



UMC
HEALTH
SYSTEM

**Standing Delegation Order
SANE Examination**

Patient Label Here

Allergies: _____ Weight: _____ Height: _____ Age: _____

LABORATORY

Serum HCG Urine HCG

HCG Results: Positive **Results required prior to treatment**
 Negative

STANDARD EMPIRIC THERAPY FOR SEXUALLY TRANSMITTED DISEASES

Adults, adolescents, & pediatrics greater than or equal to 45 kg:

- Azithromycin (Zithromax) 1000 mg PO now
- Ceftriaxone (Rocephin) 500 mg IM now (may be used if patient is pregnant)
- Ceftriaxone (Rocephin) 1gram IM if weight greater than or equal to 136 kg
- Metronidazole (Flagyl) 2000 mg PO now

Pediatrics – weight less than 45 kg:

- Azithromycin (Zithromax) 20 mg/kg PO now. Do not exceed 1000 mg
- Ceftriaxone (Rocephin) 125 mg IM now
- Metronidazole (Flagyl) 7.5 mg/kg PO now. Do not exceed 2000 mg

ALTERNATE MEDICATIONS

- Doxycycline 100 mg PO bid x7 days (May be used if patient is not pregnant or is over the age of 8 years and has an allergy to azithromycin. Prescription to be given to patient)
- Pedi dose: Doxycycline 2.2 mg/kg PO bid x7 days. Do not exceed 100 mg per dose. (May be used if patient is 8 years of age or younger and has an allergy to azithromycin. Prescription to be given to patient)
- Erythromycin (ERY-C) 250 mg PO four times per day x7 days (May be used if patient is pregnant and has an allergy to azithromycin. Prescription to be given to patient)
- Cefixime (Suprax) 800 mg PO one time. (May be used as an alternate to ceftriaxone in adults and pediatrics greater than or equal to 45 kg)

EMERGENCY CONTRACEPTION

- Promethazine 25 mg PO one time. Give 15-20 minutes prior to taking levonorgestrel (Plan B One-Step)
- Ondansetron 4 mg PO one time. Give 15-20 prior to taking levonorgestrel (Plan B One Step)
- Levonorgestrel (Plan B One-Step) 1.5 mg PO one time

These orders have been implemented by care algorithm as detailed in policy and procedure on record by:

Signature: _____ **SANE** **Date:** _____ **Time:** _____

Printed name: _____ **SANE**

Signature on file: Christopher Piel, MD **Date:** _____ **Time:** _____

Medical Director – UMC EC, FNESWT





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**Standing Delegation Order
SANE Examination**

Patient Label Here

Hepatitis B immunization and/or HIV post-exposure prophylaxis:

Sexual Transmission accounts for approximately 30-60% of new hepatitis B virus infections in the United States. The CDC (Center for Disease Control) recommends initiating HIV prophylaxis within 72 hours of exposure to patients who present after sexual assault.

Risk of HIV Transmission:

- risk per contact of unprotected receptive anal intercourse: 1 – 5%
- risk per contact of unprotected insertive anal intercourse and receptive vaginal intercourse: < 0.1%
- risk per contact of oral transmission not quantified

LABORATORY

- CBC
- Hep B
- CMP
- HIV

MEDICATIONS

- Emtricitabine and tenofovir (Truvada) 200 mg/300 mg (1) tab by mouth daily. For age greater than 12 years.
- Dolutegravir (Tivicay) 50 mg (1) tab by mouth daily. For age greater than 12 years, and weight greater than or equal to 40 kg.
- Hepatitis B Vaccine recombinant (Engerix-B) 0.5ml IM now. For age less than 11 years. Additional doses required in 1 month and again in 6 months must be obtained during follow up appointment with primary care physician.
- Hepatitis B Vaccine recombinant (Engerix-B) 1ml IM now. For age greater than or equal to 11 years. Additional doses required in 1 month and again in 6 months must be obtained during follow up appointment with primary care physician.

Signature below represents consent for Hepatitis B immunization and/or HIV post-exposure prophylaxis. A 28-day regimen of medication for HIV prophylaxis is required, and a 5-day regimen is being started in the Emergency Center. It is important to follow-up as directed within 5 days to continue this regimen for a total of 28 days. These medications have many side effects and can cause nausea, fatigue, and laboratory abnormalities. The true efficacy of this medication regimen is unknown. You must follow-up for results of HIV and Hepatitis B testing performed in the Emergency Center.

Signature

Date

Time

These orders have been implemented by care algorithm as detailed in policy and procedure on record by:

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Printed name: _____ **SANE**

Signature on file: Christopher Piel, MD **Date:** _____ **Time:** _____

Medical Director – UMC EC, FNESWT

