

Telephone Management for Patients Presenting with GUM Symptoms

Interim guidance for telephone consultations during current phase of
COVID-19 outbreak

Proposed flow charts for telephone management of patients with GUM symptoms

- Interim clinical pathway designed to support the ‘social distancing phase’ of the current COVID-19 epidemic
- **A full clinical history** should be taken by a senior clinician over the telephone for all patients scheduled to attend clinic for review **prior** to attendance and text leaflets should be sent by SMS where applicable.
- A **clear management plan** should be documented in patient notes and **tests requested** where applicable.
- The aim is to minimise as far as possible time spent in clinic
- Senior clinical judgement may supersede this guidance and in some cases where patients are at high risk from developing coronavirus complications it different management pathways maybe advisable (see list below)

Patients at high risk from coronavirus (should **contact NHS 111** and then discuss with senior prior to booking appointment)

- Organ transplant
- Current cancer or undergoing cancer treatment
- Severe lung disease e.g. Cystic Fibrosis, Severe Asthma
- Taking immunosuppressive medications
- Known immunodeficiency
- Pregnant with congenital heart disease

Patients reporting **fever** (no need to measure temperature) or a **new continuous cough** (bout lasting > 1 hour or 3 or more coughing episodes in 24 hours) should be advised **not to attend clinic** and to contact the NHS 111 service.

Summary of Key Management Points

- The following procedures should be **suspended** in clinic due to risk of aerosolisation and COVID-19 transmission
 - Pharyngeal swabs
 - Proctoscopy
- Telephone consultations for the following categories of patient should be undertaken by senior medical staff
 - Pregnant women with STIs or STI symptoms (unless being referred directly to EPAGU with pelvic pain/bleeding)
 - Symptomatic patients with syphilis or contacts of syphilis.
- The following tests will no longer be routinely carried out until further notice
 - *Mycoplasma genitalium* testing
 - Cultures for gonorrhoea

Self Management

Online Pharmacies (contraception/treatments ££)

- <https://onlinedoctor.superdrug.com/>
- <https://onlinedoctor.lloydspharmacy.com/>

SHL (online testing)

- <https://burrellstreet.shl.uk/>

Male Dysuria / Discharge

Triage: Discharge/Dysuria

Senior Clinician Telephone Assessment

- Has the patient already seen another healthcare provider (GP/other Sexual Health Clinic) about this problem?
- Has the patient tried any over the counter treatments?
- If so, what tests have been done/treatment given?

Full clinical history over telephone + clear plan should be documented in notes

Higher risk

- Severe symptoms
- Purulent discharge
- CT, GC, TV, M Gen Contact
- GBMSM
- Ethnicity Black or Black/Mixed Caribbean
- SARA

SRH Clinic Appt

- Refer to completed telephone history + plan – do not repeat history
- Treat syndromically if GC clinically suspected or NSU. Consider microscopy
- Urine NAATS as appropriate
- Consider Blood tests according to risk
- Empirical antibiotic treatment for STI contacts.
- If treating GC, give doxycycline to cover CT for 1/52 and 2/52 doxycycline in GBMSM to cover incubating STS if appropriate.
- Refer online for TOCs via SHL

Lower risk

- Intermittent/mild symptoms
- >2 weeks of symptoms
- No visible discharge

Refer

- SHL online kit
- Ring again if STI positive or if symptoms persisting (2/52) despite negative screen

