

2022-2024 STD Review for STD **Standing Orders**

County: _____ Date of Review: _____

Reviewer Name: _____

Lab Standing Order - Gonorrhea Culture	Current	Approved SO Format	Signed	Criteria for testing outlined	Collection of specimen outlined	Inoculation and Cross-streaking processes outlined	Criteria for consulting medical provider	Recommendations/Comments
Lab Standing Order - GC/Ct NAAT urine, genital, rectal	Current	Approved SO Format	Signed	Criteria for testing outlined	Collection of specimen outlined	SO specifies RN only collects urine; ERRN can collect all others	Criteria for notifying medical provider	Recommendations/Comments Please note if Express Clinic orders are also in place for RNs
Lab Standing Order - NC SLPH GC/Ct NAAT	Current	Approved SO Format	Signed	Criteria for testing outlined	Collection of specimen outlined	SO states specimen collected by STD ERRN	Criteria for notifying medical provider	Recommendations/Comments
Lab Standing Order - Wet Prep	Current	Approved SO Format	Signed	Criteria for testing outlined	Collection of specimen outlined	SO states specimen collected by STD ERRN	Criteria for notifying medical provider	Recommendations/Comments
Lab Standing Order - Gram Stain	Current	Approved SO Format	Signed	Criteria for testing outlined	Collection of specimen outlined	SO states specimen collected by STD ERRN	Criteria for notifying medical provider	Recommendations/Comments
Lab Standing Orders – HIV Pre Exposure Prophylaxis	Current	Approved SO Format	Signed	Criteria for testing outlined	PrEP initiation labs specified	PrEP continuation labs specified	Criteria for notifying medical provider	Recommendations/Comments
Treatment Standing Order - Gonorrhea	Current	Approved SO Format	Signed	Criteria to implement treatment outlined	First line of treatment specified (distinction b/t CT ruled out or not)	Alternative treatments outlined due to allergy or pregnant client	Criteria for notifying medical provider	Recommendations/Comments

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Treatment Standing Order – Chlamydia	Current	Approved SO Format	Signed	Criteria to implement treatment outlined	Doxycycline first line of treatment specified	Alternative treatments outlined due to allergy or pregnant client	Criteria for notifying medical provider	Recommendations/Comments
Treatment Standing Order – Bacterial Vaginosis	Current	Approved SO Format	Signed	Criteria to implement treatment outlined	Plan of Care specifies “Do not treat BV, if client does not complain of symptoms.”		Criteria for notifying medical provider	Recommendations/Comments
Treatment Standing Order – Trichomonas	Current	Approved SO Format	Signed	Criteria to implement treatment outlined	First line treatment specified		Criteria for notifying medical provider	Recommendations/Comments
Treatment Standing Order –NGU	Current	Approved SO Format	Signed	Criteria to implement treatment outlined	First line treatment specified	Plan of Care specifies treatment for pregnant contact	Criteria for notifying medical provider	Recommendations/Comments
Treatment Standing Order –PID	Current	Approved SO Format	Signed	Criteria to implement treatment outlined	First line treatment specified	Plan of Care specifies treatment for pregnant client	Criteria for notifying medical provider	Recommendations/Comments
Treatment Standing Orders –HIV Pre Exposure Prophylaxis PrEP	Current	Approved SO Format	Signed	Criteria to implement treatment outlined	Specific regimen criteria specified	Plan of Care specifies treatment for pregnant client	Criteria for notifying medical provider	Recommendations/Comments: <i>assess whether LHD is using one SO for multiple regimens versus or separate SO for each regimen.</i>

✓ = Present or Yes ○ = Not present or No N/A = not applicable

*These policies may be separate, or combined.

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Summary Notes on Standing Order Review: