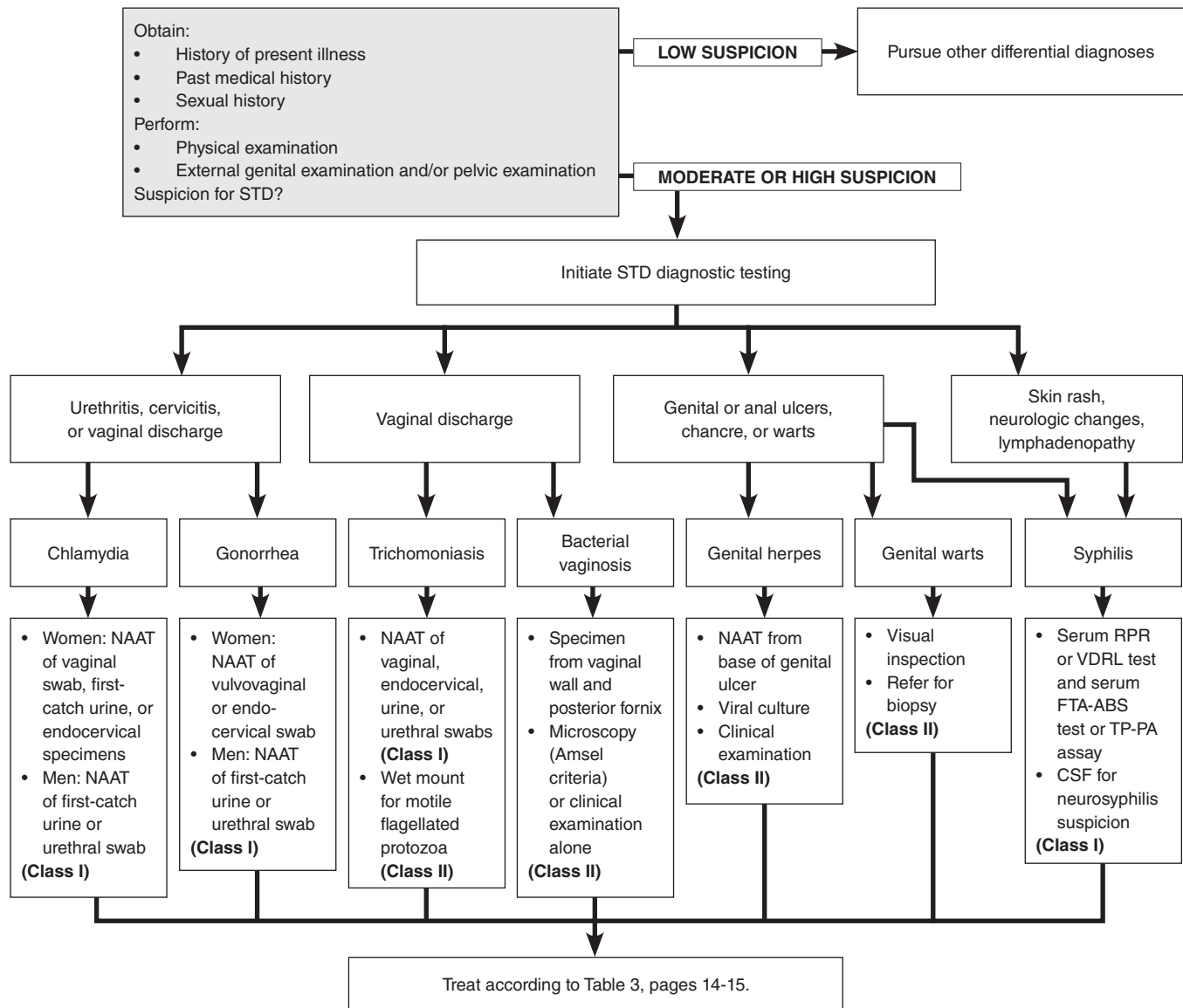


## Clinical Pathway for Management of Sexually Transmitted Diseases in the Emergency Department



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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