North Dakota Department of Health (NDDoH) – STD Program
Standing Orders for the Treatment of Gonorrhea

Patient Eligibility:
- No allergies to medications.
- Indicated for patients with a positive test for gonorrhea
  OR
- recent exposure (within 60 days) to a known positive case of gonorrhea.
  - Patient provides the name of sexual partner and the Registered Nurse verifies diagnosis of named sexual partner with NDDoH, ND Health Information Network (NDHIN) or by calling the medical provider of the sexual partner.

Patient Exclusion:
- If ANY allergies to medications must call healthcare provider to receive a verbal or written order for treatment.
- If ANY signs or symptoms of genital /pelvic infection, must refer to healthcare provider.
- If patient is pregnant or breastfeeding, must refer to a healthcare provider.

Patient Education:
3. Instructions on the medication (to include benefits, risks, side effects, warning signs). https://medlineplus.gov/druginfo/meds/a685032.html
4. Do not have sex for 7 days after you and your partner(s) finish the medicine.
6. Obtain names of all sexual contacts from the last sixty days and complete the NDDoH-STD Report Form for Healthcare Providers and fax to local epidemiologist.
7. Return for test of cure 14 days after treatment if positive for pharyngeal gonorrhea.
8. Retest 3 months after treatment. If retesting at 3 months is not possible, the patient should be retested whenever they present for medical care in the 12 month period following initial treatment.

Nursing Action:
Registered Nurse may treat any eligible patient as defined above after notification to the healthcare provider of the positive test result.
Registered Nurse must obtain and document a current weight of the client prior to administering of treatment.
Registered Nurse must document the client’s treatment in the client’s medical record and signed off by the provider with prescriptive authority.

Administer: **Ceftriaxone 500mg IM in a single dose**
(for persons weighing <150 kg (330 lbs))

**OR**

**Ceftriaxone 1g IM in a single dose**
(for persons weighing ≥150 kg (330 lbs))

Signature__________________________________ Date____________________

Agency Medical Director