**Chlamydia Screen Order**

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| **What is it?** | * Ensuring adolescents are appropriately screened for chlamydia |
| **Why is it important for the clinic?** | * Adolescents face high rates of chlamydia * Routine screening is necessary to decrease high chlamydia rates and reduce long term health consequences of asymptomatic/untreated infections |
| **Who does it?** | * Provider with support from the Medical Assistant (MA) |
| **When do you do it?** | * All sexually active adolescents under age 25 years 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?** | [EXAMPLE]   * 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?** | [EXAMPLE]   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 |
| **Exceptions 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  takes  patients  for  vitals  alone | MA  does vitals, collects  urine, assesses if  Family  PACT  is needed | MA  returns  patient  to  exam  room | MA  begins  Family  PACT  form, if needed | Provider  conducts  the part  of the  visit with  both the parent  and patient | Provider  escorts  parent  to  waiting  room | During private  time  with patient, provider asks additional questions, orders chlamydia screening  (if needed) and documents sexual activity | Provider wraps  up |