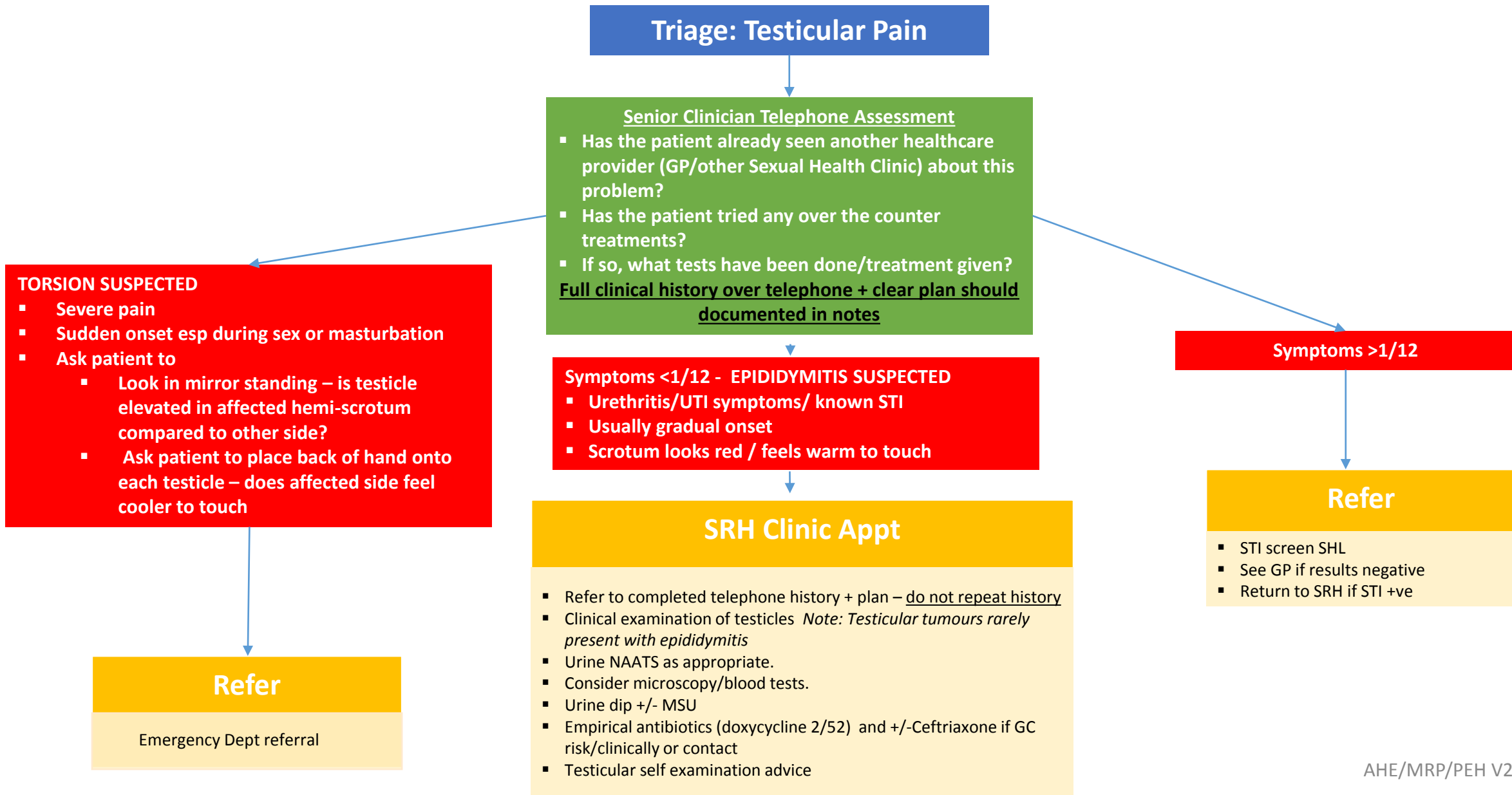
Symptoms suggestive of UTI

- >45 years old
- Previous UTI history
- Frequency with new nocturia
- Haematuria
- Low risk for STIs
- Prostatic or other urinary tract comorbidity

Medication Drop off/ Refer

- Empirical medication for Nitrofurantoin 100mg bd 1/52 (medication drop off)
- SHL online kit
- Primary care follow-up

