**STD Panel & Treatment**

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| Patient Name: |  |
| Patient ID # |  |

NOTE: The CDC recommends that we warn you that negative results of the tests performed today does not guarantee negative results for STDs not tested for. See your doctor for additional screening.

|  | **Test** | **Method** | Result | Date | Initials | Treatment |
| --- | --- | --- | --- | --- | --- | --- |
|  | HIV | Blood test: Lab send-off |  |  |  | **No Treatment.** Patient will be referred to own physician or a treatment center from referral list. |
|  | Hepatitis B | Blood test: Lab send-off |  |  |  | **No Treatment.** Patient will be referred to own physician or Monroe County STD Clinic. |
|  | Syphilis | Blood test: Lab send-off |  |  |  | **No Treatment.** Patient will be referred to own physician or Monroe County STD Clinic.  |
|  | Herpes Simplex Virus 2 (HSV2) | Blood Test: Lab send-off + visual inspection |  |  |  | **No Treatment.** Patient will be referred to own physician or Monroe County STD Clinic.  |
|  | Gonorrhea | Swab/Culture: In-house presumptive diagnosis + Lab send-off |  |  |  |  | **CEFTRIAXONE** (Rocephin) 125mg IM in a single dose |
|  | Chlamydia | Swab/Culture: In-house presumptive diagnosis + Lab send-off |  |  |  |  | **AZITHROMYCIN** 1 g orally in a single dose |
|  | **DOXYCYCLINE** 100mg orally twice a day for 7 days |
|  | Trichomonas | Swab/Culture: In-house lab diagnosis |  |  |  |  | **METRONIDAZOLE** 2 g orally in a single dose  |
|  | **TINIDAZOLE** 2 g orally in a single dose  |
|  | **METRONIDAZOLE** 500 mg, orally twice a day for 7 days (Alternative Regimen) |
|  | Bacterial Vaginosis(Female ONLY) | Swab/Culture: In-house lab diagnosis |  |  |  |  | **METRONIDAZOLE** 500mg orally twice a day for 7 days  |
|  | **METRONIDAZOLE** gel, 0.75%, one full applicator (5g) intravaginally, once a day for 5 days  |
|  | **CLINDAMYCIN** cream 2%, one full applicator (5g) intravaginally at bedtime for 7 days |
|  | Yeast (Vaginal Candidiasis) (Female ONLY) | Swab/Culture: In-house lab diagnosis |  |  |  |  | **FLUCONAZOLE** 200 mg oral tablet, one tablet in single dose  |
|  | **MICONAZOLE** (OTC) 100mg vaginal suppository, one suppository for 7 days |
|  | Scabies | Visual Inspection |  |  |  |  | **PERMETHRIN** 5% crème (1 60-gm tube) Apply to all areas of the body from neck down, wash off after 8-14 hours |
|  | **IVERMECTIN** 200 mg/kg orally, repeated in 2 weeks |
|  | Pediculosis Pubis (Pubic Lice) | Visual Inspection |  |  |  |  | **PERMETHRIN** 1% crème rinse Apply to affected area, wash off after 10 minutes  |
|  | **PERMETHRIN W/ PIPERONY BUTOXIDE**. Apply to affected area, wash off after 10 minutes |
|  | Non-Gonococcal Urethritis (NGU)(Male ONLY) | Visual Inspection |  |  |  |  | **AZITHROMYCIN** 1 g orally in a single dose |
|  | **DOXYCYCLINE** 100mg orally twice a day for 7 days |
|  | Epididymitis(Male ONLY) | Visual Inspection  |  |  |  | **No Treatment.** Patient will be referred to own physician or a treatment center from referral list. |
|  | Pregnancy Test(Female ONLY) | Urine Test |  |  |  | N/A |

**Please perform all of the above tests as outlined in the Policy & Procedure manual.**

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| **Physician Signature****For Orders** |  | **Date** |  |

**1. Form reviewed with patient during initial visit. No confirmed lab results reported to patient. Presumptive results reported and positives treated.**

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| --- | --- | --- | --- |
| **Nurse Signature** |  | **Date** |  |
| **2. Confirmed lab results reported to patient. Applicable treatment administered and documented.**  |
| **Nurse Signature** |  | **Date** |  |

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| **3. Final review of chart by physician.**  |
| **Physician Signature**  |  | **Date** |  |