**Chlamydia Screen Order**

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| **What is it?** | * Ensuring adolescents are appropriately screened for chlamydia
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| **Why is it important for the clinic?** | * Adolescents face high rates of chlamydia, particularly in Fresno County.
* Routine screening is necessary to decrease the high chlamydia rates and reduce long term health consequence of asymptomatic/untreated infections.
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| **Who does it?** | * Provider with support from the Medical Assistant (MA)
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| **When do you do it?** | * All sexually active adolescents age 14 to 24 should be screened for chlamydia annually, and more often when indicated based on risk assessment.
* Chlamydia screening can be integrated into any visit type, regardless of primary reason for visit.
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| **Where do you do it?** | * Urine is collected by MA while taking patient vitals on all adolescents age 12 and older.
* Adolescent brings urine sample back to exam room.
* Provider orders screen on urine during visit, if appropriate.
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| **What are the steps?** | 1. MA asks initial sexual risk assessment questions
2. Provider follows up with additional sexual risk assessment questions, as needed
3. If risk is indicated, provider orders urine that was collected by the MA to be screened.
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| **PExceptions to the rule:** | * Chlamydia screening is not necessary for adolescents that are not sexually active.
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| MA escorts patient and parent to exam room | MA gives parent forms and takespatients for vitals alone | MA does:vitals, urine, screening questions, Family PACT form (if needed) | MA returns patient to exam room | MA begins Family PACT &secondaccountprocess | Provider conducts part of visit with parent and teen patient | Provider escorts parent to waiting room | During private time with patient, provider orders chlamydia screening (if needed) and documents sexual activity | Provider wrapsup |