

## **SAMPLE POLICY AND PROTOCOL “EXPRESS/FAST TRACK” STD CLINIC SERVICES**

**POLICY:** It is the policy of \_\_\_\_\_ STD clinic to provide the appropriate level of care to each client depending on their symptoms, risk factors, and personal concerns.

**PURPOSE:** To provide a procedure for triaging appropriate clients into “Express” lab testing and/or treatment.

**PROTOCOL:** After the client completes a history, the receptionist will review the form. If the history is negative for risk factors and the client denies symptoms, the client will be offered the option of “Express” services. **The client may opt for comprehensive services.**

Nurses and trained and approved personnel may conduct “Express” testing. Only nurses or other clinicians may do comprehensive exams.

If the Assessment form reveals one or more high risk criteria and the client has no symptoms, the fast track assessment nurse or other trained and approved staff may collect a urine specimen from the client for gonorrhea and Chlamydia testing and have the client’s blood drawn for HIV and syphilis. (Depending on local syphilis rates, the patient may be offered prophylactic treatment for syphilis.)

“Express” services also include wart treatments, immunizations, repeat Bicillin injections, treatment of partners who accompany patients, asymptomatic contacts seeking treatment, etc.

If the Assessment form reveals one or more high risk criteria and the client has symptoms, the client will receive a comprehensive STD evaluation and appropriate lab testing.

High risk clients who require an exam regardless of symptoms are persons who are contacts to syphilis, MSM, injecting drug users, and persons who exchange money and/or drugs for sex.

The lab will perform a stat RPR and, if available, a rapid HIV test. The client is instructed to remain in the clinic until test results are available.

**CLIENT EDUCATION:** Results may be given by clinicians, nurses or other trained clinic staff. The client is instructed to call the clinic in 7-10 days for GC/CT and traditional, confirmatory HIV results. Condoms are offered to all clients. Although counseling is abbreviated, it should include – 1) how to take the medication, 2) symptoms of more serious infection (e.g., pelvic pain in women, testicular pain in men, or fever in men or women), 3) seek prenatal care as soon as possible if pregnancy is confirmed or possible, 4) abstain from sex for at least seven days after completing treatment, 5) ensure all partners have been treated, 6) seek clinical services for re-testing three months after treatment.

## MODEL FORM FAST TRACK ASSESSMENT

### Why did you come to clinic today?

- STD Screening / Testing
- My partner was treated for an infection
- I have a problem
- Contacted by someone from the clinic
- Other \_\_\_\_\_

### Risk Assessment

- | NO                       | YES                      | In the past 90 days, have you:                                  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Had sex with someone you did not know?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Had sex with someone you met on line or through a phone app?    |
| <input type="checkbox"/> | <input type="checkbox"/> | Accepted money or drugs for sex?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Paid money or drugs for sex?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Had sex with prostitutes? (Male or Female)                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Used drugs like crack cocaine, crystal meth, or other IV drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Been told that one of your sex partners has syphilis or HIV?    |

### FOR MEN ONLY In the past 90 days, have you:

- Had sex with other men
- Had sex in a public place like a bath house, book store, or park?

Prior HIV test date: \_\_\_\_\_  
 Positive       Negative       Unknown

How often do you use condoms or other barriers:  
 Always       Sometimes       Never

**If any "yes" answers, refer to clinician.**

### Client Information

Date: \_\_\_\_\_ Contact Number \_\_\_\_\_  
 Alternate Contact Number \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
 Sex at Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female

Current Sex:  M  F Self-Define: \_\_\_\_\_  
LABEL

Record Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

### Are you having any of the symptoms listed below?

\_\_\_\_\_ Discharge (vagina / penis / rectum)  
 \_\_\_\_\_ Sores / Rash / Bumps  
 \_\_\_\_\_ Pain / Fever / Bleeding  
 \_\_\_\_\_ Pregnant?

**Any "yes" answer, refer to clinician.**

### Referrals / Education

\_\_\_\_\_ STD Clinic for exam  
 (date/time) \_\_\_\_\_  
 \_\_\_\_\_ Safer Sex Education  
 \_\_\_\_\_ Obtaining Results: \_\_\_\_\_  
 \_\_\_\_\_ Other: \_\_\_\_\_  
 \_\_\_\_\_ Condoms given

### Notes / Treatment(s) Given

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### LAB TESTS DONE

Date	Test	Results		
		Negative	Positive	Indeterminate
	RPR			
	HIV			
	CHLAMYDIA			
	GONORRHEA			

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_