Northern Territory of Australia

Medicines, Poisons and Therapeutic Goods Act 2012

Sexual Assault Referral Centres (SARC) SSTP 2025
Revocation and Approval

I, Christopher Paul Burgess, Chief Health Officer:

(a) under section 254(5) of the *Medicines, Poisons and Therapeutic Goods Act 2012, (**the Act**),* revoke the instrument titled "Sexual Assault Referral Centres (SARC) SSTP Approval" dated 26 September 2025; and

(b) under section 254(1) of the Act, approve each Scheduled substance treatment protocol specified in Schedule A;

(c) under section 254(3) of the Act, state that each Schedule substance treatment protocol specified in Schedule A remains in effect for a period of 2 years on and from the date of this instrument.

Dated 17/12/2025

Paul Burgess

Chief Health Officer

Schedule A

Title	Publication Date	Author
Azithromycin for Sexually Transmitted Infections SSTP	03/11/2025	Sexual Assault Referral Centres (SARC), Northern Territory Government, Department of Health
Benzathine Benzylpenicillin for Syphilis SSTP	03/11/2025	Sexual Assault Referral Centres (SARC), Northern Territory Government, Department of Health
Ceftriaxone with Lidocaine (Lignocaine) For Sexually Transmitted Infections SSTP	03/11/2025	Sexual Assault Referral Centres (SARC), Northern Territory Government, Department of Health
Doxycycline For Sexually Transmitted Infections SSTP	03/11/2025	Sexual Assault Referral Centres (SARC), Northern Territory Government, Department of Health
Metoclopramide for Nausea and/ or Vomiting SSTP	03/11/2025	Sexual Assault Referral Centres (SARC), Northern Territory Government, Department of Health
Metronidazole for Sexually Transmitted Infections SSTP	03/11/2025	Sexual Assault Referral Centres (SARC), Northern Territory Government, Department of Health

SEXUAL ASSAULT REFERRAL CENTRES (SARC) SSTPs

Contents

TRIM Number EDOC2025/0347738

Scheduled Substance Treatment Protocol (SSTP)	
Azithromycin for Sexually Transmitted Infections SSTP	
Areas Applicable	Services delivered by NT Health at or through Sexual Assault Referral Centres (SARC) including outreach clinics in other parts of the Northern Territory.
Health Professionals authorised by this SSTP	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) employed by or contracted to NT Health
Scheduled Substance(s)	Azithromycin tablets
Indication	• Chlamydia cases and their sexual partners • Urethral and Pharyngeal Gonorrhoea cases and their sexual partners • Pelvic inflammatory disease • Presumptive treatment for sexually transmitted infection (STI) following acute sexual assault whilst awaiting test results
Contraindications, and/or Exclusions (including relevant drug interactions)*	• Known hypersensitivity to azithromycin or other macrolides (e.g. erythromycin, roxithromycin, clarithromycin) Consultation with a Medical Officer required for clients with the following circumstances: • Renal or liver impairment • Currently taking colchicine, digoxin, theophylline, warfarin, rifabutin • Weight less than 40kg Combination of rifabutin with azithromycin may increase the risk of adverse effects, e.g. neutropenia, GI symptoms, myalgia; monitor closely.
Dose and Route*	All doses are to be given by the **ORAL** route. Swallow the tablets whole with liquid. Advise the patient if they are taking an antacid (e.g., Gastrogel®, Mylanta®), take it at least one hour before or two hours after this medicine dose. This will avoid any possible effect of the antacid on the absorption of azithromycin. *Note: treatment of Neisseria gonorrhoea, azithromycin is always given with other relevant antibiotics – see Gonorrhoea Management SHBBV Guideline and relevant SARC SSTP within this document*

Dose Frequency*

Indication	Dose	Frequency
Chlamydia (genital or pharyngeal) cases and sexual partners	500mg tablet x 2	Single dose
Anogenital Chlamydia and sexual partners	500mg tablet x 2	Single dose, repeat in 12-24hours
Urethral Gonorrhoea cases and sexual partners	500mg tablet x 2	Single dose
Pharyngeal Gonorrhoea cases and sexual partners	500mg tablet x4	Single dose
Pelvic inflammatory disease	500mg tablet x 2	Once a WEEK only for 2 doses
Standard STI Prophylaxis, awaiting test results	500mg tablet x 2	Single dose

Monitoring requirements*

Baseline observations

The client should be observed for 15 minutes following oral azithromycin for possible adverse events or anaphylaxis

Call 000 if patient experiences an anaphylaxis reaction.

