12.7 PELVIC INFLAMMATORY DISEASE (PID)

TITLE	DESCRIPTION
DEFINITION:	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. STIs 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 is primarily confined to the first 3 weeks after insertion.
SUBJECTIVE:	**May Include:** 1. Atypical symptoms or no symptoms. 2. History of fever and/or chills and pelvic pain with onset immediately before, during or following menses. 3. Severe lower abdominal pain. 4. Purulent vaginal discharge. 5. Nausea, may have vomiting. 6. Malaise. 7. Dysuria. 8. Dyspareunia. 9. Abnormal vaginal bleeding. 10. History of Gonorrhea or Chlamydia.
OBJECTIVE:	Presumptive treatment for PID should be initiated in sexually active young women and other women at risk for STDs 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:** 1. Oral temp > 101 F (> 38.3 C). 2. Abnormal cervical or vaginal mucopurulent discharge or cervical friability.
LABORATORY:	**May Include:** 1. Presence of abundant WBCs on saline microscopy of vaginal secretions. PID considered unlikely with normal cervical discharge and no WBCs on wet prep. 2. Vaginitis/cervicitis testing as indicated (e.g. Gonorrhea and Chlamydia testing). 3. HIV screen. 4. Elevated Sed Rate. 5. Elevated C-reactive protein.
ASSESSMENT:	Pelvic Inflammatory Disease (PID).
PLAN:	1. Treat according to regimens recommended by the current CDC STD Treatment Guidelines. 2. Follow-up examination should be performed within 72 hours to assess for

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	clinical improvement. 3. If no clinical improvement within 72 hours, further assessment is required. Retesting for Chlamydia and Gonorrhea in women with documented infection 3 months after treatment, regardless of whether their sex partners were treated. If retesting at 3 months is not possible, these women should be retested whenever they next present for medical care in the 12 months following treatment. 4. Male sex partners (in the past 60 days) of women with PID should be examined, screened AND treated for Chlamydia and tested for Gonorrhea. 5. If client is an IUC user, **see IUC Complications-PID**.
EDUCATION:	1. Provide client education handout(s). Review symptoms, treatment options, and medication side effects. 2. Total pelvic rest (no sex, douching, tampons) until completion of medicine. 3. Advise client to seek immediate medical care if symptoms become worse after initiating treatment. 4. Stress need for sexual partner(s) to seek diagnosis and treatment of STDs. 5. Counsel on safer sex education, as appropriate. 6. Advise client RTC in 72 hours and PRN for problems.
REFERRAL TO MEDICAL PROVIDER:	1. Clients that are HIV positive. 2. Clients not responding to treatment within 72 hours. 3. Clients with underlying medical conditions (e.g. diabetes, chronic steroid use) 4. Pregnant women. 5. Uncertain diagnosis-especially if possible ectopic pregnancy or appendicitis. 6. Conditions that may preclude outpatient oral treatment (e.g. nausea, vomiting). 7. Recurrent PID-defined as more than 2 other episodes in past 12 months. 8. History of recent spontaneous/elective abortion; vaginal or cesarean delivery within past 6 weeks.
REFERENCES:	1. *Hatcher RA, Trussell J, Nelson A, Cates W, Kowal D, Policar M. Contraceptive Technology. 20 edition. Atlanta GA: Ardent Media, Inc., 2015. Pp. 613-614.* 2. *Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015. MMWR Recomm Rep 2015;64 (No.RR-3): Pp. 78-82. (https://www.cdc.gov/std/tg2015/tg-2015-print.pdf).*