



## PELVIC INFLAMMATORY DISEASE

<b>DEFINITION</b>	PID comprises a spectrum of inflammatory disorders of the upper genital tract in women and may include any combination of endometritis, salpingitis, tubo-ovarian abscess and pelvic peritonitis. STDs are implicated in the majority of cases; however, micro-organisms that can be part of the vaginal flora can also cause PID. No single historical, physical, or laboratory finding is both sensitive and specific for the diagnosis of acute PID. The greatest risk of pelvic inflammatory disease (PID) associated with the use of IUD occurs at its insertion. Women who have more than one sexual partner or whose partner has other sexual partners is at increased risk to develop PID if they use an IUD.
<b>SUBJECTIVE</b>	May include: <ol style="list-style-type: none"><li>1. History of fever and/or chills and pelvic pain with onset immediately before, during or following menses.</li><li>2. Severe lower abdominal pain.</li><li>3. Purulent vaginal discharge.</li><li>4. Nausea may have vomiting.</li><li>5. Malaise</li><li>6. Dysuria</li><li>7. Dyspareunia</li><li>8. Abnormal vaginal bleeding.</li><li>9. History of Gonorrhea or Chlamydia.</li><li>10. Increased dysmenorrhea</li></ol>
<b>OBJECTIVE</b>	Empiric treatment for PID should be initiated in sexually active young women and other women at risk for STD's if they are experiencing pelvic or lower abdominal pain, if no cause for the illness other than PID can be identified, and if one or more of the following minimum criteria are present on pelvic examination.  *cervical motion tenderness  Or  *uterine tenderness  Or  *adnexal tenderness  May include: <ol style="list-style-type: none"><li>1. Oral temp &gt;101 F. (&gt;38.3 C).</li><li>2. Abnormal cervical or vaginal mucopurulent discharge.</li></ol>



<b>CLIENT EDUCATION</b>	<ol style="list-style-type: none"> <li>1. Provide client education handout(s). Review symptoms, treatment options, and medication side effects.</li> <li>2. Total pelvic rest (no sex, douching, tampons) until completion of medicine.</li> <li>3. Advise client to seek immediate medical care if symptoms become worse after initiating treatment.</li> <li>4. Stress need for sexual partner(s) to seek diagnosis and treatment of STDs.</li> <li>5. Counsel on safer sex education, as appropriate.</li> <li>6. Advise client RTC in 72 hours and PRN for problems.</li> </ol>
<b>CONSULT / REFER TO PHYSICIAN</b>	<ol style="list-style-type: none"> <li>1. Pregnant women should be hospitalized and treated with parenteral antibiotics.</li> <li>2. Clients who are HIV positive should be hospitalized and treated with parenteral antibiotics.</li> <li>3. Any client with medication sensitivity to recommended therapies.</li> <li>4. Client not responding to therapy within 72 hours.</li> <li>5. Non-compliance with completion of medications.</li> <li>6. Symptomatic clients after completion of medications.</li> <li>7. Refer/consult client with PID and IUD.</li> </ol>

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References:

1. Hatcher R. A.; Trussell, J.; Nelson, A.; Cates, F.H.; Kowal, D, Policar, M..(2011) Contraceptive Technology (20<sup>th</sup> revised ed.). New York: Ardent Media, pp. 613-614.
2. Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines 2010 MMWR 2010:59 (NO.RR-12) pp 63-67.