



Sexually Transmitted Infections Clinical Pathway Synopsis

Objective of Clinical Pathway

To provide care standards for pubescent patients that support sexual health across the continuum of care, including screening, testing, and intervention. This pathway provides guidance for healthcare professionals in both ambulatory and inpatient settings.

Background

The Centers for Disease Control and Prevention (CDC) defines a sexually transmitted infection (STI) as an infection transmitted through sexual contact and a sexually transmitted disease (STD) as the clinical condition that may develop as a result of an STI.¹

Sexually transmitted infections represent a substantial public health concern and disproportionately affect adolescents and young adults. National surveillance data indicate that individuals aged 15 to 24 years accounted for 48.2% of reported cases of chlamydia, gonorrhea, and syphilis in the United States in 2023.² More recent provisional CDC surveillance data showed that more than 2.2 million cases of chlamydia, gonorrhea, and syphilis were reported in 2024, underscoring the continued national burden of sexually transmitted infections despite an overall 9% decline in reported cases compared with 2023.² Despite the availability of effective screening, diagnostic testing, and treatment options, many adolescents experience barriers to obtaining sexual health care, including limited access to services, concerns regarding confidentiality, and social and structural factors that influence health care utilization.³⁻⁶

Improving adolescent sexual health care is essential to reducing STI transmission and preventing complications associated with untreated infection.⁶ Delays in screening, diagnosis, and treatment may result in pelvic inflammatory disease, chronic pelvic pain, infertility, adverse pregnancy outcomes, and continued disease transmission.⁷ Provider-level and system-level barriers, including financial constraints, geographic limitations, and inconsistent implementation of evidence-based screening recommendations, contribute to missed opportunities for prevention and early intervention.^{3,8}

The STI Clinical Pathway is designed to support timely identification, diagnosis, treatment, and referral of adolescents and young adults with suspected or confirmed STIs. By promoting evidence-based care and standardized clinical management, the pathway aims to improve patient outcomes and reduce STI-related morbidity.

Target Users

The target users of this clinical pathway include the following health care professionals:

- Physicians in ambulatory care, urgent care, emergency medicine, and hospital medicine settings
- Fellow physicians
- Resident physicians
- Nurse practitioners
- Registered nurses

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Target Population

Inclusion Criteria

Patients presenting with signs and symptoms suggestive of an STI.

- Female Patients
 - Vaginal pruritus
 - Vaginal discharge
 - Intermenstrual bleeding or menorrhagia
 - Dysuria
 - Urinary urgency or frequency
 - Genital lesions
 - Abdominal or pelvic pain with no alternate diagnosis
 - Cervical motion tenderness
- Male Patients
 - Urethral discharge
 - Unilateral testicular pain or swelling
 - Dysuria
 - Urinary urgency or frequency
 - Painful ejaculation
 - Genital lesions
- Patients with Risk Factors for STIs
 - History of sexual activity
 - Sexual assault
 - Known or recent STI exposure
 - Concern for pregnancy
 - Concern for drug or alcohol use
 - Patient requests testing for STI(s)

Exclusion Criteria

- Pre-pubertal child
 - Call the SCAN provider on call
- Treatments of the following diagnoses are excluded from this guideline
 - Pelvic inflammatory disease
 - Epididymitis, orchitis, or proctitis
 - Immunocompromised patients
 - Hepatitis
 - Alternative treatments are not included in this guideline (*refer to the CDC STI Treatment Guidelines*)
- Special Considerations for STI Screening and Testing
Consult Social Work for the following scenarios:

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- Concern for abuse/neglect
- Concern for human trafficking
- Patient aged < 17 years: consider the age of the partner
- Patients with developmental delay
- Known pregnancy

Practice Recommendations

Please refer to the CDC's Sexually Transmitted Infections and Treatment Clinical Practice Guideline for full practice recommendations, evaluation, and treatment recommendations.¹

Additional Questions Posed by the CPG Committee

[In adolescent patients aged 12 – 18 years with syphilis, is ceftriaxone or doxycycline compared to penicillin as effective in resolving symptoms and infection?](#)

