

STI Prophylaxis post-assault

Biological Sex **Male or Female (circle)**

Weight _____ kg

Allergies

PCN allergy does not prohibit Ceftriaxone administration. Monitor pt for minimum of 30 minutes after administration.

Is follow up compliance a concern? (circle) **Yes No**

If no, utilize option **A** medications for Chlamydia and Trichomonas. No need for follow up testing.

If yes, utilize option **B** medications for Chlamydia and Trichomonas and refer for follow up testing in 4-6 weeks.

Is pt pregnant? (circle) **Yes No**

If yes, treat with Rocephin for Gonorrhea, utilize option **C** medication for Chlamydia, and no medication given for Trichomonas. Refer pt for follow up with OB.

Female	Male
<p>Gonorrhea</p> <p>Ceftriaxone 500 mg IM Time _____ Site _____ (mix with 1 % Lidocaine)</p> <p>if pt >150 kg, increase to 1g Time _____ Site _____ if pt has an IV, may be mixed in 100 mL NS and given over 30 minutes Time _____ Site _____</p> <p>Chlamydia</p> <p>A Doxycycline 100 mg po BID X 7 days 1st dose to be given in ED Time _____</p> <p>B Azithromycin 1 g po x once Time _____</p> <p>C Amoxicillin 500 mg po TID x 7 days 1st dose to be given in ED Time _____</p> <p>Trichomonas</p> <p>A Metronidazole 500 mg po BID x 7 days 1st dose to be given in ED Time _____</p> <p>B Tinidazole 2 g po x once Time _____ (If not available, may sub with metronidazole.)</p> <p>nPep Referral (see flow chart for guidance) Yes _____ No _____ If yes, refer pt to ED for lab work and bridge dosing.</p> <p>Tylenol 650 mg po x once Time _____</p> <p>Zofran ODT 4 mg po x once Time _____</p> <p>Plan B must be <72 hrs from time of assault Time _____</p>	<p>Gonorrhea</p> <p>Ceftriaxone 500 mg IM Time _____ Site _____ (mix with 1 % Lidocaine)</p> <p>if pt >150 kg, increase to 1g Time _____ Site _____ if pt has an IV, may be mixed in 100 mL NS and given over 30 minutes Time _____ Site _____</p> <p>Chlamydia</p> <p>A Doxycycline 100 mg po BID X 7 days 1st dose to be given in ED Time _____</p> <p>B Azithromycin 1 g po x once Time _____</p> <p>Trichomonas</p> <p>A Does the patient have sex with women? Yes or No If yes, treatment below</p> <p>B Metronidazole 2 g po x once Time _____</p> <p>nPep Referral (see flow chart for guidance) Yes _____ No _____ If yes, refer pt to ED for lab work and bridge dosing.</p> <p>Tylenol 650 mg po x once Time _____</p> <p>Zofran ODT 4 mg po x once Time _____</p>

RN Name _____

Date _____

RN Signature _____

Time _____

Medical Director Signature _____

Date _____