**Chlamydia Screen Order**

|  |  |
| --- | --- |
| **What is it?** | * Ensuring adolescents are appropriately screened for chlamydia |
| **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. |
| **Who does it?** | * Provider with support from the Medical Assistant (MA) |
| **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. |
| **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. |
| **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. |
| **PExceptions to the rule:** | * Chlamydia screening is not necessary for adolescents that are not sexually active. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MA  escorts  patient  and  parent  to  exam  room | MA  gives  parent  forms  and  takes  patients  for  vitals  alone | MA  does:  vitals,  urine,  screening questions,  Family  PACT  form  (if needed) | MA  returns  patient  to  exam  room | MA  begins  Family  PACT  &  second  account  process | 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 wraps  up |