Recommendation from the Sexually Transmitted Infections Clinical Pathway Committee1,9-20

*For patients with penicillin allergy or if BPG is unavailable, a **conditional** recommendation is made **for** the use of doxycycline as an alternative to BPG for the treatment of primary, secondary, or early latent syphilis in adolescent patients aged 12 – 18 years based on national guideline recommendations, indirect adult evidence, and clinical expertise.*

Recommendations Specific to Children's Mercy

Children's Mercy adopted the majority of the practice recommendations made by the CDC's Sexually Transmitted Infections and Treatment Clinical Practice Guideline.¹ Variations/Additions include:

- A screening tool specific to STIs should be provided via a digital device or paper copy to the patient while protecting confidentiality.

2026 Updates from Previous Versions of the Clinical Pathway

- A statement was added to the top of the pathway to alert pathway users that both Urgent Care and Express Care locations at Children's Mercy do not provide STI testing. This includes guidance for Urgent Care and Express Care providers on care options for these patients.
- Updates to processes for confidential documentation and orders were made due to changes in the Children's Mercy electronic medical record platform.
- Updates to processes for STI testing were made for both male and female patients. This guidance aligns with national practice guidelines.
 - For female patients:
 - Testing for gonorrhea or chlamydia can have a PCR collected by the patient or provider-collected vaginal swab or by first catch urine specimen.
 - Testing for symptomatic trichomoniasis can have a PCR collected by the patient or provider-collected vaginal swab or first catch urine
 - For male patients:
 - Testing for gonorrhea and chlamydia should be completed by PCR using first catch urine
- An additional education handout has been included for patient education (the hanging out and hooking up pocket card)

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- Updates to medication dosing for chlamydia, gonorrhea, and alternative medication options have been added for the treatment of syphilis

Measures

- Percent of patients 12 – 18 years of age who were screened for STIs and diagnosed with chlamydia

Value Implications

The following improvements may increase value by reducing healthcare and non-monetary costs (e.g., missed school/work, loss of wages, stress) for patients and families, and by reducing costs and resource utilization for healthcare facilities.

- Increased identification and treatment of STIs
- Improved access to care for adolescents
- Decreased transmission of STIs among adolescents
- Early identification of patients at risk for abuse
- Decreased unwarranted variation in care
- Decrease potential inequities in care based on gender, race, ethnicity, or sexual orientation

Organizational Barriers and Facilitators

Potential Barriers

- Challenges with follow-up faced by some patients and families
- Variability of screening processes among different care settings
- Variable knowledge of evidence-based recommendations among providers
- Challenges related to poor medication adherence by patients

Potential Facilitators

- Collaborative engagement across care continuum settings during the clinical pathway revisions
- High rate of use of clinical pathway
- Standardized order set for Emergency Department, and Specialty Care Clinics
- Processes to maintain patient confidentiality
- Access to patient education materials

Bias Awareness

Our goal is to recognize the social determinants of health and minimize healthcare disparities, while acknowledging that our unconscious biases can contribute to these disparities.

Order Sets

- ED SAFE
- STI Testing (Amb)
- STI Treatment (Amb)

Educational Materials

Educational tools were reviewed by health literacy:

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- Healthy Sexual Behaviors ([English](#)) ([Spanish](#))
 - Intended for all patients
 - Found on the website for the STI Clinical Pathway and in the electronic medical record
- [Telling your partner you have an STD](#)
 - Intended for all patients who have a diagnosed STI
 - Found on the website for the STI Clinical Pathway
 - A Spanish version is also available once on the KidsHealth website
- [STDs \(Sexually Transmitted Diseases\)](#)
 - Intended for all patients
 - Found on the website for the STI Clinical Pathway
 - A Spanish version is also available once on the KidsHealth website

Clinical Pathway Preparation

This pathway was prepared by the EBP Department in collaboration with the STI Clinical Pathway Committee, composed of content experts at Children's Mercy. The EBP department conducted a literature analysis to address additional questions posed by the STI Committee. If a conflict of interest is identified, the conflict will be disclosed next to the committee member's name.

