

# Laboratory Test: Human Immunodeficiency Virus (HIV) Serology

Standing Order in N.C. Board of Nursing Format

## INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order exclusively for your agency. Print the customized standing order on agency letterhead. Review standing order at least annually and obtain Medical Director's signature. Standing order must include the effective start date and the expiration date.

### Assessment

#### Subjective Findings

HIV testing for work, school, insurance or immigration is not criteria for using the North Carolina State Lab of Public Health (NCSLPH) for testing.

#### Objective Findings

One of the following clinical scenarios or physical findings must be present before an STD ERRN or RN can order a HIV serology:

Clinical scenarios:

1. client requests to be tested for personal knowledge of HIV status
2. DIS or medical provider referral for HIV testing
3. two (2) weeks after known exposure to a person who is HIV positive
4. one (1) month after possible exposure to a person who may be HIV positive
5. all LHD STD clients, with no known HIV exposure, at each clinic visit unless the last visit is within 30 days or client opts out
6. men who have sex with men (MSM) every 3 months unless already known to be HIV positive
7. Multispot Rapid EIA is invalid on previous test, resubmit repeat specimen immediately
8. Multispot Rapid EIA is HIV-2 positive and client's history does not include the following risk factors:
  - a. lived in or having a sex partner from an HIV-2-endemic area (e.g., West Africa and some European countries such as Portugal)
  - b. received a blood transfusion or non-sterile injection in an HIV-2-endemic area
9. Physical findings:
  - generalized lymphadenopathy on exam
  - white coating on buccal mucosa
  - fever of unknown origin
  - general malaise not associated with other illness
  - skin rash not associated with other illness
  - acute pharyngitis

### Plan of Care

#### Implementation

A registered nurse or STD ERRN employed or contracted by the local health department may order a HIV serology test by standing order, if any one of the objective findings above is present.

#### Nursing Actions

- A. assure client is aware he/she is being tested for HIV
- B. complete HIV requisition form provided through the NCSLPH
- C. obtain 3 ml of blood serum for testing

#### Laboratory Testing

- A. Fourth Generation HIV testing (1): (NCSLPH initiated 11/2013)
  1. Chemiluminescent Microparticle Immunoassay (CMIA) – detects HIV p24 antigen and antibodies to HIV type 1 (HIV-1 group M and group O) and/or type 2 (HIV-2)
  2. Multispot Assay (Rapid EIA) - detects HIV-1 or HIV-2 or HIV positive (Undifferentiated)
  3. HIV RNA (NAAT) – Clients with discordant CMIA and Rapid EIA are tested for HIV-1 RNA

B. Lab results will be returned with a probable results interpretation on the bottom of the lab sheet. If you have any question about the status of your client's lab result please consult with your medical provider.

**Criteria for Notifying the Medical Provider**

- A. Contact the medical director or medical provider, if there is any question about whether to carry out any provision of the standing order.
- B. Consult the medical director or medical provider, if the HIV results are unexpected given the client's history.
- C. Consult the medical director or medical provider, if the following clinical findings are present to evaluate for possible acute HIV:
  - generalize lymphadenopathy
  - white coating of buccal mucosa
  - fever of unknown origin
  - skin rash of unknown origin
  - recent onset of general malaise not associated with other illness
  - acute pharyngitis

**Follow Up**

- A. HIV-1 p24 Antigen may be negative for 14 days after acquisition of HIV infection. Repeat testing per objective findings above.
- B. Consult immediately with DIS to arrange for follow up of all possible or positive ACUTE HIV results.
- C. Make immediate attempts to locate client when HIV positive/presumptive labs return from the NCSLPH.
- D. Contact local or regional DIS immediately for follow up for all positive/presumptive positive results. (Arrange for DIS to be onsite to meet client the same day client receives positive results)
- E. The clinician/nurse who tested the client should be the person who gives the client their positive results. If the testing nurse lacks training to give HIV positive results, he/she should be present with the trained counselor and client, when the client receives his/her results. (Each LHD is required to have two (2) HIV counselors trained to give HIV positive results on staff.)
- F. CD Branch prefers that DIS do not give initial HIV positive results when tested by other venues. Only after unsuccessful attempts to reach the client, is the case turned over to the DIS staff to give the client their results.

Approved by: \_\_\_\_\_ Date approved: \_\_\_\_\_  
Local Health Department Medical Director

Reviewed by: \_\_\_\_\_ Date reviewed: \_\_\_\_\_  
Director of Nursing/Nursing Supervisor

Effective Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

**Legal Authority:** Nurse Practice Act, N.C. General Statutes 90-171.20(7)(a)(e)(f)&(8)(c)