**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
* Routine screening is necessary to decrease high chlamydia rates and reduce long term health consequences 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 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
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| **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.
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| **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
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| **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 takespatients 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 thevisit 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 wrapsup |