

HOW IS A NURSING ASSESSMENT DONE ON SOMEONE WHO HAS SYPHILLIS

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ABBREVIATIONS AND ACRONYMS

AIDS	ACQUIRED IMMUNE DEFICIENCY SYNDROME
HIV	HUMAN IMMUNODEFICIENCY VIRUS
STI	SEXUALLY TRANSMITTED INFECTION
WHO	WORLD HEALTH ORGANIZATION

INTRODUCTION

Syphilis is a bacterial sexually transmitted infection (STI) caused by *Treponema Pallidum*. According to research mostly it affects adolescents and adults aged (15 -49) years and in which it affects both male and female.

To the mother- to -child it may occur too if the mother has syphilis and in most cases mother - to -child transmission of syphilis (congenital syphilis) is usually frustrating to the fetus in situations where the maternal infection wasn't realized on time and treated effectively.

This results to morbidity and mortality. Congenital syphilis is high and it mostly leads to early fetal deaths, still births, neonatal deaths and even preterm / low birth - weight babies. Though it is preventable, however, mother to child transmission can be achieved through introducing and implementation of early screening and treatment strategies for pregnant women.

OBJECTIVES

1. To create awareness on the existence of syphilis to date.
2. To provide evidence based better nursing assessment, guidance and treatment of syphilis.

TARGET AUDIENCE

This article targets healthcare providers at all levels (primary, secondary and tertiary) of the systems used in treatment and management of people with STIs in the Low, Middle and High income countries.

It is also for people working in Sexual and reproductive health programs such as HIV/ AIDS, Family planning, maternal and child health and adolescent health to ensure appropriate STI diagnosis and management.

ASSESSMENT.

Make sure you create a good environment for your patient and also confidentiality, this will boost your patient's confidence to opening up and talking freely and also emotional stability since not all the patients can be free to open up especially when it comes to STIs.

As a nurse, first when your patient comes in make sure you get the good history and hospital records of your patient from previous visits. This will help you determine whether it is early latent syphilis, late latent syphilis or congenital syphilis.

Also look at the Sex of the patient, Age, Marital status, Social work (Substance use). This will enable the nurse to determine the environs and circumstances under which the bacteria had to spread and if there is a possibility of other diseases.

Then you start getting into the symptoms, how do you feel? When did the symptoms start? Are there any other related symptoms like rash, painful urination, urethral/vaginal discharge etc?

After the patient's assessment, the next segment is into treatment.

STRUCTURE OF THE GUIDELINES.

These guidelines provide evidence – based recommendations for the treatment of specific clinical conditions caused by *Treponema Pallidum*. It also provides updated treatment recommendations based on the most recent evidence that is included for the most important common conditions caused by *T. Pallidum*.

Treatment recommendations for the following conditions caused by *T. Pallidum* are included in this guidelines:

- Early latent syphilis
- Late latent syphilis
- Congenital syphilis.

LABORATORY DIAGNOSIS.

Syphilis diagnosis is based on the patient's history, physical examination, laboratory testing and sometimes radiology. The available laboratory tests for diagnosis of syphilis include direct detection methods, serology and examination of the cerebrospinal fluids.

- Direct detection methods – requires exudates from lesions of primary, secondary or early congenital syphilis and needs careful collection of samples.
- Syphilis serology –they are divided into two: non –treponemal and treponemal. A presumptive diagnosis of syphilis requires a positive result from at least one of these types of tests. A confirmed diagnosis requires positive results from both types of serological tests.

TREATMENT OF *TREPONEMA PALLIDUM* (SYPHILIS).

EARLY SYPHILIS

ADULTS AND ADOLESCENTS

Recommendation 1

In adults and adolescents with early syphilis, the WHO STI guidelines recommends benzathine penicillin G 2.4 million unit's once intramuscularly over no treatment.

Strong recommendation, very low quality evidence.

Recommendation 2

In adults and adolescents with early syphilis the WHO STI guidelines suggests using benzathine penicillin G 2.4 million units once intramuscularly over procaine penicillin G 1.2 million units 10-14 days intramuscularly

Conditional recommendation, very low quality evidence.

PREGNANT WOMEN

Recommendation 3

In pregnant women with early syphilis, the WHO STI guideline recommends benzathine penicillin G 2.4 million unit's once intramuscularly over no treatment.

Strong recommendation, very low quality evidence.

Recommendation 4

In pregnant women with early syphilis the WHO STI guidelines suggests using benzathine penicillin G 2.4 million units once intramuscularly over procaine penicillin G 1.2 million units 10 days intramuscularly once daily.

Conditional recommendation, very low quality evidence.

LATE SYPHILIS

ADULTS AND ADOLESCENTS

Recommendation 5

In adults and adolescents with late syphilis or unknown stage of syphilis, the WHO STI guideline recommends benzathine penicillin G 2.4 million units intramuscularly once weekly for three consecutive weeks over no treatment.

Strong recommendation, very low quality evidence.

Recommendation 6

In adults and adolescents with late syphilis or unknown stage of syphilis, the WHO STI guideline recommends benzathine penicillin G 2.4 million units intramuscularly once weekly for three consecutive weeks over procaine penicillin 1.2 million units once daily for 20 days.

Conditional recommendation, very low quality evidence.

PREGNANT WOMEN.

Recommendation 7

In pregnant women with late syphilis or unknown stage of syphilis, the WHO STI guideline recommends benzathine penicillin G 2.4 million units intramuscularly once weekly for three consecutive weeks over no treatment.

Strong recommendation, very low quality evidence.

Recommendation 8

In pregnant women with late syphilis or unknown stage of syphilis, the WHO STI guideline recommends benzathine penicillin G 2.4 million units intramuscularly once weekly for three consecutive weeks over procaine penicillin 1.2 million units once daily for 20 days.

Conditional recommendation, very low quality evidence.

CONGENITAL SYPHILIS.

INFANTS.

Recommendation 9

In infants with confirmed congenital syphilis or infants who are clinically normal but whose mothers had untreated syphilis, inadequately treated syphilis that was treated syphilis with non-penicillin regimens the WHO STI guideline suggests aqueous benzyl penicillin or procaine penicillin

Conditional recommendation, very low quality evidence.

Dosages:

- Aqueous benzyl penicillin 100000 – 150000 U/KG/Day intravenously for 10-15 days
- Procaine penicillin 50000 U/KG/ Day single dose intramuscularly for 10-15 days.

Recommendation 10

In infants who are clinically normal and whose mothers had syphilis that was adequately treated with no signs of re infection, the WHO STI guideline suggests close monitoring of the infants.

Conditional recommendation, very low quality evidence.

IN CONCLUSION.

Sexually Transmitted Infection (STI) is a major public health problem worldwide, affecting quality of life and causing serious morbidity and mortality. It has a direct impact on reproductive and child health through infertility, cancers and pregnancy complications and they have an indirect impact through their role in facilitating sexual transmission of human immunodeficiency virus (HIV) and thus they also have an impact on national and individual economies.

Through this article it will provide evidence based better nursing assessment, guidance and treatment of syphilis and also create awareness to the people and countries on the existence of *Treponema Pallidum*.

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