

BC Women's Sexual Assault Service: Guidelines for STI Medication

INDICATION FOR TREATMENT	TREATMENT OF CHOICE	INDICATIONS FOR ALTERNATE TREATMENT	ALTERNATE TREATMENT	COMMENTS
<p>With patient consent, all sexual assault patients who experienced any form of:</p> <p>a) vaginal/penile or b) rectal/penile or c) oral/penile contact are offered prophylactic treatment for gonorrhea and chlamydia</p>	<p>Cefixime 800 mg P.O. PLUS Azithromycin 1.0 gram P.O.</p>	<p><u>Allergies</u> 1. Patient is over 13 years old and has a documented or suspected history of allergy to penicillin and/or cephalosporin.</p> <p>2. Patient has a documented/suspected history of allergy to macrolides.</p> <p>3. Patient has a documented/suspected history of allergy to both penicillin/cephalosporin and macrolides.</p> <p>4. Patient has a documented/suspected history of allergy to macrolides and tetracyclines</p> <p><u>Pregnancy/Lactation</u> 1. Patient is pregnant/ lactating.</p> <p>2. Patient is pregnant/ lactating and has a documented /suspected history of allergy to penicillin/cephalosporin.</p> <p>3. Patient is pregnant/ lactating and has a documented /suspected history of allergy to macrolides.</p> <p>4. Patient is pregnant/lactating and has documented/suspected history of allergy to penicillin/cephalosporin and macrolides.</p>	<p><u>Allergies</u> 1. Azithromycin 2 g stat; anti-emetic recommended</p> <p>2. Cefixime 800mg P.O plus Doxycycline 100mg twice a day for 7 Days. Do not use Doxycycline in pregnancy.</p> <p>3. Give Doxycycline 100mg P.O twice a day x 7 days (for chlamydia) PLUS call BCCDC (604 707 5600) or Infectious Disease (if available in your hospital) for consultation (possibilities include Spectinomycin, Imipenem or Ertapenem Ensure follow-up STI testing at 3 weeks post-exposure.</p> <p>4. Cefixime 800 mg P.O plus Amoxicillin 500 mg po tid for 7 days</p> <p><u>Pregnancy/Lactation</u> 1. Cefixime 800 mg P.O. plus Azithromycin 1.0 gram P.O.</p> <p>2. Azithromycin 2 g stat; anti-emetic recommended. (No change in regimen from non-pregnant patient.)</p> <p>3. Cefixime 800 mg PO plus Amoxicillin 500 mg PO TID for 7 days.</p> <p>4. No treatment; testing in follow-up.</p>	<p><u>Allergies</u></p> <ul style="list-style-type: none"> • Do not use cefixime if allergic to penicillin or cephalosporins. • Do not use azithromycin if allergic to macrolides. • Do not use doxycycline if allergic to tetracyclines. • Spectinomycin: <ul style="list-style-type: none"> ○ treats vaginal/anal gonorrhea only ○ does not treat oral gonorrhea ○ does not treat chlamydia <p><u>Pregnancy/Lactation</u></p> <ul style="list-style-type: none"> • Do not use doxycycline in pregnancy. • Testing for chlamydia and gonorrhea is recommended in pregnancy at 3-4 weeks. <p>FOR ALL PATIENTS AT RISK FOR STI</p> <ul style="list-style-type: none"> • These treatments are not sufficient to cover syphilis. Testing for syphilis is recommended at 1 and 3 months post exposure. • If patient declines prophylactic treatment, advise to have follow-up testing for chlamydia and gonorrhea in 7 to 14 days. • Recommend STI testing in 3-4 weeks if the patient is pregnant or experiencing vaginal discharge, vaginal or pelvic pain or dysuria. • Recommend patient use condoms for one week after taking the STI prophylactic medications. <p>As of Feb. 2008 the BC Centre of Excellence pharmacy finds NO drug interactions between HIV PEP, Plan B or the STI medications administered by BCW SAS.</p>