



North Dakota Department of Health and Human Services (ND DHHS) - Family Planning Program  
**Standing Orders for Laboratory Testing for Syphilis**

Patient Eligibility:

The following patients are recommended by the North Dakota Department of Health and Human Services, Centers for Disease Control (CDC) and the United States Preventive Services Task Force (USPSTF) to be screened asymptotically for syphilis:

- Sexually active men who have sex with men are to be screened annually at a minimum or every three (3) to six (6) months if at increased risk of infection (e.g., those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, a sex partner who has a sexually transmitted infection (STI), anonymous sex partners or currently or in the past injected drugs).
- All sexually active individuals should be considered for syphilis screening annually if at increased risk of infection (e.g., those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, a sex partner who has a STI, anonymous sex partners or currently or in the past injected drugs).
- Sexually active persons living with HIV, screened at first HIV evaluation, and at least annually thereafter.
- All pregnant women are to be screened at the first prenatal visit, early in the third trimester and at delivery.
- Anyone with exposure to a sex partner who has been diagnosed with syphilis.

All patients eligible for testing must provide consent for services. Consent is to be documented in the patient's medical record.

Patient Exclusion:

- All persons with ANY signs or symptoms of genital/systemic infection are reported or observed they must be referred to a healthcare provider.

Patient Education:

Patients must be educated on the following:

1. How syphilis testing is performed (i.e., specimen collection, testing processes, expected time to result, how results are reported to the patient).
2. What the expectation and timeline is to return for treatment if the result is positive?
3. To abstain from all sexual activity until test results are complete.
4. Safe sex education on how to prevent future STIs (i.e., condom use, abstinence and monogamous partners who know their STI status).
5. Signs and symptoms of infection. Patients must be informed that if any signs or symptoms are present of genital/systemic infection post-evaluation, they must seek the care of a healthcare provider.



Nursing Action:

1. Registered Nurses must assess patients for symptoms indicative of an infection or serious medical problem. All patients who present symptomatically will be referred for examination by a clinician. This may include referral to urgent care/ emergency department for severe symptoms if no clinician is available on site.
2. Discuss the patient’s sexual history assessing with the 5 Ps methodology. This methodology is described in the CDC MMWR STD Treatment Guidelines, 2021 and includes types of sexual partners, types of sexual practices, how are they preventing pregnancy, how are they protecting themselves from STIs, and history of STIs.)
3. Eligible patients consenting to syphilis testing will be the collected blood for testing. The Registered Nurse may collect a blood specimen collection and request the following laboratory tests:
  - Nontreponemal testing – rapid plasma reagin (RPR) or venereal disease research laboratory (VDRL)
  - Treponemal testing – *T.pallidum* passive particle agglutination assay (TP-PA), enzyme immunoassays (EIAs) or chemiluminescence immunoassays

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Agency Medical Director