

## In Brief: DST for RN SANES Dispensing Prophylaxis for STI after Sexual Assault

INDICATION FOR TREATMENT	PROPHYLAXIS OF CHOICE	INDICATIONS FOR ALTERNATE PROPHYLAXIS	ALTERNATE PROPHYLAXIS	IMPORTANT NOTES
<p>All sexual assault patients who have experienced any form of:</p> <ul style="list-style-type: none"> <li>a) genital/oral</li> <li>b) genital/anal or</li> <li>c) genital/genital</li> </ul> <p>contact who are seen within seven days of the assault are offered antibiotic prophylaxis for gonorrhoea and chlamydia</p>	<p>cefixime 800 mg po <b>plus</b> azithromycin 1 gram po</p>	<p><b>ALLERGIES</b></p> <ol style="list-style-type: none"> <li>1. Patient has suspected history of <b>allergy to penicillins and/or cephalosporin.</b></li> <li>2. Patient has suspected history of <b>allergy to macrolides</b></li> <li>3. Patient has suspected history of <b>allergy to macrolides and tetracyclines</b></li> <li>4. Patient has suspected history of <b>allergy to penicillins/cephalosporins and macrolides</b></li> </ol> <p><b>Note:</b> This one-page document is not a complete DST. For more Information, please see DST for RN SANES dispensing prophylaxis for STI after Sexual Assault.</p>	<p><b>ALLERGIES</b></p> <ol style="list-style-type: none"> <li>1. azithromycin 2 gram po; associated with GI side effects.</li> <li>2. cefixime 800 mg po <b>plus</b> doxycycline 100 mg po bid for 7 days. <b>Do not use doxycycline in pregnancy.</b></li> <li>3. cefixime 800 mg po <b>plus</b> amoxicillin 500 mg po tid for 7 days</li> <li>4. doxycycline 100 mg twice a day for 7 days if no allergy to tetracycline, Contact BCCDC during office hours (604 707-5600) or Infectious Disease (if available) to discuss possible treatments which may include: Spectinomycin, Imipenem or Ertapenem. Ensure follow-up STI testing at 3 weeks</li> </ol> <p><b>Do not use doxycycline in pregnancy.</b></p>	<p><b>ALLERGIES</b></p> <ul style="list-style-type: none"> <li>• <b>Do not use cefixime</b> if allergic to penicillin or cephalosporins.</li> <li>• <b>Do not use azithromycin</b> if allergic to macrolides.</li> <li>• <b>Do not use doxycycline</b> if allergic to tetracyclines.</li> <li>• <b>Spectinomycin:</b> <ul style="list-style-type: none"> <li>○ treats vaginal/anal gonorrhoea only</li> <li>○ does not treat oral gonorrhoea</li> <li>○ does not treat chlamydia</li> </ul> </li> </ul> <p><b>PREGNANCY/BREASTFEEDING</b></p> <ul style="list-style-type: none"> <li>• <b>When patient is pregnant/breastfeeding refer to emergency physician for patient-specific physician's order.</b></li> <li>• <b>Do not use doxycycline in pregnancy.</b></li> </ul> <p><b>FOR ALL PATIENTS AT RISK FOR STI</b></p> <ul style="list-style-type: none"> <li>• Recommend STI testing in 3-4 weeks if the patient is pregnant or experiencing vaginal discharge, vaginal or pelvic pain or dysuria.</li> <li>• Recommend patient use condoms for one week after taking the STI prophylactic medications.</li> <li>• If patient declines prophylactic treatment, advise to have follow-up testing for chlamydia and gonorrhoea in 7 to 14 days.</li> <li>• <b>These treatments are not sufficient to cover syphilis.</b> Testing for syphilis is recommended at 1 and 3 months post exposure.</li> <li>• <b>See comprehensive DSTs for RN SANES Dispensing Prophylaxis for STI, Hep B and HIV prophylaxis.</b></li> </ul> <p style="text-align: right;">Last revised March 16, 2017</p>

