



<b>POLICY AND PROCEDURE</b>	
SUBJECT/TITLE:	STI Medication Ordering Protocol from Ohio Department of Health
APPLICABILITY:	Public Health Nurses
CONTACT PERSON & DIVISION:	Amanda Morningstar, MSN, APRN, FNP-C; Nursing Division
ORIGINAL DATE ADOPTED:	01/2011
LATEST EFFECTIVE DATE:	02/15/2019
REVIEW FREQUENCY:	Every five (5) years
BOARD APPROVAL DATE:	N/A
REFERENCE NUMBER:	200-17-P

### **A. PURPOSE**

The intent of this document is to detail the process of ordering medications from the Ohio Department of Health (ODH) to be utilized in Canton City Public Health’s (CCPH) Sexually Transmitted Infections (STI) Clinic. Use of this document will allow us to promote the prevention of STI’s and will also allow us to better account for the distribution of STI medications from the ODH STD Prevention Program. This procedure is to be used in conjunction with the *Guidelines for the State Supported STD Antibiotics Program*.

### **B. POLICY**

Canton City Public Health (CCPH) provides a Sexually Transmitted Infection Clinic twice weekly. Many of the medications utilized in this clinic are provided to CCPH by ODH at no cost. These medications are prescribed for the treatment and/or prevention of sexually transmitted infections in accordance with the Centers for Disease Control and Prevention’s Sexually Transmitted Diseases Treatment Guidelines.

### **C. BACKGROUND**

N/A

### **D. GLOSSARY OF TERMS**

Sexually Transmitted Infection/Disease-any one of various infections that can be transmitted by direct sexual contact. The terms “sexually transmitted disease” and “sexually transmitted infection” can be used interchangeably.

### **E. PROCEDURES**

1. Medications Provided by ODH (as of 02/15/2019):
  - a. Acyclovir
  - b. Azithromycin
  - c. Bicillin-LA
  - d. Ceftriaxone
  - e. Doxycycline
  - f. Gentamycin
  - g. Metronidazole
  
2. Process for Ordering Medications
 

Medications are ordered when needed utilizing the following information and process:

  - a. Inventory of current medications on hand
  - b. Make notation of expiration date of each medication
  - c. Determine medication usage in prior 3 months utilizing Medication Sign-Out Sheets (See 200-017-01-A for example, as there is a separate Sign-Out Sheet for each medication)
    - i. Determine the number of patients receiving Acyclovir for the treatment of Herpes;



- ii. Determine the number of patients receiving Azithromycin for the treatment of Chlamydia, co-treatment of Gonorrhea, and treatment of Non-Gonococcal Urethritis (NGU);
- iii. Determine the number of patients receiving Bicillin-LA for the treatment of Syphilis;
- iv. Determine the number of patients receiving Ceftriaxone for the treatment of Gonorrhea;
- v. Determine the number of patients receiving Doxycycline for the treatment of Syphilis and Chlamydia;
- vi. Determine the number of patients receiving Gentamicin for the treatment of Gonorrhea;
- vii. Determine the number of patients receiving Metronidazole for the treatment of Bacterial Vaginosis and Trichomoniasis.
- d. Determine the amount of medication needed for a 3-month supply based on information collected in section “c” above.
- e. The amount of each medication to order is calculated by subtracting the inventory on-hand from the medication needed.
- f. Complete STD Medication Order Form (provided by ODH) and fax to appropriate number (See 200-017-02-A).

3. Process for Recording Receipt of Medication

- a. Medications received are recorded on the Medication Received Inventory Sheet located in a drawer in the Stat Lab (See 200-017-03-A)

**F. CITATIONS & REFERENCES**

N/A

**G. CONTRIBUTORS**

The following staff contributed to the authorship of this document:

- 1. Amanda Morningstar, MSN, APRN, FNP-C; Nurse Practitioner/Nursing Supervisor
- 2. Diane Thompson, RN, MSN; Director of Nursing
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**H. APPENDICIES & ATTACHMENTS**

200-017-01-A Medication Sign-Out Sheet

200-017-02-A STD Medication Order Form

200-017-03-A Medication Received Inventory Sheet

**I. REFERENCE FORMS**

N/A

**J. REVISION & REVIEW HISTORY**

Revision Date	Review Date	Author	Notes

**K. APPROVAL**

This document has been approved in accordance with the “800-001-P Standards for Writing and Approving PPSOGFs” procedure as of the effective date listed above.