

15.8 Syphilis

SUBJECTIVE	<u>May include:</u> <ol style="list-style-type: none">1. Painless ulcer or chancre (primary).2. Skin rashes (palms of hands and soles of feet), mucocutaneous lesions, mouth, tongue, vagina, cervix, splenomegaly, lymphadenopathy, (secondary).3. Absence of clinical signs (latent).
OBJECTIVE	<u>May include:</u> <ol style="list-style-type: none">1. An area of traumatic erosion or a crater-like ulcer with rolled firm edges.2. Mucocutaneous lesions.
LABORATORY	<u>Must have:</u> <ol style="list-style-type: none">1. Serologic tests for syphilis.2. Advise STD/HIV tests as indicated.
ASSESSMENT	Syphilis.
PLAN	<ol style="list-style-type: none">1. Treat according to regimens recommended by current CDC/STD Treatment Guidelines.2. Repeat HIV test as indicated.3. Repeat serologic test for syphilis per current CDC/STD Treatment Guidelines.4. Comply with state public health department reporting laws (see appendix)—Report post test results to county health department.5. Coordinate follow-up care with state health department.
CLIENT EDUCATION	<ol style="list-style-type: none">1. Advise to inform all sex partners to be evaluated for STDs.2. Advise client to refrain from intercourse until treatment completed.3. Advise of need for regular blood tests after treatment for test of cure.
CONSULT/REFER TO PHYSICIAN	<ol style="list-style-type: none">1. Pregnancy.2. HIV infected clients.3. Clients with allergy to Penicillin.