Male**

**Female**

**TESTING\***

- **Gonorrhea and Chlamydia**  
 PCR by first catch urine
- **Trichomoniasis** (symptomatic only)  
 PCR by first catch urine
- **HIV**  
 Antigen/Antibody Screen (blood)
- **Syphilis**  
 Algorithm with reflex to RPR (blood)

**TESTING\***

- **Gonorrhea and Chlamydia**  
 PCR by either provider **OR** self-collected vaginal swab **OR** first catch urine
- **Trichomoniasis** (symptomatic only)  
 PCR by provider collected vaginal swab **OR** first catch urine
- **HIV**  
 Antigen/Antibody Screen (blood)
- **Syphilis**  
 Algorithm with reflex to RPR (blood)

**PCR by First Catch Urine**

- No void during previous hour
- No genital cleaning
- 20-30 mL sample: *do not overflow*
- **DO NOT** order as add-on unless appropriate sample confirmed by lab

[Emergency Contraception CPM](#)

Are results available before discharge?

• Determine if [empiric treatment](#) is indicated while awaiting results

• If empiric treatment is **NOT** provided, **must** ensure **Confidential Information Form** is completed (found in orders or ad hoc) **AND** that pt has access to care

- [Utilize setting-specific procedure for follow-up of pending labs](#)
- [Pt lost to follow-up](#)

• Complete treatment as indicated

• Provide [patient STI education](#)

• Complete [confidential documentation](#)

• Provide condoms if supply is available

• Follow-up with specified healthcare provider

[STI treatment](#)

