# Covid-19 clinic guidance

**Asymptomatic screens**

* Under 25s free chlamydia screening service in Bucks  is <https://www.tht.org.uk/our-services/phone-and-post/free-chlamydia-postal-test-kits>
* For asymptomatic over 25s who want a screen (but not free) options include

<https://onlinedoctor.lloydspharmacy.com/uk/sti-tests>

<https://fettle.health/> (the PAYG branch of SH 24)

<https://www.zavamed.com/uk/>​

**For all patients:**

**Do you have a high fever or a new persistent cough?**

**Does a member of your household have a high fever or new persistent cough?**

**In all situations take the history by phone so when patient attends, just for tests and treatment**

Actively slow down and tell patient you are going to write down- gives pause to consider other questions?

Put the phone on loud speaker and then you have 2 hands to record in notes if they have notes or on Lilie in consultations if no notes

NO

See options below.

**Young people (under 18) and vulnerable adults should be seen unless self isolating.**

YES

Need to self isolate so cannot be seen here. See Options for self-isolating people section.

|  |  |  |
| --- | --- | --- |
| Condition | Options | Options if self isolating |
| Vaginal discharge | Check no retained foreign body eg tampon.  OTC treatment (clotrimazole pessary or fluconazole tablet for candida/lactic acid gel for BV).  If pregnant, option for medication by post. | Check no retained foreign body eg tampon.  Ask friend/relative who is not self-isolating to obtain treatment from community pharmacy.  If pregnant, can be booked in to clinic / medication by post. |
| Lower abdominal pain with bleeding or dyspareunia | Book to be seen.  If history suggestive of surgical cause or gynae issue, signpost to appropriate service: 111, GP, ED. | Any red flags – 111 or 999  If no, could friend/relative get a pregnancy test for them? If negative, could post doxycycline/metronidazole.  If positive 111 as will need review by EPU but with contact precautions. |
| Women with Dysuria | Any ulceration? If so and no previous HSV, book to be seen.  Any suggestion of pyelonephritis – call 111.  If neither of these, conservative treatment: fluids, pain relief, if no renal disease can use urinary alkalinizing agents (Na HCo3, cystitis relief sachets). If not better few day, 111.  Consider Nitrofurantoin SR by post | Any ulceration? If fever and not clear whether ulcers consider whether secure way of sending photo. If so and no previous HSV, consider postal aciclovir.  Any suggestion of pyelonephritis – call 111.  If neither of these, conservative treatment: fluids, pain relief, if no renal disease can use urinary alkalinizing agents (Na HCo3, cystitis relief sachets). If not better few day, 111. |
| Primary herpes simplex | Book to be seen. | Recommend salt water bathing, regular analgesia.  Advice regarding urinary retention.  Posted aciclovir course. |
| Male urethral discharge (new, STI risk) and/or men under 35 with dysuria/MSM with dysuria, | Book to be seen. | Await end of isolation period then call back to be booked in and reviewed.  Avoid sex until seen. |
| Scrotal pain/swelling ?epididymo-orchitis | Book to be seen | Severe and sudden pain (?torsion) 999  Persistent, needs review before end isolation: 111 |
| Proctitis | Book to be seen | Call back after isolation ends to be seen. Avoid sex.  If severe: bleeding, pain, difficulty defecating: 111 |
| Possible syphilis (painless ulcer, new rash with risk for syphilis, other symptoms suggestive secondary syphilis) | Book to be seen | Call back after isolation ends. Avoid sex. If develops headaches, visual symptoms, hearing loss/tinnitus: 111. |
| Chlamydia positive NAAT | Post treatment | Post treatment |
| Contact chlamydia | If index known to us: Accelerated partner treatment pathway  If index not know to us: can we verify diagnosis eg send us screen shot of text received? If so, accelerated partner treatment pathway. | If index known to us: Accelerated partner treatment pathway  If index not know to us: can we verify diagnosis? If so, accelerated partner treatment pathway. |
| Contact gonorrhea | Book to see – see appendix below on management | Await end isolation, then call back. Avoid sex. |
| Contact syphilis | Book to see | Await end isolation, then call back. Avoid sex. |
| GC ToC | Book to see – see appendix below on management | Await end isolation, then call back. Avoid sex. |
| Emergency contraception | Book to see. Option to use community pharmacy if closer. | Ask friend/relative to obtain EHC from community pharmacy. |
| PEP | Phone assessment and if recommended, attend for baseline tests and collect 28 days PEP. Follow up F2F at 8 weeks unless STI symptoms | Phone assessment and if recommended will need to arrange for friend / family member to come and collect 28 days PEP. See at end of isolation for baseline tests and follow up, preceded by telephone call |
| Expired LARC | See appendix 2 | Condoms, or abstinence, call back after isolation period |
| Needs contraception, not using any | See appendix 2 | Condoms or abstinence, call back after isolation period or consider on line pharmacy |