Testicular Pain



Rectal symptoms

Triage: Rectal symptoms

- Has the patient already seen another healthcare provider (GP/other Sexual Health Clinic) about this problem?
 - Has the patient tried any over the counter treatments?
 - If so, what tests have been done/treatment given?
- Full clinical history over telephone + clear plan should be documented in notes**

- Proctitis suspected**
- Pain/rectal discomfort
 - Tenesmus / constipation
 - Bloody or mucus discharge
- Higher risk**
- Known contact of STI
 - Acute onset
 - Receptive anal sex
 - Chemsex

- SRH Appt**
- Refer to completed telephone history + plan – do not repeat history
 - Urine NAAT + Rectal NAAT STS/HSV
 - Consider Blood tests STS/HIV/Hep C
 - 3 weeks Doxycycline if proctitis
 - Add GC Rx as appropriate +/- Acyclovir
 - FUP prn

- Lower risk**
- No receptive anal sex
 - Mild or non-specific symptoms
 - Longstanding

- Refer**
- SHL online kit
 - Ring again if STI positive or if symptoms persisting (2/52) despite negative screen

- Symptoms suggestive of other diagnosis**
- Anal fissure
 - Haemorrhoid
 - Chronic / longstanding known problem

- Refer**
- Primary care +/-SHL online kit

Symptomatic syphilis contacts should receive **senior medical** telephone consultation

Contact of syphilis

Triage: Syphilis contact

Senior Clinician Telephone Assessment

- Has the patient already seen another healthcare provider (GP/other Sexual Health Clinic) about this problem?
 - Has the patient tried any over the counter treatments?
 - If so, what tests have been done/treatment given?
- Full clinical history over telephone + clear plan should documented in notes**

Symptomatic

Asymptomatic & Last sex with index case $\geq 3/12$

Asymptomatic and last sex with index $\leq 3/12$

SRH Clinic Appt

- Refer to completed telephone history + plan – do not repeat history
- Symptom directed clinical examination
- Primary syphilis: Ulcer PCR
- Secondary without neuro or eye involvement - Rx as protocol
- With eye / neuro involvement -MDT discussion
- Post Rx serology on SHL

SRH Clinic Appt

- Refer to completed telephone history + plan – do not repeat history
- Serology + include HIV testing
- Doxycycline 100mg BD 2/52
- STI screen optional – can signpost online
- FUP serology with SHL in 3/12

Refer

SHL online kit

Positive syphilis serology

Patient with syphilis should receive senior medical telephone consultation

Triage: Positive serology

Senior Clinician Telephone Assessment

- Has the patient previously received treatment for syphilis? If the results are consistent with previously treated syphilis then no further follow-up is required
- **POSITIVE** = New positive or > 2 dilution increase in RPR with no history of treatment
- Full clinical history must be take over telephone + clear management plan documented

**Symptomatic Early
Ulcer/ Rash/
Mucositis/Condylomata lata**

SRH Clinic Appt

- Symptom directed clinical examination
- Primary syphilis: Ulcer PCR
- Secondary without neuro or eye involvement
- Rx as protocol
- With eye / neuro involvement
- MDT discussion
- Repeat RPR titre on SHL in 3/12

**Asymptomatic –
negative serology
≤ 2 years**

SRH Clinic Appt

- Clinical survey to exclude unnoticed rash/ulcer
- Rx as early latent
- Repeat serology 3/12 SHL

**Asymptomatic – ? Late
latent**

SRH Clinic Appt

- Clinical survey to exclude early disease esp if RPR positive
- Exclude neuro disease/ aortic regurgitation
- Rx as late latent

**Symptomatic Late
Disease**

MDT Discussion

- Patients being treated for dementia may be better managed by medical teams caring for them with our advice with HAs supporting PN

**False Positive
suspected**

Refer SHL

Repeat TPPA 3/12
On SHL

Female Discharge

Triage: Female Discharge
No pelvic pain/abnormal bleeding

Senior Clinician Telephone Assessment

- Has the patient already seen another healthcare provider (GP/other Sexual Health Clinic) about this problem?
- Has the patient tried any over the counter treatments?
- If so, what tests have been done/treatment given?