Clinical Pathway Revision Representation

This clinical pathway was originally created with representation from Infectious Diseases, Adolescent Medicine, General Pediatrics, Emergency Medicine, Urgent Care, Pharmacy, Clinical Pathology, Hospital Medicine, and Evidence Based Practice.

Clinical Pathway Revision Representation

- Diane Petrie, FNP-BC, AAHIVS, CPN | Infectious Diseases | Committee Chair
- Andrea Nos, MD | Adolescent and Young Adult Medicine | Committee Member
- Rachel Whitfield, MSN, APRN, FNP-C | Adolescent and Young Adult Medicine | Committee Member
- Neena Kanwar, PhD | Clinical Pathology | Committee Member
- Gladesia Tolbert, DNP, CPNP, PMHS | General Academic Pediatrics | Committee Member
- Alaina Burns, PharmD, BCPPS | Infectious Diseases, Pharmacy | Committee Member
- Rangaraj Selvarangan, BVSc, PhD, D(ABMM), FIDSA, F(AMM) | Clinical Pathology | Committee Member
- Melissa A Smith, APRN | Hospital Medicine | Committee Member
- Katie Stangler, MSN, APRN, CPNP, CCRN | Advanced Practice, Acute & Critical Care | Committee Member
- Amanda Nedved, MD | Urgent Care | Committee Consultant
- Mitchell McKinnon, MD | Pediatric Emergency Medicine | Committee Consultant
- Alexandra Buck, DNP, APRN, FNP-C, CPN | Pediatric Emergency Medicine | Committee Consultant

EBP Committee Members

- Kathleen Berg, MD, FAAP | Evidence Based Practice

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- Andrea Melanson, OTD, OTR/L | Evidence Based Practice

Clinical Pathway Development Funding

The development of this guideline was underwritten by the following departments/divisions: Infectious Diseases, Adolescent and Young Adult Medicine, General Academic Pediatrics, Emergency Medicine, Pharmacy, Clinical Pathology, and Evidence Based Practice.

Conflict of Interest

The contributors to the STI Clinical Pathway have no conflicts of interest to disclose related to the subject matter or materials discussed.

Approval Process

This pathway was reviewed and approved by the EBP Department and the STI Committee after committee members garnered feedback from their respective divisions/departments.

Review Requested

Department/Unit	Date
Infectious Diseases	August 2029
Adolescent Medicine	August 2029
General Academic Pediatrics	August 2029
Pharmacy	August 2029
Clinical Pathology	August 2029
Emergency Medicine	September 2026
Urgent Care	September 2026
Evidence Based Practice	August 2029

Version History

Date	Comments
November 2022	Version one: Developed algorithms, synopsis, screening tool, patient education, and reviewed literature
October 2024	Version two: Added confidentiality tips to algorithms
September 2026	Version three: Updated clinical algorithms and pathway synopsis to align with current testing processes and recommended alternatives for allergy management and medication shortages. Incorporated additional education resources and added links to the Human Sex Trafficking Clinical Pathway. Conducted a literature review to support evidence-based updates to medication alternatives and ensure alignment with current best practices.

Date for Next Review

- September 2030

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Implementation & Follow-Up

- Once approved, the pathway was implemented and presented to the appropriate care teams:
 - Announcements made to relevant departments
 - Additional institution-wide announcements were made via the hospital website and relevant huddles
- Order sets consistent with recommendations were updated for each care Emergency Medicine and Ambulatory Care
- Care measurements may be assessed and shared with appropriate care teams to determine if changes need to occur.
- Pathways are reviewed every 4 years (or sooner) and updated as necessary within the EBP Department at Children's Mercy. Pathway committees are involved with every review and update.

Disclaimer

When evidence is lacking or inconclusive, care options are provided in the supporting documents and in the order set(s) and/or order panel(s) that accompany the clinical pathway.

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