## Appendix 1

## Management of patients with gonorrhoea and gonorrhoea contacts

**NB do not take throat swabs in clinic – only TOC**

**Women diagnosed with GC or GC contacts (will probably be diagnosed on NAATs)**

* When attend for treatment, please take NAATs and cultures from cervix and rectum (NOT throat)
* Treat with ceftriaxone AND doxycycline
* Give 3 swabs to take away labelled with GUM labels (Not ICE ones) and marked throat, rectum, vagina to self swab in 2 week’s time.
* Diary for 2 weeks follow up
* Clinician will check their results and if negative then can be telephoned and told not to attend / swab
* If positive, told to take the swabs and bring to clinic. Can be left at door and then will require labelling with ICE labels

**MSM diagnosed with GC or GC contacts (will probably be diagnosed on NAATs)**

* When attend for treatment, please take NAATs and cultures from urethra and rectum (if any anal contact)(NOT throat)
* Treat with ceftriaxone AND doxycycline
* Give 2 swabs and urine pot to take away labelled with GUM labels (Not ICE ones) and marked throat, rectum, urine to self-swab in 2 week’s time.
* Diary for 2 weeks follow up
* Clinician will check their results and if negative then can be telephoned and told not to attend / swab
* If positive, told to take the swabs and bring to clinic. Can be left at door and then will require labelling with ICE labels

**Heterosexual men diagnosed with GC or GC contacts (will probably be diagnosed on NAATs)**

* When attend for treatment, please take urine NAATs and culture from urethra (NOT throat)
* Treat with ceftriaxone AND doxycycline
* Give 1 swab and 1 urine pot to take away labelled with GUM labels (Not ICE ones) and marked throat, and urine to self-swab in 2 week’s time.
* Diary for 2 weeks follow up
* Clinician will check their results and if negative then can be telephoned and told not to attend / swab
* If positive, told to take the swabs and bring to clinic. Can be left at door and then will require labelling with ICE labels

## Appendix 2 - contraception

## Contraception scenarios

## Emergency contraception

* Telephone consult. If chooses oral EC – can obtain from community pharmacy if closer or clinic, consider quick start with POP/COC. Arrange emergency IUD where requested and staffing permits
  + If patient request to pick up oral EC and POP/COC from clinic, or requests emergency IUD, complete all consultation over the phone to minimise contact with patient

## Patient requesting repeat POP/COC

* Initial screening – is the patient known BSHAW patient or non BHSAW patient?
  + If known BSHAW patient, send ‘repeat pill BSHAW’ SMS
  + If not known BSHAW patient, send ‘non BSHAW repeat pill’ SMS
* Once patient emails form back, add patient to ‘pill by post’ clinic. Indicate on appointment whether SHAW (S) patient or Brookside patient (BS)
* Notes, form, compliment slip and addressed envelope collated for clinician
* Clinician reviews notes, if suitable, prescribe generically up to 6/12 of COC or POP on FP10 – FP10 and compliment slip posted to patient
* If unsuitable, schedule telephone consult
* If existing BSHAW COC users unable to obtain BP and weight, it is reasonable to allow remote prescription to cover the next 6/12 without rechecking BMI/blood pressure; risk associated with unplanned pregnancy likely to be greater than risk relating to continued use. If documented all relevant medical history at the time of last COC prescription, and no contraindications were identified, provision of a further supply of COC can be considered. Patient should be sent ‘repeat pill BSHAW’ SMS and asked to complete. Clinician to review, as above.