Full clinical history over telephone + clear plan should be documented in notes

History suggestive of vaginal candidiasis?

- Previous history of thrush?
- Thick, itchy discharge with superficial irritation/dysuria

Refer

- SHL online kit
- Advise OTC clotrimazole/Fluconazole Rx
- Ring again if STI positive or if symptoms persisting (2/52) despite negative screen

History suggestive of Bacterial Vaginosis?

- Previous history of BV?
- Watery/creamy malodorous discharge

Refer

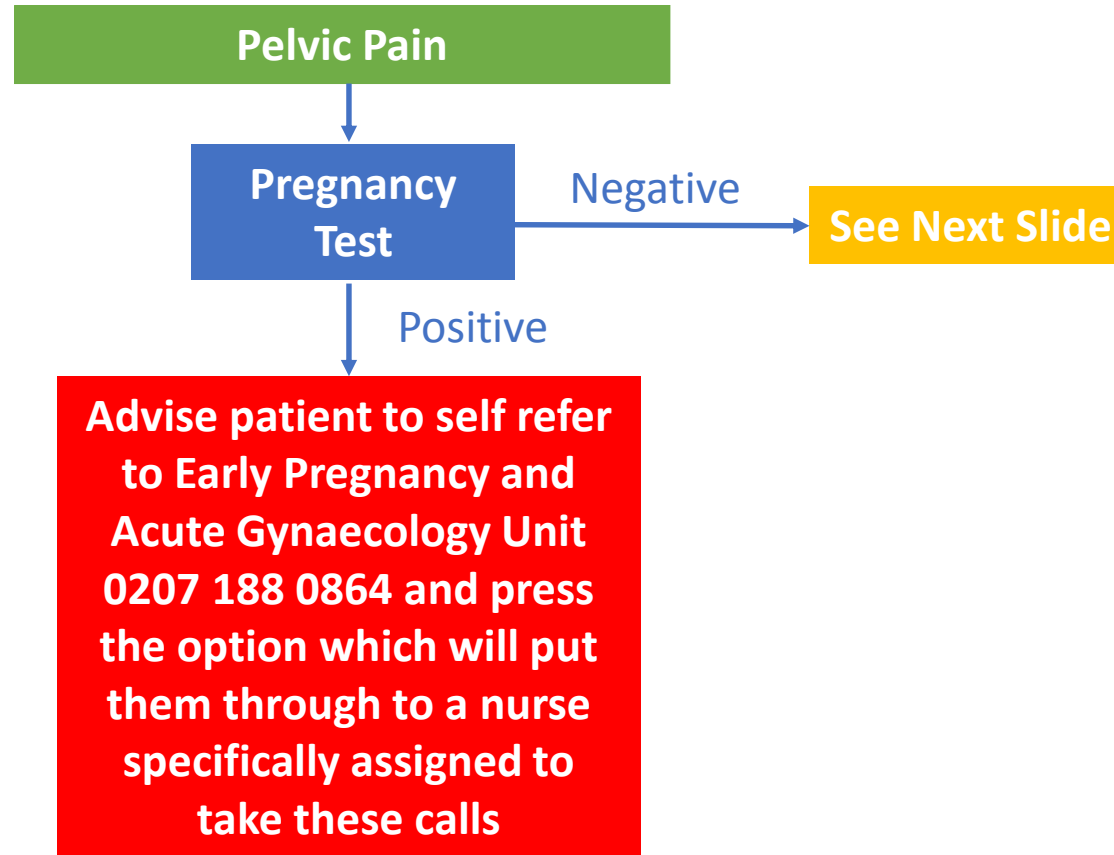
- SHL online kit
- Advise OTC Lactic Acid gel Rx
- Ring again if STI positive or if symptoms persisting (2/52) despite negative screen

Recent Contact of TV/STI
Any possibility of retained tampon?

