

MSH PED STI CARE TIP SHEET - MEDICAL STAFF

Patient History and Medical Decision-Making

Patient History

For sexually transmitted infection (STI) concerns, solicit and record information pertinent to patient complaint and sexual history. To document the history of a patient, follow the prompts under the dotphrase .EDSTIHPI in EPIC. Select all appropriate responses, as shown.

Narrative	
	More ▼
The patient presents with concern for either exp	OOSU O female
symptoms concerning for an STI.	O male
Gender of sexual partner relevant to this exposi	O transgender female
one) ED STI SEXUAL PARTNER •	O other
Patient's anatomic area involved in the sexual e	encounter:
(choose all that apply) ED STI Anatomic Area	
When was the sexual encounter relevant to this	_
	receptive anal
Sex under the influence of drugs or alcohol duri exposure? (choose one)	ng this penetrative ana
ED STI Sex Drug Alcohol Influence	□ N/A
Patient is concerned the sexual partner for this	dysuria
may have or definitely has an STI? (choose one	vaginal pain
ED STI Partner Concern -	☐ labial irritation
Symptoms:	vaginal discharge dvspareunia
Vaginal complaints: (choose all that apply)	vaginal bleeding
ED STI Vaginal Complaints •	rash
Penile/scrotal complaints: (choose all that apply	/) □ N/A
ED STI Penile Scrotal Complaints -	dysuria
Discomfort in throat? (choose one) ED STI Thr Discomfort in anus/rectum? (choose one)	testicular or scrotal pain
ED STI Anus Rectum	discomfort with ejaculation
	penile discharge

Medical Decision-Making (MDM)

To compile MDM, follow the prompts under the dotphrase **.EDSTIMDM** found in EPIC. Ask patient questions and select all appropriate responses, as shown.

	□ IN/A		
3 (£) (♣) (♣) (♣) (♣) (♣) (♣) (♣) (♣) (♣) (♣			
Based on history/physical there is a concern for a possible STI/STD (e.g.,chlamydia, gonorrhea, trichomonas,	☐ vaginitis		
HIV, syphilis).	pelvic inflammatory disease		
Vaginal/pelvic differential diagnosis includes: (choose all that apply) ED STI MDM Vaginal Diagnosis •	tubo-ovarian abscess		
Penile/scrotal differential diagnosis includes: (choose all that apply) ED STI MDM Penile Scrotal Diagnosis •	TI MDM Penile Scrotal Diagnosis •		
-Recommended comprehensive STI testing. See orders for tests conducted. -Considered whether the patient should be offered HIV PEP or PrEPPregnancy concerns (if childbearing capable): Considered whether the patient should be offered pregnancy prophylaxisConsidered presumptive versus lab-directed antimicrobial therapy. See order history for any antimicrobials provided. Counseling provided to patient: - If presumptively treated: no condomless sex for 1 week following treatment or after full 7 day course of antimicrobials completed Pregnancy concerns (if childbearing capable): If no intention for pregnancy, pregnancy prevention counseling provided. Birth control and emergency contraception discussed and offered/prescribed/dispensed, if appropriate. Encouraged patient to discuss pregnancy intentions with sexual partner.			
General STI counseling: - Advised patients that if their STI test(s) is positive that they should notify their sexual partner. - Introduced the concept of Expedited Partner Therapy, as applicable. - Advised no sex with sexual partners until after they complete antimicrobial treatment. - Harm reduction counseling provided for safer sex practices, including limiting partners, condom use, avoiding - Introduced the topic of HIV PEP and PrEP. - Recommended and referred for Adolescent Health Center follow-up. - Encouraged every 6 month STI screening or more frequent screening based on exposure(s). - Encouraged patient to have sexual partners routinely STI tested.	drugs/alcohol with sex.		



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Patient Testing and Treatment

Testing

- All patients with a concern for an STI should provide an "any catch" urine sample, regardless of gender, symptoms, etc.
- We also encourage anal, cervical/vaginal, pharyngeal, and urethral sampling, based on exposure.

Step 1: In Epic Orders tab, type ED STI, then click ED Sexually Transmitted Infections.

Step 2: Select gender, then use default settings or select/deselect testing options as applicable to the patient's symptoms and concerns.



Treatment

 Reminder: If empirically treating patient, co-treat for gonorrhea AND chlamydia.

Step 1: In the ED Sexually Transmitted Infections order set, select condition(s).

Step 2: Use default settings or select/deselect treatment options as applicable for the patient's symptoms and concerns.

STI Treatments	
311 Headiletts	
▶ Gonorrhea	
▶ Chlamydia	
▶ Trichomoniasis	
▶ Herpes	
▶ Syphilis	
Vaginal candidiasis (VVC)	
Additional STI Treatments	
Pelvic Inflammatory Disease (PID)	
▶ Epididymitis	
▶ Proctitis	



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Patient Referral and Discharge

Referral Process

- We are collaborating with the Adolescent Health Center (AHC) to ensure the patient has a more comprehensive and longitudinal approach to sexual health.
- Please assist in directing patients to AHC upon discharge, emphasizing options for appointments and walk-ins.

In EPIC in the Dispo tab:

Step 1: Select Discharge

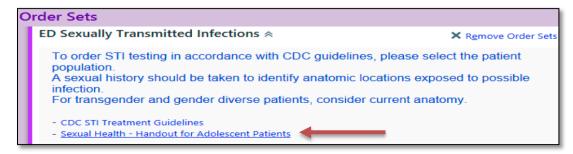
Step 2: Under Prescriptions/Referrals, click New Order, then type: **AHC** or **MSH AMB REF TO AHC** or **MSH AMB REF TO ADOLESCENT**

Step 4: Complete all emphasized fields, including priority, clinical impression, patient's personal phone number, and your clinical question



Discharge Documents

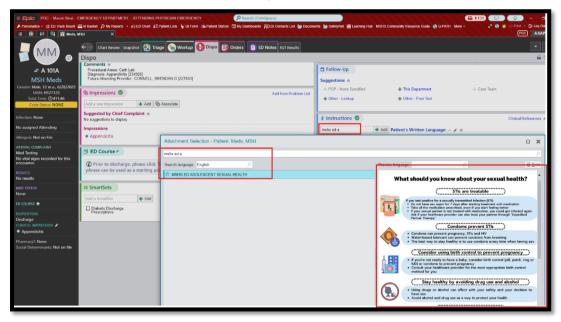
- <u>All</u> patients should be given a Sexual health handout with AHC instructions.
- Sexual health handout can be found in three ways:
 - At the top of the ED STI Order as a link to the "Sexual Health Handout for Adolescent Patients"



 In the 'Documents' tab under the 'Pediatrics' section as 'Sexual Health Handout'



 As an attachment called 'MSHS ED ADOLESCENT SEXUAL HEALTH' in the 'Instructions' section on the 'Dispo' tab



- Print and discuss documents with the patient before discharge from PED.
- Emphasize the importance of following up with the Adolescent Health Center.