

## 16.14 Urethritis

DEFINITION	Inflammation of the urethra and may be caused by Chlamydial or gonococcal infection.
SUBJECTIVE	<p><u>May include:</u></p> <ol style="list-style-type: none"><li>1. Complaints of dysuria and/or increased urinary frequency.</li><li>2. Urethral discharge: yellow, green, creamy white, or serous.</li><li>3. Lower pelvic pain.</li><li>4. Report of a partner with known Chlamydia or Gonorrhea.</li><li>5. Report of a female partner with acute PID or cervicitis.</li><li>6. Report of a male partner with epididymitis, proctitis, or urethritis.</li><li>7. Recent history of heavy alcohol or caffeine use.</li><li>8. Risk factors for dehydration.</li></ol>
OBJECTIVE	<p><u>Must include:</u></p> <ol style="list-style-type: none"><li>1. Vital signs: BP, temperature, pulse.</li><li>2. Genito-urinary exam:<ol style="list-style-type: none"><li>a. External genitalia.</li><li>b. Palpation of testes and epididymis to rule out orchitis or epididymitis.</li><li>c. Examination of the inguinal lymph nodes.</li></ol></li></ol> <p><u>May include:</u></p> <ol style="list-style-type: none"><li>1. Ask the client to “milk” or strip the urethra to elicit a sample of the discharge:<ol style="list-style-type: none"><li>a. Classify the discharge as bloody, mucoid, mucopurulent, purulent or serous.</li></ol></li></ol>
LABORATORY	<p><u>Must include:</u></p> <ol style="list-style-type: none"><li>1. CT/GC testing. Consider pharyngeal and rectal testing if client has a history of oral or receptive anal intercourse and/or reports a sore throat.</li></ol> <p><u>May include:</u></p> <ol style="list-style-type: none"><li>1. Microscopic evaluation for Trichomonas.</li><li>2. Urinalysis.</li><li>3. VDRL.</li><li>4. HIV.</li></ol>
ASSESSMENT	Urethritis
PLAN	<ol style="list-style-type: none"><li>1. Follow treatment regimens according to current CDC guidelines.</li><li>2. Empiric treatment:<ol style="list-style-type: none"><li>a. Treatment should be offered if any of the above signs of urethritis are present.</li><li>b. Client reports partner was treated for Gonorrhea and/or Chlamydia.</li><li>c. Treatment should be deferred if the client has symptoms of urethritis without any diagnostic findings of urethritis and the client should be tested for gonorrhea and chlamydia. He should be followed closely if his test results are negative.</li></ol></li><li>3. Management of coital partners: Follow current CDC guidelines.</li><li>4. Screening for reinfection is recommended following diagnosis of chlamydia and/or gonorrhea at 3-4 months following treatment or whenever client presents for care within the following 12 months. Test for cure is currently not recommended.</li><li>5. Consult with medical director as necessary.</li></ol>
PATIENT EDUCATION	<ol style="list-style-type: none"><li>1. Discuss safer sex practices including condom use.</li><li>2. Instruct patient to abstain from genital contact until treatment for him and his partner(s) has been completed or for 7 days after a single-dose regimen. Stress condom use if abstinence is not possible.</li><li>3. If symptoms return, patient should cease unprotected genital contact and return to clinic as soon as possible for re-evaluation – even if he has completed treatment.</li></ol>