Clinical Pathway for Management of Sexually Transmitted Diseases in the Emergency Department

Obtain:
- History of present illness
- Past medical history
- Sexual history

Perform:
- Physical examination
- External genital examination and/or pelvic examination

Suspicion for STD?

Initiate STD diagnostic testing

LOW SUSPICION
- Pursue other differential diagnoses

MODERATE OR HIGH SUSPICION

Urethritis, cervicitis, or vaginal discharge
- Chlamydia
  - Women: NAAT of vaginal swab, first-catch urine, or endocervical specimens
  - Men: NAAT of first-catch urine or urethral swab (Class I)

Vaginal discharge
- Gonorrhea
  - Women: NAAT of vulvovaginal or endocervical swab
  - Men: NAAT of first-catch urine or urethral swab (Class I)

- Trichomoniasis
  - NAAT of vaginal, endocervical, urine, or urethral swabs (Class I)
  - Wet mount for motile flagellated protozoa (Class II)

Genital or anal ulcers, chancre, or warts
- Bacterial vaginosis
  - Specimen from vaginal wall and posterior fornix
  - Microscopy (Amsel criteria) or clinical examination alone (Class II)

- Genital herpes
  - NAAT from base of genital ulcer
  - Viral culture
  - Clinical examination (Class II)

- Genital warts
  - Visual inspection
  - Refer for biopsy (Class II)

- Syphilis
  - Visual inspection
  - Refer for biopsy (Class II)

Skin rash, neurologic changes, lymphadenopathy

- Serological test
- CSF for neurosyphilis suspicion (Class I)

Treat according to Table 3, pages 14-15.

Abbreviations: CSF, cerebrospinal fluid; FTA-ABS, fluorescent treponemal antibody absorption test; NAAT, nucleic acid amplification test; RPR, rapid plasma reagin; STD, sexually transmitted disease; TP-PA, Treponema pallidum particle agglutination; VDRL, Venereal Disease Research Laboratory.

Class of Evidence Definitions

Each action in the clinical pathways section of Emergency Medicine Practice receives a score based on the following definitions.

Class I
- Always acceptable, safe
- Definitely useful
- Proven in both efficacy and effectiveness

Level of Evidence:
- One or more large prospective studies are present (with rare exceptions)
- High-quality meta-analyses
- Study results consistently positive and compelling

Class II
- Safe, acceptable
- Probably useful

Level of Evidence:
- Generally higher levels of evidence
- Nonrandomized or retrospective studies: historic, cohort, or case control studies
- Less robust randomized controlled trials
- Results consistently positive

Class III
- May be acceptable
- Possibly useful
- Considered optional or alternative treatments

Level of Evidence:
- Generally lower or intermediate levels of evidence
- Case series, animal studies, consensus panels
- Occasionally positive results

Indeterminate
- Continuing area of research
- No recommendations until further research

Level of Evidence:
- Evidence not available
- Higher studies in progress
- Results inconsistent, contradictory
- Results not compelling

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient’s individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.

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