

The Miriam Hospital

A Lifespan Partner

## STANDING ORDER HIV TESTING ORDER PROTOCOL

The Rhode Island Department of Health (DOH) and the Centers for Disease Control and Prevention (CDC) recommend that everyone be tested for HIV at least once in their lives. The DOH and the CDC are currently recommending HIV testing as part of routine blood work for individuals between the ages of 13 and 64 who have never been tested, and yearly testing for individuals who fall into certain high risk categories. To address these state and national recommendations, the hospital offers all eligible patients the opportunity for routine HIV testing.

PART A. DETERMINE PATIENT'S ELIGIBILITY FOR ROUTING HIV TESTING	
1. Patient age 13-64.	YES (Go to 2) NO (Go to 3)
2. Patient <i>has never been tested</i> for HIV.	YES (Go to 4) NO (Go to 3)
<ul> <li>3. Patient falls under a high risk category and has not been tested in the last year (Check all that apply):</li> <li>Male having sex with men</li> <li>History of injected drugs</li> <li>Multiple recent sexual partners since last HIV negative test</li> <li>Using cocaine or methamphetamines</li> </ul>	YES (Go to 4) NO ( <b>STOP and Sign/Date form</b> )
<ul> <li>4. Patient has been offered routine HIV testing and <i>the patient declines</i> (opts out).</li> </ul>	YES ( <b>STOP and Sign/Date form</b> ) NO ( <b>Proceed to Part B</b> )
PART B. ROUTINE HIV TESTING IS INDICATED FOR THIS PATIENT.	
The following must be performed and checked off:	
<ul> <li>HIV Testing brochure has been reviewed with patient.</li> <li>The patient has been informed that recent infection may not be detected by this routine HIV test, and that if s/he is in a high risk category, s/he should consider re-testing in 3 months.</li> <li>The opportunity to ask questions has been provided and questions have been answered.</li> <li>Order for routine HIV testing has been entered into POM.</li> </ul>	
RN: Print Name/Signature            Date:/         Time:	

## TO REMAIN PART OF THE PERMANENT MEDICAL RECORD