SRH Clinic Appt

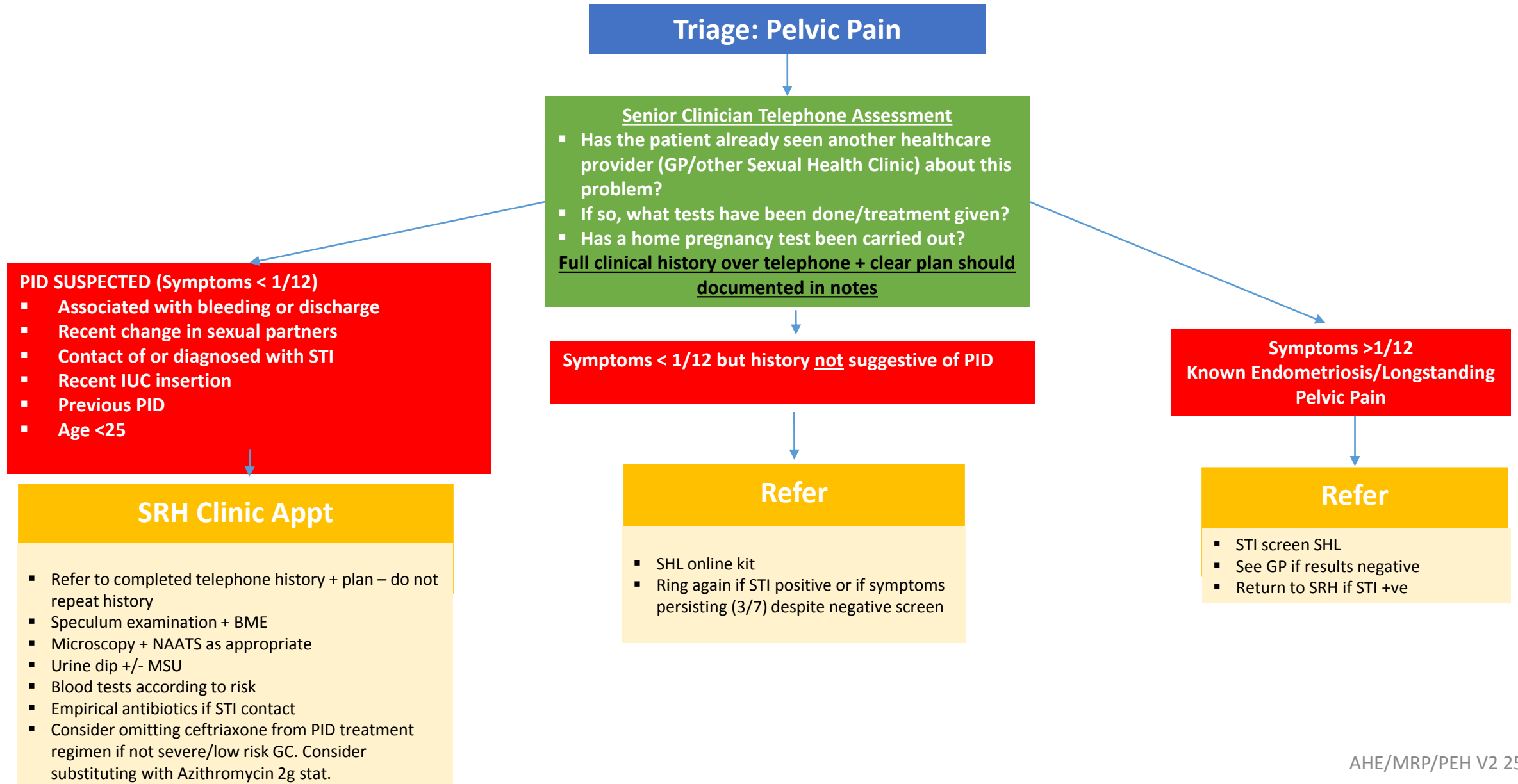
- Refer to completed telephone history + plan – do not repeat history
- NAATS as appropriate
- Consider blood tests according to risk
- Empirical antibiotic treatment for STI contacts
- Empirical Metronidazole if TV likely/no obvious cause
- If GC Rx - give doxycycline to cover CT for 1/52
- Speculum examination to remove retained tampon if appropriate
- Refer online for TOCs via SHL