Contact medical officer if client experiences an adverse or unexpected reaction (other than anaphylaxis).

Health Professional Accreditation Requirements	**Registered Nurses and Midwives must**: • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients **Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must**: • Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients **All health professionals following this protocol must**: • Hold a current Basic Life Support Certificate or First Aid Certificate and be able to present documentary evidence upon request • Maintain continuing professional development related to skills and competencies required for delivery of medicines • Have completed mandatory training requirements in line with the NT Health Mandatory and Required Training Guideline relevant to their employment • Have completed the SARC Medication Learning Package & Questionnaire
Documentation *(including necessary information to the patient)*	Clients who receive Azithromycin must have the medication documented in their clinical notes and electronic health record. Document that mode of action, effectiveness, adverse reactions, side effects and how to take the medication have been discussed with the client. That client has been advised to return to the clinic or hospital for medical review if the client becomes unwell or has any concerns. Offer Azithromycin TGA Consumer Medicines Information handout.
Related Documents	Sexual Health and Blood Borne Virus Unit SSTPs Sexual Health and Blood Borne Virus Unit Clinical Management Guidelines. NT Guidelines for the Management of Sexually Transmitted Infections in the Primary Health Care setting. Electronic Therapeutic Guidelines

Chief Health Officer	Signature	Name	Date
	EDOC2025/0347738	Paul Burgess	17/12/2025
Period of effect	2 years from date approved by Chief Health Officer		

References:

* The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.

Scheduled Substance Treatment Protocol (SSTP)	
Benzathine Benzylpenicillin for Syphilis SSTP	
Areas Applicable	Services delivered by NT Health at or through Sexual Assault Referral Centres (SARC) including outreach clinics in other parts of the Northern Territory.
Health Professionals authorised by this SSTP	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) employed by or contracted to NT Health
Scheduled Substance(s)	Benzathine benzylpenicillin for injection
Indication	• Early syphilis • Late or unknown duration syphilis • Genital ulcer

<table>
<tr><td>Contraindications, and/or Exclusions (including relevant drug interactions)*</td><td>Known hypersensitivity to penicillins (e.g. amoxicillin, di/flucloxacillin, phenoxymethylpenicillin, benzathine benzylpenicillin), cephalosporins (e.g. ceftriaxone, cefaclor, cefalexin)
Consultation with a Medical Officer required for Clients with the following circumstances:
Treatment for early syphilis during second and third trimester of pregnancy
Weight less than 40kg
Soya bean or peanut allergy
Those who are taking methotrexate</td></tr>
<tr><td>Dose and Route*</td><td>Deep intramuscular (IM) injection into gluteal muscle. Ventrogluteal site is preferred.
Give doses greater than 1.2 million units as two injections at separate sites.</td></tr>
<tr><td>Dose Frequency*</td><td><table><tr><th>Indication</th><th>Dose</th><th>Frequency</th></tr><tr><td>Early syphilis</td><td>2.4 million units</td><td>Single dose</td></tr><tr><td>Late or unknown duration syphilis</td><td>2.4 million units</td><td>ONCE a WEEK for 3 doses</td></tr><tr><td>Genital ulcer</td><td>2.4 million units</td><td>Single dose</td></tr></table></td></tr>
<tr><td>Monitoring requirements*</td><td>Baseline observations
The client should be observed 15 minutes following benzathine benzylpenicillin for injection for possible adverse events or anaphylaxis.
Call 000 if patient experiences an anaphylaxis reaction.
Contact medical officer if client experiences an adverse or unexpected reaction (other than anaphylaxis).

