

Confirmed Seropositive HIV Test Follow-up

Standing Order Template

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order template to create a customized standing order exclusively for your agency.

Your customized standing order should include a header with your agency name, effective start date, and expiration date. Review standing order at least annually and obtain Medical Director's signature.

Assessment

Subjective Findings

- Client presents for positive HIV test results
- Usually asymptomatic physically
- Usually anxious and stressed

Objective Findings

Documentation of HIV testing results that meet the multi-test or stand-alone virologic test laboratory criteria for a confirmed HIV infection:

Multi-test algorithm:

- 1) Positive initial HIV antibody or combination antigen/antibody test, AND
- 2) Positive supplemental HIV test which differs in antigenic constituents or manufacturer from the initial test (e.g. HIV-1/2 **AB** type-differentiating assay)

Stand-alone virologic test:

- 1) Positive HIV qualitative or quantitative NAT (DNA or RNA), or
- 2) Positive HIV isolation (viral culture), or
- 3) Positive HIV nucleotide sequence (genotype)

Plan of Care

Implementation

A registered nurse employed or contracted by the local health department and who has completed a Center for Disease Control and Prevention (CDC) approved HIV Counseling, Testing and Referral training ensures the following occurs:

1. Client is tested for tuberculosis (i.e. intradermal Mantoux Skin Test (TST) or interferon-gamma release assays (IGRA))
2. Client is tested for syphilis (i.e. RPR) if not tested within the past 30 days
3. Review the North Carolina HIV control measures with the client and provide them with a copy which can be found here: [10A NCAC 41A .0202](#)

Nursing Actions

- A. Provide client-centered HIV and STD counseling, education and referrals to include verbal and written information.
 1. Assure health care provider who ordered test is present and provides client-centered counseling when giving positive test results, if properly trained. If provider is not properly trained, try to assure provider is available to introduce counselor who will be providing test results, counseling and referrals. Disease Intervention Specialist (DIS) should not provide HIV positive test results unless they are the ones who facilitated the original test as part of anonymous partner notification services or the testing provider has attempted to contact the client to return to clinic for their results without success.
 2. Contact regional or local DIS to assure continuity of informing client of positive test results. Arrange, if possible, for DIS to be available in clinic when client returns for their results.
 3. Inform client of DIS role regarding anonymous partner notification. If possible, introduce regional or local DIS to client after providing post-test counseling.
 4. Provide active referral for medical follow-up with a primary care or infectious disease physician. *[list local providers, contact information, and procedure for referral of new client]*
- B. Additional Instructions
 1. Make appointment for client to return for tuberculosis screening results, if done at the LHD.

2. Arrange for provider to call client with syphilis test results and schedule a treatment visit, if applicable.

C. Criteria for Notifying the Medical Provider

1. Consult with the health department medical director or medical provider if any of the following conditions are present:
 - Patient exhibits signs of mental health crisis
 - Patient expresses desire to harm themselves or others
 - Patient refuses to accept HIV diagnosis
2. Contact the health department medical director or medical provider if there is any question about whether to carry out any additional testing or other provision in the standing order.

D. Follow-up requirements:

1. Assure health department has procedure in place to ensure quick identification and follow up of all newly diagnosed HIV positive clients.
2. Read TB skin test in 48 to 72 hours of placement or document IGRA test result.
3. Refer to TB clinic for evaluation and management if tuberculosis screen is positive.
4. Assure DIS notification of positive HIV, TST or STS.
5. Assure newly diagnosed client has copy of NC HIV control measures.

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)(f)&(8)(c)