**Sierra Teegarden**

**OSCE – OBGYN – Chlamydia Trachomatis**

**Chief Complaint:** Karly is a 26 y/o female c/o vaginal discharge x1 week

**HPI Elements:**

* Onset: 1 week ago
* Location: vagina
* Duration: constant
* Character:
  + Mild vaginal itching
  + No rash or lesions
  + No pain on urination
  + Volume: copious
  + Color: yellow
  + Smell: none
  + Blood: none
  + Not coming from urethra. Denies throat or anal Sx. Not engaging in anal or oral sex.
  + Denies recent illness, fever, flu-like symptoms, lymphadenopathy, joint pain, abdominal pain
* Aggravating factors: increased pain with sexual intercourse
* Relieving factors: None
* Treatments: Tried OTC Monistat without relief
* Severity: 5/10 pain with intercourse, otherwise 2/10 pain

**OB/GYN Hx:**

* Never pregnant
* POC Urine pregnancy test negative
* LMP 2 months prior, menstrual cycle regularly irregular since Nexplanon insertion
* Onset of menarche: 13 y/o
* 2 male sexual partners in past year with 2 episodes of unprotected sex in last month
  + Pt has not asked male partner if he has symptoms
  + Sexual activity: vaginal intercourse only
* Never been tested for STI, no prior pap smears
* Uses Nexplanon but only uses condoms ‘sometimes’
* Never paid for sex, 1 tattoo at reputable shop, ear piercing, no IV drug Hx, no travel abroad
* Up-to-date on vaccinations including Hepatitis & HPV vaccines

**PMHx:**

* No prior episodes of abnormal vaginal discharge
* Hx of Irritable Bowel Syndrome managed with diet
* No prior surgeries

**Medications:**

* OTC Monistat
* NKDA, environmental, or food allergies

**FMHx:**

* Mother: living, HTN
* Father: living, HTN, HLD
* Sister: living & healthy

**Social Hx:**

* No tobacco use. Drinks socially 4 drinks/week. Smokes marijuana on the weekends. No other illicit drug use.
* Lives with mother and sister
* Works at Wholefoods as cashier
* No recent travel
* No pets in home
* Eats FODMAP modified diet to control IBS Sx
* Sleeping 8 hrs/night
* Exercises 3-4x/week at Planet Fitness

**ROS:**

* Gen: No weakness, fatigue, fever/chills
* Cardio: No lightheadnesses or chest pain
* Pulm: No SOB, DOE, PND
* GI: No change in bowel habits, no abdominal pain
* HEENT: No cough, congestion, throat pain
* Breast: No breast tenderness or discharge
* Skin: No skin rashes
* MSK: No joint pain/stiffness
* Genitourinary: **Yellow vaginal discharge, vaginal itching**. No change in menstrual cycle which is normally regularly irregular

**Physical Exam:**

* Vitals – P82, BP 120/80, R 18, T 98.7
* Gen – alert, NAD, appears stated age. Appropriate body habitus
* Heart – S1, S2 without murmur. RRR
* Lungs – clear throughout. No adventitious sounds.
* Abdomen – soft and non-tender without guarding. Bowel sounds present
* Genitourinary – mucopurulent discharge present in vagina, no cervical motion tenderness, no lesions. Anteverted uterus with no adnexal masses

**Differential Diagnosis:**

* Gonorrhea
* Chlamydia
* Bacterial vaginosis
* Vaginal candidiasis
* Trichomonas vaginalis
* Mycoplasma infection
* Syphilis

**Tests:**

* Urine pregnancy screen - negative
* PCR swab – Positive for Chlamydia trachomatis
* Urinalysis - unremarkable. No leukocyte esterases, nitrites, or blood. Yellow & turbid appearance.
* HIV test - negative
* RPR – negative

**Treatment:**

* Doxycycline 100mg 2x/daily for 7 days

**Pt. counseling:**

* Explain that Nexplanon does not protect against STIs & advise of condom use
* Explain treatment directions for Doxycycline
* Advise pt to abstain from sex until course of antibiotics is finished
* Offer expedited partner therapy for treatment of sexual partner & inform of need for contact tracing
* Advise pt to receiving screening for HIV & other STIs
* Ask pt if they have any questions and employ the teach back method to ensure pt comprehension & compliance