## Patient requesting regular contraception (not on established contraception)

Bridging with POP may be most sensible option in many of the following clinical scenarios

* Telephone consult.
  + Patient requesting LARC (coil/implant). Complete telephone consultation and send ‘one stop SDI’ SMS if requesting SDI and ‘one stop coil’ SMS if requesting coil
    - If high risk of pregnancy and/or at risk group and LARC (SDI/coil) only acceptable method, if staffing allows, book for SDI/coiI insertion. Complete all consultation over the phone to minimise contact with patient
    - If low risk of pregnancy, offer to bridge with POP – if accepts, prescribe generically up to 6/12 POP with FP10. FP10 posted to patient. Advise patient to monitor website for resumption of normal service
  + Patient requesting Depo. Complete telephone consultation. Offer to bridge with POP – if accepts, prescribe generically up to 6/12 POP with FP10. FP10 posted to patient. Advise patient to monitor website for resumption of normal service
    - If patient has been on Sayana Press before but switched to Depo during stock unavailability, discuss re-starting Sayana Press with patient. Up to 6/12 supply can be posted to patient.
  + Patient requests COC.
    - If new to COC but not new to service and has documented BMI and BP in notes within last 12/12, and medical eligible, complete telephone consultation and prescribe generically up to 6/12 COC using FP10. FP10 posted to patient. Advise patient to monitor website for resumption of normal service
    - If BMI and BP not available, discuss starting POP. If accepts, prescribe generically up to 6/12 POP with FP10. FP10 posted to patient. If POP is not suitable or not acceptable:-

First COC prescription would require complete remote assessment of medical eligibility and accurate self-reported blood pressure/BMI. Complete telephone consultation and assess medical eligibility. Send patient ‘non BSHAW repeat pill’ SMS. A 6/12 supply could be provided.

* + Patient requests POP
    - If new to POP, complete telephone consultation and prescribe generically up to 6/12 POP using FP10. FP10 posted to patient

## LARC removal and replacement

### LARC removal

* Advise patient service suspended. Patient to monitor website for resumption of normal services

### Extended use of LARC

New FSRH guidance during covid-19 on extended use of LARC

* Nexplanon - 4 years
* Banded copper IUDs - 12 years
* 5-year copper IUDs and 52mg LNG-IUS (Mirena/Levosert) - 6 years

### LARC expired requesting replacement

Replacement procedures for long-acting reversible contraceptive (LARC) devices that have recently expired are non-essential.

* Patient requesting replacement of LARC as expired.
  + If Nexplanon/52mg IUS/banded copper IUD/5 year copper IUD explain extended use within dates as stated above.

Inform patient that contraceptive effectiveness cannot be guaranteed but is likely to be adequate and risk of pregnancy is likely to be small. If they are worried, can add Desogestrel POP (if medically eligible) or use condoms to use in addition without F2F assessment.

All women over age 45 years at insertion can rely on the 52mg IUS ***for contraception*** until age 55. FSRH suggests that Levosert can be used in this way in the short term to reduce unnecessary F2F contact.

Any Cu-IUD inserted over age 40 years will provide effective contraception until age 55 years.

* + If Nexplanon/52mg IUS/banded copper IUD expired past new extended use as stated above and patient requesting replacement, or Jaydess or Kyleena expired and requesting replacement - complete telephone consultation. If medically eligible, offer desogestrel POP – prescribe generically up to 6/12 using FP10. FP10 posted to patient. If medically ineligible or patient declines POP, advise to use condoms. Advise patient to monitor website for resumption of normal services

## Patient requesting pregnancy test/advice

* Advise patient to obtain pregnancy test for community pharmacy or supermarket
  + If positive and requests abortion advice, provide telephone contact number for direct referral to BPAS

## Patient requesting advice re contraception complications

* Telephone consultation
  + If patient requires F2F appointment (e.g. pelvic pain with coil, neurological symptoms following implant procedures), determine if patient is self-isolating or has covid-19 symptoms. If yes and non-urgent, advise to review once self isolation is completed. If yes and emergency, advise patient to call 111 or 999 and review on COVID ward
    - If patient not self-isolating and no covid-19 symptoms, arrange F2F appointment

## Covid-19 contraception algorithm