Jarisch-Herxheimar reaction
Approximately 30% of people treated for primary syphilis and 60% of people treated for secondary syphilis have a reaction characterised by chills, fever, arthralgia, headaches and transiently increased prominence of lesions. This is due to the release of Treponemal bacteria constituents and usually occurs within 24 hours of starting treatment.</td></tr>
</table>

<table>
<tr><td>Health Professional Accreditation Requirements</td><td colspan="3">Registered Nurses and Midwives must:
Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients
Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must:
Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients
All health professionals following this protocol must:
Hold a current Basic Life Support Certificate or First Aid Certificate and be able to present documentary evidence upon request
Maintain continuing professional development related to skills and competencies required for delivery of medicines
Have completed mandatory training requirements in line with the NT Health Mandatory and Required Training Guideline relevant to their employment
Have completed the SARC Medication Learning Package & Questionnaire</td></tr>
<tr><td>Documentation
(including necessary information to the patient)</td><td colspan="3">Clients who receive benzathine benzylpenicillin must have the medication documented in their clinical notes and electronic health record.
Document that mode of action, effectiveness, adverse reactions, side effects and how to take the medication have been discussed with the client.
That client has been advised to return to the clinic or hospital for medical review if the client becomes unwell or has any concerns.
Offer benzathine benzylpenicillin TGA Consumer Medicines Information handout.
The Syphilis register should be updated stating that the client has been treated for their syphilis, as well as a plan for RPR monitoring, either at SARC, Clinic 34 or other primary healthcare service. Syphilis Register THS <Syphilis_Register.THS@nt.gov.au></td></tr>
<tr><td>Related Documents</td><td colspan="3">Sexual Health and Blood Borne Virus Unit SSTPs
Sexual Health and Blood Borne Virus Unit Clinical Management Guidelines.</td></tr>
<tr><td rowspan="2">Chief Health Officer</td><td>Signature</td><td>Name</td><td>Date</td></tr>
<tr><td>EDOC2025/0347738</td><td>Paul Burgess</td><td>17/12/2025</td></tr>
<tr><td>Period of effect</td><td colspan="3">2 years from date approved by Chief Health Officer</td></tr>
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References:

* The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer's product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.

Scheduled Substance Treatment Protocol (SSTP)	
Ceftriaxone with Lidocaine (Lignocaine) For Sexually Transmitted Infections SSTP	
Areas Applicable	Services delivered by NT Health at or through Sexual Assault Referral Centres (SARC) including outreach clinics in other parts of the Northern Territory.
Health Professionals authorised by this SSTP	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) employed by or contracted to NT Health
Scheduled Substance(s)	Ceftriaxone for injection Lidocaine (Lignocaine) 1% for injection
Indication	• Gonorrhoea cases and their sexual partners • Vaginal discharge and cervicitis • Penile urethritis • Pelvic inflammatory disease • Epididymo-orchitis • Presumptive treatment for STI following acute sexual assault whilst awaiting test results

Contraindications, and/or Exclusions (including relevant drug interactions)*	• Known hypersensitivity to cephalosporins (e.g. cefalexin, ceftriaxone, cefaclor) or lidocaine (lignocaine) • Past anaphylactic reaction to penicillin Consultation with a Medical Officer required for clients with the following circumstances: • weight less than 40kg • Currently taking anticoagulants including warfarin • Currently taking oral hormonal contraceptives Ceftriaxone may adversely affect the efficacy of oral hormonal contraceptives. Consequently, it is advisable to use supplementary (non-hormonal) contraceptive measures during treatment and in the month following treatment.
Dose and Route*	All indications: 500mg ceftriaxone in 2mL lidocaine (lignocaine) 1% via Intramuscular injection (IM)
Dose Frequency*	Single dose
Monitoring requirements*	Baseline observations The client should be observed 15 minutes following administration of ceftriaxone with lidocaine for possible adverse events or anaphylaxis. Call 000 if patient experiences an anaphylaxis reaction. Contact medical officer if client experiences an adverse or unexpected reaction (other than anaphylaxis).
Health Professional Accreditation Requirements	**Registered Nurses and Midwives must**: • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients **Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must**: • Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients **All health professionals following this protocol must**: • Hold a current Basic Life Support Certificate or First Aid Certificate and be able to present documentary evidence upon request • Maintain continuing professional development related to skills and competencies required for delivery of medicines • Have completed mandatory training requirements in line with the NT Health Mandatory and Required Training Guideline relevant to their employment • Have completed the SARC Medication Learning Package & Questionnaire

