

STD Medication Order Form

Manitoba Health
Public Health



PLEASE PRINT

Date (mm/dd/yyyy) ____/____/____ Physician Office/Clinic _____

Address _____ City/Town _____

Province _____ Postal Code ____/____ Telephone _____

<i>Please Indicate Number of Units required</i>			
	Drug	Quantity	Indicators
Gonorrhea			
_____	Cefixime	400 mg PO single dose	Primary treatment choice
_____	Ciprofloxacin	500 mg PO single dose	Only in patients with allergy to penicillin and/or cephalosporin
_____	Ceftriaxone	250 mg IM single dose	Non hospitalized patients with PID
Chlamydia			
_____	Azithromycin	1.0 gm (4 capsules)	Primary treatment choice
_____	Erythromycin	250 mg tablets (56 tablets)	Pregnant and lactating
_____	Amoxicillin	500 mg tablets (21 tablets)	Pregnant and lactating, cannot tolerate above treatment
_____	Doxycycline	100 mg capsules (28 capsules)	Non hospitalized with PID
Syphilis			
_____	Benzathine Penicillin G	2.4 mu (2 syringes)	Cannot be stocked , must be ordered as required by patients
_____	Tubex Injector	Injectors are reusable, one per office sufficient.	
_____	Doxycycline (100mU)	28 capsules	For patients with Penicillin allergy (see reverse)
_____	Azithromycin	2g single dose	
Azithromycin alone should not be routinely used as a treatment option for early or incubating syphilis as azithromycin resistance has been reported and is increasing. In exceptional circumstances, azithromycin should be reserved for suspect syphilis cases (at the time that serology is performed) only if Bicillin is not readily available, with the understanding that the patient will require Bicillin if their serology confirms that they have syphilis.			

ALL INFORMATION REQUIRED BELOW**

P.H.I.N. _____		Patient Initials _____
<input type="checkbox"/> Case	<input type="checkbox"/> M	Date of Birth ____/____/____ (mm/dd/yyyy)
<input type="checkbox"/> Contact	<input type="checkbox"/> F	

**** Reporting information required by Public Health Agency of Canada under the requirements of the Special Access Program. See "Sexually Transmitted Diseases Guidelines" for dosages, indications and precautions.**

Signature of Doctor: _____ Printed Name of Doctor: _____

Fax Order To: Tache Pharmacy
 Fax: (204) 231-1739
 Phone: (204) 233-3469
 Inquiries (not orders) sent to tache@mts.net

January 5, 2006

STD Treatment Guidelines

(for Syphilis and Chancroid only)



Drug	Dosages	Indications	Precautions
Syphilis - <i>In HIV co-infected individuals, consult an Infectious Disease specialist.</i>			
Benzathine Penicillin G	2.4 mU in a single session, in divided doses	Infections in adults and adolescents staged as primary, secondary or latent of <1 year duration. May be used in pregnancy and lactation.	Contraindicated in clients with penicillin allergy. Consultation with an Infectious Diseases specialist is recommended.
	2.4 mU IM once a week for 3 consecutive weeks, for a total of 7.2 MU.	Latent infections > 1 year's duration in adults and adolescents.	Consultation with an Infectious Diseases specialist is recommended.
Crystalline Penicillin G	3-4 mU q4h IV for 10-14 days	Neurosyphilis	Consultation with an Infectious Diseases specialist is strongly recommended.
Doxycycline	100 mg BID for 14 days	Infections in adults or adolescents staged as primary, secondary, or latent <1 year duration who have penicillin allergy.	Treatment failures have been documented with doxycycline. Because penicillin G is the most reliable treatment for all stages of syphilis, desensitization of patients should be considered. Consultation with an Infectious Diseases specialist is recommended.
Erythromycin	40 mg/kg/day orally in 4 divided doses (maximum 500 mg per dose) for 14 days	Children under 9 years of age with infection staged as primary, secondary, or latent <1 year duration who have penicillin allergy.	Consultation with an Infectious Diseases specialist is recommended. Contraindicated in clients with penicillin allergy.
Azithromycin	2 g PO single dose	Azithromycin alone should not be routinely used as a treatment option for early or incubating syphilis as azithromycin resistance has been reported and is increasing. In exceptional circumstances, azithromycin should be reserved for suspect syphilis cases (at the time that serology is performed) only if Bicillin is not readily available, with the understanding that the patient will require Bicillin if their serology confirms that they have syphilis.	
Chancroid			
Ceftriaxone	250 mg IM single dose	First line treatment for adults and adolescents	Should be considered in the differential diagnoses of any client with a genital ulcer.
Erythromycin	500 mg PO QID for 7 days	Alternate treatment for clients with known cephalosporin allergy and history of immediate and/or anaphylactic reaction to penicillins	Should be considered in the differential diagnoses of any client with a genital ulcer.
Azithromycin	1 g PO single dose	CDC (2002), WHO (2003)	