Female Pelvic Pain – Pregnancy test +ve



Pregnant patients with pain and or bleeding should self refer directly to EPAGU and should not attend SRH clinic for assessment first

Female Pelvic Pain – Pregnancy Test Negative



Contraception Advice

Dr An Vanthuyne based on FSRH COVID guidance

Key Points

- After the publication of the FSRH guidelines and discussion with the SRH service leads in London and beyond we will take the following course of action:
- Provision of contraception and emergency contraception are still priority services but we should work to expand remote prescribing/telephone consults to reduce the face-to-face time to a minimum
- **Please contact Dr Vanthuyne anytime if you need further advice or clarifications.**
- **We are not removing any implants and IUS/Ds at present**

Patients already established on contraception

- CHC:
 - provide a 6/12 repeat prescription, no further checks of BP/BMI required
- POP:
 - provide a 12/12 repeat prescription
- DMPA:
 - Depo Provera: switch to POP
 - Sayana Press: do not initiate but if previous use give 1 Sayana Press (currently in short supply)
- Contraceptive implant:
 - replacement can be deferred for 1 year
 - >1 year leave in situ and provide 6/12 POP
- IUS (Mirena/Levosert)
 - replacement can be deferred for 1 year,
 - if > 1 year leave in situ and provide 6/12 POP
- IUS (Kyleena/Jaydess)
 - leave in situ and, provide 6/12 POP from date of expiry
 - IUD: leave in situ but offer POP 6/12 from date of expiry

New contraception starters

- Provide a 6/12 supply of POP
- Consider CHC if a BP/BMI is available in the last year
- LARC: consider in vulnerable groups, <16, enzyme inducing drugs or taking teratogenic drugs

Emergency contraception:

- Insertion of a Cu IUD should continued to be offered 1st line
- If do not meet criteria / decline offer oral EC + 3/12 POP

Coding Advice Given for Telephone Appointments

Please complete coding regardless of whether or not patient has been booked a further face to face or telephone appointment

Compulsory Patient Identifiers

Name and Date of Birth



Mobile Phone Number

Please double check patient mobile number at triage and consider sending SMS leaflet if appropriate.

Correct Postcode of Residence

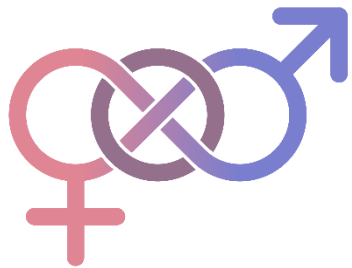


Welcome to Sexual Reproductive Health Services at Guy's and St Thomas' NHS Trust. Your clinic number is GS18-0226887. While you wait, click here for information about contraception bit.ly/contraceptionleaflet; click for information on common STIs bit.ly/srhbs; check your drinking here bit.ly/bsalcoholcheck

Compulsory Demographic Fields

Gender

(and was it the same at birth?)



Ethnic Origin



Country of Birth



Telephone Appointment Essential Fields

Consultation Medium Used

Patient Symptomatic?

Patient is an STI Contact?

Change from 'face to face communication' which is the default to 'telephone'

Session Type

Consultation Medium used **Telephone**

Patient Appointment Note

Fast track options

Patient is symptomatic Consultation result of PN?

Clinic Type

Session Type

Consultation Medium used Face to face communication

Patient Appointment Note

Fast track options

Patient is symptomatic Consultation result of PN?