<table>
<tr><td>Documentation
(including necessary information to the patient)</td><td colspan="3">Clients who receive Ceftriaxone with lidocaine must have the medication documented in their clinical notes and electronic health record.
Document that mode of action, effectiveness, adverse reactions and side effects have been discussed with the client.
That client has been advised to return to the clinic or hospital for medical review if the client becomes unwell or has any concerns.
Offer Ceftriaxone and lidocaine TGA Consumer Medicines Information handout.</td></tr>
<tr><td>Related Documents</td><td colspan="3">Sexual Health and Blood Borne Virus Unit SSTPs
Sexual Health and Blood Borne Virus Unit Clinical Management Guidelines.
Australian Injectable Drug Handbook.
NT Guidelines for the Management of Sexually Transmitted Infections in the Primary Health Care setting.</td></tr>
<tr><td rowspan="2">Chief Health Officer</td><td>Signature</td><td>Name</td><td>Date</td></tr>
<tr><td>EDOC2025/0347738</td><td>Paul Burgess</td><td>17/12/2025</td></tr>
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<tr><td colspan="4">References:
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</table>

Scheduled Substance Treatment Protocol (SSTP)	
Doxycycline For Sexually Transmitted Infections SSTP	
Areas Applicable	Services delivered by NT Health at or through Sexual Assault Referral Centres (SARC) including outreach clinics in other parts of the Northern Territory.
Health Professionals authorised by this SSTP	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) employed by or contracted to NT Health
Scheduled Substance(s)	Doxycycline tablets
Indication	• Chlamydia cases and their sexual partners • Anorectal Chlamydia cases and their sexual partners • Anorectal Chlamydia cases with symptoms of proctitis • Pelvic inflammatory disease • Penile Urethritis
Contraindications, and/or Exclusions (including relevant drug interactions)*	• Known hypersensitivity to tetracyclines (e.g. doxycycline,minocycline, tetracycline) • Currently taking oral retinoids (e.g. isotretinoin, etretinate, vitamin A) • Pregnancy • Lactation • Children under 8 years Consultation with a Medical Officer required for Clients with the following circumstances: • Systemic lupus erythematosus • Weight less than 40kg
Dose and Route*	All doses are to be given by the **ORAL** route. To reduce the possibility of gastric irritation, it is recommended that doxycycline is given with food or milk and remain upright (do not lie down) for an hour after administration. Advise the patient if they are taking an antacid (e.g., Gastrogel®, Mylanta®), take it at least one hour before or two hours after this medicine dose. This will avoid any possible effect of the antacid on the absorption of doxycycline. Notable side effect of doxycycline is photosensitivity. Advise to avoid sun exposure, wear protective clothing and use sunscreen while taking this medicine.

<table>
<tr><td>Dose Frequency*</td><td>
<table>
<tr><th>Indication</th><th>Dose</th><th>Frequency</th></tr>
<tr><td>Chlamydia (genital or pharyngeal) cases and sexual partners</td><td>100mg tablet x1</td><td>TWICE DAILY for 7 days</td></tr>
<tr><td>Anorectal Chlamydia cases and their sexual partners</td><td>100mg tablet x 1</td><td>TWICE DAILY for 7 days</td></tr>
<tr><td>Anorectal Chlamydia cases with symptoms of proctitis</td><td>100mg tablet x1</td><td>TWICE DAILY for 21 days</td></tr>
<tr><td>Penile urethritis</td><td>100mg tablet x 1</td><td>TWICE DAILY for 7 days</td></tr>
<tr><td>Pelvic inflammatory disease</td><td>100mg tablet x 1</td><td>TWICE DAILY for 14 days</td></tr>
</table>
</td></tr>
<tr><td>Monitoring requirements*</td><td>Baseline observations
The client should be observed 15 minutes following administration of doxycycline for possible adverse events or anaphylaxis.
Call 000 if patient experiences an anaphylaxis reaction.
Contact medical officer if client experiences an adverse or unexpected reaction (other than anaphylaxis).</td></tr>
<tr><td>Health Professional Accreditation Requirements</td><td>Registered Nurses and Midwives must:
Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients
Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must:
Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients
All health professionals following this protocol must:
Hold a current Basic Life Support Certificate or First Aid Certificate and be able to present documentary evidence upon request
Maintain continuing professional development related to skills and competencies required for delivery of medicines
Have completed mandatory training requirements in line with the NT Health Mandatory and Required Training Guideline relevant to their employment
Have completed the SARC Medication Learning Package & Questionnaire</td></tr>
</table>

