

10.15 PATIENT DELIVERED PARTNER THERAPY (PDPT)

TITLE	DESCRIPTION
DEFINITION:	<p>Patient delivered partner therapy (PDPT) is the practice of treating the sex partner(s) of persons with sexually transmitted infections (STI) without an intervening medical evaluation or professional prevention counseling.</p> <p>NOTE: Only Family Planning Clinics with a “Limited Services Pharmacy” license may provide PDPT (See MT Administrative Rule 24.174.830).</p>
SUBJECTIVE:	<p>Must Include:</p> <ol style="list-style-type: none"> 1. Exposure to a person with a positive Chlamydia test. 2. Heterosexual. <p>Must Exclude:</p> <ol style="list-style-type: none"> 1. Male that has sex with males. 2. Symptoms of non-gonococcal urethritis (NGU) in males (dysuria, urinary frequency, urethral discharge). 3. Symptoms of pelvic inflammatory disease in females (lower abdominal pain, pelvic pain, fever, chills).
OBJECTIVE:	N/A.
LABORATORY:	Lab confirmed positive Chlamydia test of index case.
ASSESSMENT:	Candidate for Patient Delivered Partner Therapy.
PLAN:	<ol style="list-style-type: none"> 1. With a limited services pharmacy license, prescriptions cannot be sent home for a sexual partner, ONLY the medication. 2. Azithromycin 1 gm orally single dose. 3. Medication will be provided in factory, pre-packaged partner packs. 4. Provide the PDPT medication to index case to give to sex partner(s). 5. Write in the index case chart “medication(s) provided for partner(s).” 6. Do not put the partner(s) name into the index case’s chart. 7. Partner packs will include: <ol style="list-style-type: none"> a. Factory pre-packaged medication. b. Information sheet on how to take the medication, possible side effects, and allergy warning. c. Chlamydia fact sheet. d. Provider list. e. Condoms and instruction sheet on how to use condoms. 8. Maintain a pharmacy log book for PDPT. 9. Complete and send the STI case report to the county health department.
EDUCATION:	<ol style="list-style-type: none"> 1. Inform all clients (index cases) that their sex partner(s) should come to the clinic for evaluation and treatment 2. Advise client the county health department can assist in contacting sexual partners. 3. Advise client if sexual partner(s) has symptoms (e.g. abdominal/pelvic pain, fever, chills in females or penile discharge, dysuria in males) to have partner seek medical care.

TITLE	DESCRIPTION
REFERRAL TO MEDICAL PROVIDER:	<ol style="list-style-type: none"><li data-bbox="488 237 911 268">1. Males that have sex with males.<li data-bbox="488 268 1008 300">2. Clients with suspected treatment failure.
REFERENCES:	<ol style="list-style-type: none"><li data-bbox="488 342 1466 405">1. <i>Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015. MMWR Recomm Rep 2015;64 (No. RR-3): Pp. 55-60.</i><li data-bbox="488 405 1068 436">2. <i>State of Montana Administrative Rule24-174-830.</i>