

## GUM Testing guidelines for the ED



### Gonorrhoea/Chlamydia –

Females - pelvic pain, PV discharge, dyspareunia, post-unprotected sex (at least 10-14 days ago).  
Men - urethral discharge, dysuria, erythematous urethral meatus, testicular pain, pelvic pain,  
Men who have sex with men with throat or rectal symptoms (pain/discharge)

#### **Testing in Females:**

Single orange topped swab (. Patient self-swabs but will need to be shown what to do.

Put swab about one inch approx into vagina, swirl around, getting in contact with the vaginal walls.

Put in tube and break off the top of the swab at indent. Lid on.

Send as chlamydia/gonorrhoea dual test on trak. Remember to select what sort of sample it is.

#### **Testing in Males:**

Dependant on symptoms- **First pass** urine, or self-swab throat or rectum (as above).

Send as chlamydia/gonorrhoea dual test on trak. Remember to select what sort of sample it is.

**All patient's with clear sexual health symptoms should be re-directed to GUM without treatment as they do slides if gonorrhoea negative and contact tracing.**

**Usually delay treatment until have results back (within a week).**

### Herpes Simplex-

Painful blistering lesions with a prodromal flu like illness. Often with yellowy sloughy material present. (If just an ulcer consider swabbing for syphilis also)

If you can see a blister then burst it (very painful for patient) swab with a red top viral swab.

**Test:** Send 'HSV real time PCR' on trak.

**Start Aciclovir 200mg 5x/day for 5 days. No GUM review required if confident with diagnosis.**

### Syphilis-

Send brown topped tube for 'Syphilis-anti-treponema-IgG-Antibody' on trak. No treatment prior to results. Consider discussing patient with GUM in day time hours. This is a screening test and a positive result should be referred on to GUM.

### HIV-

Consider testing in anyone with a flu like illness or unexplained febrile illness from high risk groups (ie sex workers, men who have sex with men, bisexuals, IVDUs; UPSI; sex with individuals from high risk areas;).

**Test:** 'HIV Ab/Ag Antibody Screen' on trak. Remember needs to be done at least 4 weeks from episode concerned and repeated at 3 months.

**Counselling:** Patient should be told you are planning to test them for HIV to make sure they get appropriate treatment as soon as possible. There are effective treatments available and it's no different from any other test. Patient can refuse the test if they have capacity. If no capacity then you are testing in their best interests.

**If the patient has come in concerned about recent exposure to sexually transmitted infection or needle stick – follow the departmental guidelines.**