

### **STD's**

- Gonorrhea, chlamydia and BV are most frequently diagnosed
- diagnostic/testing at presentation; F/U 1 week for results and institution of tx if + and not treated initially; F/U 1-2 weeks for repeat testing if neg at presentation; if prophylaxed test only if symptomatic

#### -medical regimen

*Ceftriaxone* 125 mg IM +  
*Metronidazole* 2 g po +  
*Azithromax* 1 g po (contra-  
indicated in pregnancy)

#### side effects

GI  
(consider anti-emetic)

or

*Doxycycline* 100 mg po bid x 7 days  
(substitute for *Azithromax*)

### **Pregnancy**

- 97-98% effective if started within 24 hrs of sexual attack (generally only recommended within 72 hrs)
- 1% failure rate for any pregnancy prophylaxis with potential teratogenicity effect if pregnancy occurs

#### -medical regimen

#### side effects

1) *Plan B Kit* one po now,  
repeat dose in 12 hours  
(if vomiting occurs <1 hr,  
consider repeat dose with  
anti-emetic taken 1 hr prior)

N/V

2) *Ovral* or *Ogestrel* 2 pills ASAP then  
identical dose 12 hours later

3) *Alesse*, *Aviane*, *Lessina* or *Levline*  
5 pills ASAP then identical dose 12 hours later

### References:

Morbidity and Mortality Weekly Report, Centers for Disease Control and Prevention, May 10, 2002/Vol 51/No RR-6 7-10, 59-61, 69-71.

*Nonoccupational HIV Post-exposure Prophylaxis; A New Role for the Emergency Department*; Annals of Emergency Medicine 36:4, October 2000, 365-376.

The Sanford Guide to Antimicrobial Therapy 2003-33<sup>rd</sup> Edition, 120-121.

The Sanford Guide to Antimicrobial Therapy 2005-35<sup>th</sup> Edition, 128-129.

Tarascon Pocket Pharmacopoeia. 2004 Edition 84 94