<table>
<tr><td>Documentation
(including necessary information to the patient)</td><td colspan="3">Clients who receive Doxycycline must have the medication documented in their clinical notes and electronic health record.
Document that mode of action, effectiveness, adverse reactions, side effects* and how to take the medication have been discussed with the client.
That client has been advised to return to the clinic or hospital for medical review if the client becomes unwell or has any concerns.
Offer Doxycycline TGA Consumer Medicines Information handout.</td></tr>
<tr><td>Related Documents</td><td colspan="3">Sexual Health and Blood Borne Virus Unit SSTPs
Sexual Health and Blood Borne Virus Unit Clinical Management Guidelines.
Electronic Therapeutic Guidelines</td></tr>
<tr><td rowspan="2">Chief Health Officer</td><td>Signature</td><td>Name</td><td>Date</td></tr>
<tr><td>EDOC2025/0347738</td><td>Paul Burgess</td><td>17/12/2025</td></tr>
<tr><td>Period of effect</td><td colspan="3">2 years from date approved by Chief Health Officer</td></tr>
<tr><td colspan="4">References:
* The medicine information provided is to act as a guide to outline the limits of legal dealing with the named scheduled substances. Further information reference should be made to the full manufacturer’s product info and other reliable sources of medicines information. If contraindications or exclusions are present, health professionals must refer the matter to an authorised prescriber for an administration order.</td></tr>
</table>

Scheduled Substance Treatment Protocol (SSTP)	
Metoclopramide for Nausea and/ or Vomiting SSTP	
Areas Applicable	Services delivered by NT Health at or through Sexual Assault Referral Centres (SARC) including outreach clinics in other parts of the Northern Territory.
Health Professionals authorised by this SSTP	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) employed by or contracted to NT Health
Scheduled Substance(s)	Metoclopramide 10mg tablet Metoclopramide 5mg/mL injection
Indication	• To control nausea and vomiting • Prophylactic treatment for medications given after sexual assault thatare expected to cause significant nausea and/or vomiting.
Contraindications, and/or Exclusions (including relevant drug interactions)*	• Metoclopramide should not be used where gastrointestinal motility may be dangerous (i.e. in presence of gastrointestinal haemorrhage, mechanical obstruction or perforation) • Hypersensitivity to metoclopramide (past allergy or dystonic reactions) • Patients with phaeochromocytoma • Parkinson's disease • Adults less than 20 years of age (increased risk of side effects) Consultation with a Medical Officer required for Clients with the following circumstances: • weight less than 40kg • Currently taking dopamine agonists (apomorphine,pramipexole, ropinirole, rotigotine, bromocriptine and cabergoline)
Dose and Route*	10 mg as a single dose given orally or 10mg as a single intramuscular injection (IM)
Dose Frequency*	Single dose
Monitoring requirements*	Baseline observations The client should be observed 15 minutes following Metoclopramide tablets or injection for possible adverse events or anaphylaxis. Call 000 if patient experiences an anaphylaxis reaction. Contact medical officer if they experience an adverse or unexpected reaction (other than anaphylaxis).

Health Professional Accreditation Requirements	**Registered Nurses and Midwives must**: • Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients **Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must**: • Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients **All health professionals following this protocol must**: • Hold a current Basic Life Support Certificate or First Aid Certificate and be able to present documentary evidence upon request • Maintain continuing professional development related to skills and competencies required for delivery of medicines • Have completed mandatory training requirements in line with the NT Health Mandatory and Required Training Guideline relevant to their employment • Have completed the SARC Medication Learning Package & Questionnaire
Documentation *(including necessary information to the patient)*	Clients who receive Metoclopramide must have the medication documented in their clinical notes and electronic health record. Document that mode of action, effectiveness, adverse reactions, side effects and how to take the medication have been discussed with the client. That client has been advised to return to the clinic or hospital for medical review if the client becomes unwell or has any concerns. Offer Metoclopramide TGA Consumer Medicines Information handout.
Related Documents	Australian Medicines Handbook 2025

Chief Health Officer	**Signature**	**Name**	**Date**
	EDOC2025/0347738	Paul Burgess	17/12/2025
Period of effect	2 years from date approved by Chief Health Officer		

