

2025-2027 STD Review for STD **Standing Orders**

County: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

Laboratory Standing Orders								
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
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
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
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
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
Syphilis Serology	Current	Approved SO Format	Signed	Criteria for testing outlined		Criteria for notifying medical provider		Recommendations/Comments
HIV Pre Exposure Prophylaxis (PrEP)	Current	Approved SO Format	Signed	Criteria for testing outlined	PrEP initiation labs specified	PrEP continuation labs specified	Criteria for notifying medical provider	Recommendations/Comments

✓ = Present or Yes

○ = Not present or No

N/A = not applicable

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Treatment Standing Orders								
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
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
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
Trichomonas	Current	Approved SO Format	Signed	Criteria to implement treatment outlined	First line treatment specified <i>Stat dose for males, 7 day treatment for all females</i>		Criteria for notifying medical provider	Recommendations/Comments
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
Syphilis	Current	Approved SO Format	Signed	Criteria to implement treatment outlined	First line treatment specified	Plan of Care specifies treatment in event of allergy	Criteria for notifying medical provider	Recommendations/Comments
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

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HIV 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>
Doxy PEP	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:

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\*These policies may be separate or combined.

**Summary Notes on Standing Order Review:**

*Assess if Alcohol warning is still being given for metronidazole – counsel LHD appropriately based on situation.*