Appendix 1. Chlamydia management shortcut text

Reproduced from Management of Chlamydia Cases in Australia (MoCCA). Workflow resources: Tips and strategies for streamlining chlamydia management into routine care. MoCCA, 2024. Available at www.mocca.org.au/resources/workflow-resources, with permission from MoCCA.

NAME OF SHORTCUT: CTMX

SUGGESTED AUTOFILL TEXT

Positive chlamydia test. Attended for treatment.

Site of infection [genital, anal, oropharyngeal]

Treatment

Discussed known allergies to antibiotics [specify known allergies]

[insert name of antibiotic] prescribed

Pelvic inflammatory disease review (FOR PEOPLE WITH FEMALE REPRODUCTIVE ORGANS)

[No symptoms of PID - Advised to return if pelvic pain or pain on sex develop]

PID symptoms [New onset lower abdominal pain (past xx days/weeks), Dyspareunia, other PID symptoms (specify)

Partner management

Discussed importance of notifying all partners from the past 6 months, if the patient feels safe to do so

Discussed ways of informing partners [Phone / In Person / Online / Patient Delivered]

Retesting

Discussed need to retest to check for reinfection

Retest organised for 3 months from today [insert date] via [insert method]

Other infections

Testing organised for other STIs [gonorrhoea / syphilis, other STIs (specify)]

Education and follow up

Chlamydia factsheet provided

Discussed that complications can include infertility and the risk of complications is higher with repeat infection

Advised no sexual contact for 7 days after treatment and that using condoms prevents infection

For further chlamydia management information and resources go to: https://www.mocca.org.au/

Disclaimer: This shortcut text for use in the patient notes in medical practice software was developed as part of the Management of Chlamydia Cases in Australia (MoCCA) study with clinical input from GPs and clinicians specialising in sexual health and women's health. This suggested shortcut text for documenting a chlamydia consultation is fully editable. Clinicians using these shortcuts are able to add appropriate details, delete actions not undertaken or edit information as appropriate for the specific consultation. We recommend that the content of shortcuts be regularly reviewed and updated to ensure they reflect current best practice.

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Appendix 2. PID management shortcut text

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NAME OF SHORTCUT: PIDMX

SUGGESTED AUTOFILL TEXT

Presumptive diagnosis

[Pelvic inflammatory disease]

Differential diagnoses that are unlikely:

- Pregnancy including ectopic [as negative urine pregnancy test]
- Urinary tract infection [as no dysuria and urinalysis negative for nitrites]
- Appendicitis [as pain did not start unilaterally and associated genital symptoms present]
- Ovarian cyst [as no unilateral symptoms, consider contraception method]

Presenting symptoms

[Recent onset lower abdominal pain, past xx days/weeks]

[Dyspareunia]

[Offensive vaginal discharge]

[Post coital bleeding, past xx days]

[Inter-menstrual bleeding]

Sexual health / STI history

[xx] number of partner/s, past 3 months

Condom use [never, sometimes, always]

Previous STI check [never, xx months ago for chlamydia, gonorrhoea, other]

STI history [never, chlamydia xx months ago, gonorrhoea xx months ago, other]

Menstrual and contraceptive history

Last menstrual period [xx weeks/ months]

Irregular bleeding [yes / no describe]

Contraception method [specify method]

Intrauterine device

[IUD in situ – specify type of IUD]

[Advised that IUD can remain in place if symptoms are improving, but may need to be removed if no response to treatment within 48–72 hours at which point alternative contraception will be discussed]

Examination

Abdominal palpation [nil, mild, severe, rebound tenderness]

Speculum examination [cervicitis, vaginal discharge]

Bimanual examination [unilateral / bilateral adnexal tenderness, pain on moving cervix to one / two sides, pelvic mass]

Investigations

Urine sample [HCG to exclude pregnancy]

Vaginal swabs [trichomonas vaginalis, microscopy, culture, sensitivity (MCS) to check for bacterial vaginosis]

Cervical swabs [Chlamydia trachomatis, Neisseria gonorrhoeae, Mycoplasma genitalium]

Treatment

PID treatment prescribed [see Australian STI Management guidelines https://sti.guidelines.org.au/syndromes/pelvic-inflammatory-diseases-pid/]

[Ceftriaxone 500 mg IM with 2 mL 1% lignocaine stat dose]

[Doxycycline 100 mg bd for 14 days]

[Metronidazole 400 mg bd for 14 days]

Education and follow up

PID factsheet provided

Advised that most PID is sexually transmitted even if an STI is not diagnosed. Therefore advised patient that:

- [their current sexual partner/s should be notified and tested for chlamydia, gonorrhoeae, M. genitalium and treated if positive]
- [if they test positive for [chlamydia, gonorrhoea, M. genitalium] that past sexual partner/s should be notified per Australian contact tracing guidelines https://contacttracing.ashm.org.au/conditions/when-contact-tracing-should-be-considered/pelvic-inflammatory-disease-pid].

Advised no unprotected sex until antibiotic treatment complete.

Review appointment made for *[72]* hours, but advised to return earlier if symptoms worsen.

Advised that

- Preventing repeat infection will reduce the risk of repeat PID and complications
- Risk of complications (eg Infertility, ectopic pregnancy, pain) is reduced with prompt PID treatment

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