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Scheduled Substance Treatment Protocol (SSTP)	
Metronidazole for Sexually Transmitted Infections SSTP	
Areas Applicable	Services delivered by NT Health at or through Sexual Assault Referral Centres (SARC) including outreach clinics in other parts of the Northern Territory.
Health Professionals authorised by this SSTP	Registered Nurses, Midwives and Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) employed by or contracted to NT Health
Scheduled Substance(s)	Metronidazole tablets
Indication	• Bacterial vaginosis • Trichomonas vaginalis infection • Vaginal discharge • Pelvic inflammatory disease • Presumptive treatment for sexually transmitted infection (STI) following acute sexual assault whilst awaiting test results
Contraindications, and/or Exclusions (including relevant drug interactions)*	• Known hypersensitivity to metronidazole • Currently taking disulfiram or fluorouracil Consultation with a Medical Officer required for Clients with the following circumstances: • Acute neurological disorder • Blood dyscrasia (haematological disorders) • Renal or liver impairment • Pregnancy

<table>
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- Lactation
- Weight less than 40kg

</td></tr>
<tr><td>Dose and Route*</td><td>
All doses are to be given by the ORAL route.
Advise patient to take with food to reduce stomach upset, this need not delay administration of single dose treatment in the clinic.
Avoid alcohol during treatment and for 24 hours after finishing the course to prevent nausea, vomiting, flushing, headache and palpitations.
</td></tr>
<tr><td>Dose Frequency*</td><td>
<table>
<tr><th>Indication</th><th>Dose</th><th>Frequency</th></tr>
<tr><td>Bacterial vaginosis</td><td>400mg tablet x 1
OR
400mg tablets x 5</td><td>TWICE DAILY for 7 days

as a SINGLE DOSE</td></tr>
<tr><td>Trichomonas vaginalis infection</td><td>400mg tablet x 1
OR
400mg tablets x 5</td><td>TWICE DAILY for 7 days

as a SINGLE DOSE</td></tr>
<tr><td>Vaginal discharge</td><td>400mg tablet x 1
OR
400mg tablets x 5</td><td>TWICE DAILY for 7 days

as a SINGLE DOSE</td></tr>
<tr><td>Pelvic inflammatory disease</td><td>400mg tablet x 1</td><td>TWICE DAILY for 14 days</td></tr>
<tr><td>Standard STI Prophylaxis, awaiting test results (adult)</td><td>400mg tablet x5</td><td>As a SINGLE DOSE</td></tr>
</table>
</td></tr>
<tr><td>Monitoring requirements*</td><td>
Baseline observations
The client should be observed 15 minutes following Metronidazole for possible adverse events or anaphylaxis.
Call 000 if patient experiences an anaphylaxis reaction.
Contact medical officer if they experience an adverse or unexpected reaction (other than anaphylaxis).
</td></tr>
<tr><td>Health Professional Accreditation Requirements</td><td>
Registered Nurses and Midwives must:
Be registered with the Nursing and Midwifery Board of Australia with no conditions, undertakings or notations which may limit delivery of clinical services directly to patients
Aboriginal & Torres Strait Islander Health Practitioners (ATSIHPs) must:
Be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia with no conditions or undertakings which may limit delivery of clinical services directly to patients
All health professionals following this protocol must:
</td></tr>
</table>

<table>
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- Hold a current Basic Life Support Certificate or First Aid Certificate and be able to present documentary evidence upon request
- Maintain continuing professional development related to skills and competencies required for delivery of medicines
- Have completed mandatory training requirements in line with the NT Health Mandatory and Required Training Guideline relevant to their employment
- Have completed the SARC Medication Learning Package &Questionnaire

</td></tr>
<tr><td>Documentation
(including necessary information to the patient)</td><td colspan="3">Clients who receive Metronidazole must have the medication documented in their clinical notes and electronic health record.
Document that mode of action, effectiveness, adverse reactions*, side effects and how to take the medication have been discussed with the client.
That client has been advised to return to the clinic or hospital for medical review if the client becomes unwell or has any concerns.
Offer Metronidazole TGA Consumer Medicines Information handout.</td></tr>
<tr><td>Related Documents</td><td colspan="3">Sexual Health and Blood Borne Virus Unit SSTPs
Sexual Health and Blood Borne Virus Unit Clinical Management Guidelines
NT Guidelines for the Management of Sexually Transmitted Infections in the Primary Health Care setting.</td></tr>
<tr><td rowspan="2">Chief Health Officer</td><td>Signature</td><td>Name</td><td>Date</td></tr>
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<tr><td>Period of effect</td><td colspan="3">2 years from date approved by Chief Health Officer</td></tr>
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</table>

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