the potential complications if it is not cured. The client who understands the complications of incomplete or failed treatment is more likely to comply with the medication regimen.

- Discuss the importance of sexual abstinence until the infection is cured, referral of partners, and condom use to prevent reinfection. Understanding that cure is possible and reinfection is avoidable helps the client cope with the disease and its treatment and is likely to increase compliance.

**Impaired Social Interaction**
Diagnosis of any STI can make clients feel “dirty,” ashamed, and guilty about their sexual behaviors, and unworthy to be with others.

- Provide privacy, confidentiality, and a safe, nonjudgmental environment for expression of concerns. Help the client understand that gonorrhea is a consequence of sexual behavior, not a punishment, and that it can be avoided in the future. Being treated with respect and privacy helps the client realize that the disease does not change an individual’s worth as a person. This knowledge enhances the client’s ability to relate to others.

**Home Care**
Health teaching focuses on helping clients understand the importance of (1) taking any and all prescribed medication, (2) referring sexual partners for evaluation and treatment, (3) abstaining from all sexual contact until the client and partners are cured, and (4) using a condom to avoid transmitting or contracting infections in the future. Clients also need to understand the need for a follow-up visit 4 to 7 days after treatment is completed.

**A Client with Gonorrhea**

Janet Cirit, a 33-year-old legal secretary, lives in a suburban midwestern community. She is unmarried but dating a man named Jim Adkins, who lives in an adjacent suburb. Ms. Cirit visits her gynecologist because her periods have become irregular and she is experiencing pelvic pain and an abnormal amount of vaginal discharge. Recently she has developed a sore throat. The pelvic pain has begun to disrupt her sleeping pattern, and she is concerned that she might have cancer because her mother recently died of ovarian cancer.

**ASSESSMENT**
When Ms. Cirit arrives for her appointment at the gynecologist’s office, Marsha Davidson, the nurse practitioner, interviews her. Ms. Davidson completes a thorough medical and sexual history, including questions about her menstrual periods, pain associated with urination or sexual intercourse, urinary frequency, most recent Pap smear, birth control method, history of STI and drug use, and types of sexual activity. Ms. Cirit reports her symptoms and her concern about ovarian cancer. She also indicates that she is taking oral contraceptives and therefore sees no need for her boyfriend to use a condom because she believes their relationship is monogamous.

Physical examination reveals both pharyngeal and cervical inflammation, and lower abdominal tenderness. Her temperature is 98.5°F (37.0°C). There are no signs or symptoms of pregnancy.

The gynecologist orders a Pap smear and cultures of the cervix, urethra, and pharynx to evaluate for gonorrhea and chlamydial infection. Blood is drawn for WBC. Test results are positive for gonorrhea and negative for chlamydia. The WBC is slightly elevated, indicating possible salpingitis. Because Mr. Adkins has been Ms. Cirit’s only sexual partner, it is clear that he is the source of infection and needs to be treated as well.

**DIAGNOSIS**
- **Pain**, related to the infectious process
- **Anxiety**, related to fear about possible cancer
- **Situational low self-esteem**, related to shame and guilt because of having an STI

**EXPECTED OUTCOMES**
- Experience relief of pain, indicating that the infection had been eradicated.
- Express relief that the Pap smear showed no abnormal cells.
- Verbalize that she has nothing to be ashamed of and that she has been wise to seek treatment as soon as symptoms occurred.
- Verbalize that she will insist her partner use condoms during future sexual activity.

**PLANNING AND IMPLEMENTATION**

- Administer ceftriaxone IM as ordered.
- Emphasize the need for regular Pap smears and pelvic examinations because of the family history of ovarian cancer.
- Discuss feelings and concerns about the diagnosis of gonorrhea. Stress that such a diagnosis does not reflect on one’s self-worth as a person.
- Teach how to talk with a future sexual partner about condom use.

**EVALUATION**
A week later during her follow-up visit, Ms. Cirit states that she is feeling much better and sleeping well at night since the pain has ended. She has terminated her relationship with Mr. Adkins and is considering joining a health club in the hope of increasing her level of fitness and perhaps meeting someone new.

**Critical Thinking in the Nursing Process**
1. How are Ms. Cirit’s manifestations related to the infectious process of gonorrhea?
2. Should the nurse have suggested that Ms. Cirit also be tested for HIV? Why or why not?
3. Develop a care plan for Ms. Cirit for the nursing diagnosis, **Impaired social interaction**.

See Evaluating Your Response in Appendix C.