Clinic Type

Referral source [Browse](#)

SRHAD Attendance Location

019 Health Clinic managed by the NHS

[Submit](#) | [Cancel](#)

Coding Triage or Telephone Advice

Please use one of the following to code advice

Contraception
Advice*

P3

Sexual Health
Advice

SRH-1

Onward Referral
(e.g. online services, EPAG,
ED,GP)

SRH-33

**An alternative is to code 'maintaining' contraception e.g. IUD/Implant in patients being counselled on extended LARC use*

Coding Telephone or Triage Advice – STI Contacts

Contact of STIs	Description
PNC	Contact of Chlamydia
PNG	Contact of Gonorrhoea
PNT	Contact of TV
PNN	Contact of NSU/PID
PNS	Contact of Syphilis
PNP	Contact of any other STI (including PID/ Epididymitis/MGEN)

Please code all STI contacts regardless of management e.g. even advised to test online in 2/52

STIs diagnosed at other clinics or online

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- Order Comms
- Partner Notification
- Patient Messages
- Prescriptions

A3X, £212.16, £239.63 Early latent syphilis - diagnosed elsewhere £17.68, Other dermatosis / tinea C6A, £17.68,
 A4, £212.16, £239.63 Cardiovascular syphilis £24.51
 A4X, £212.16, £239.63 Cardiovascular syphilis - diagnosed elsewhere P1A HIV antibody test (no sexual health screen) TS, £13.93,
 |1|2| >> Next T2, £28.18, Chlamydia and Gonorrhoea Tests £13.92
 T3, £39.92, Chlamydia, Gonorrhoea and Syphilis Tests T12
 T4, £51.08, Full sexual health screen including HIV antibody test
 PEP5, Post exposure prophylaxis after sexual exposure (PEP5) £82.74, £97.96

Entries To Save									
Date	Code	Description	Method Of Acquisition	National Code/Suffix	Tariff Code	Type	Comments	Delete	
19 Nov 2019	C4	Chlamydial infection	Heterosexual Sex	C4		<input type="radio"/> Provisional <input checked="" type="radio"/> Final <input type="checkbox"/> Initial reactive <input checked="" type="checkbox"/> Confirmed elsewhere		Delete	
		Untreated reason <input type="radio"/> Not required <input type="radio"/> Referred elsewhere <input type="radio"/> Refused by Patient <input type="button" value="Clear"/>		Diagnosis site <input type="checkbox"/> Genital <input type="checkbox"/> Rectal <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Ocular <input type="checkbox"/> Other <input type="button" value="Clear"/>					
19 Nov 2019	B	Gonorrhoea	Heterosexual Sex	B		<input type="radio"/> Provisional <input checked="" type="radio"/> Final <input type="checkbox"/> Initial reactive <input checked="" type="checkbox"/> Confirmed elsewhere		Delete	
		Untreated reason <input type="radio"/> Not required <input type="radio"/> Referred elsewhere <input type="radio"/> Refused by Patient <input type="button" value="Clear"/>		Diagnosis site <input type="checkbox"/> Genital <input type="checkbox"/> Rectal <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Ocular <input type="checkbox"/> Other <input type="button" value="Clear"/>					
19 Nov 2019	A2, £212.16, £239.63	Secondary infectious syphilis	Heterosexual Sex	A2		<input type="radio"/> Provisional <input checked="" type="radio"/> Final <input type="checkbox"/> Initial reactive <input checked="" type="checkbox"/> Confirmed elsewhere		Delete	
		Untreated reason <input type="radio"/> Not required <input type="radio"/> Referred elsewhere <input type="radio"/> Refused by Patient <input type="button" value="Clear"/>		Diagnosis site <input type="checkbox"/> Genital <input type="checkbox"/> Rectal <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Ocular <input type="checkbox"/> Other <input type="button" value="Clear"/>					

Please code all STIs diagnosed online or in other clinics who are contacting us but make sure to tick the box 'confirmed elsewhere'

Other Codes to Consider

Code	Description
H	Known HIV +ve
PR1/PR2/PR3	Pregnant
C6C	Advice given on general discharge/vaginitis