PELVIC INFLAMMATORY DISEASE
CLIENT REFERRAL AND PARTNER MANAGEMENT

I. DEFINITION:

This disease only occurs in women. Pelvic inflammatory disease is an infection of a woman's reproductive organs. It is a complication often caused by some STDs, like chlamydia and gonorrhea. Other infections that are not sexually transmitted can also cause PID. **Female clients with suspected PID must be referred to physician or APRN for immediate care and treatment due to the high risk of complications such as infertility.** Male sexual partners can be managed using information below.

II. CLINICAL FEATURES:

**Uterine or adnexal tenderness or cervical motion tenderness warrant immediate referral to physician or APRN for evaluation and treatment!**

A. Subjective Female

1. Increased vaginal discharge
2. Lower Abdominal pain
3. Bleeding between menstrual periods
4. Abnormally long or heavy periods
5. Bleeding after vaginal sex

B. Objective Female

1. **Uterine or adnexal tenderness or cervical motion tenderness**
2. Mucopurulent cervical discharge
3. Erythema and edema near the endocervical os
4. Friable cervix (bleeds easily when swabbed)

III. LABORATORY TESTING: CLIENT AND MALE SEXUAL PARTNERS

A. C. trachomatis and N. gonorrhoea.

   1. **Female:** Collect specimen using vaginal swab. Refer to vaginal swab specimen collection procedure for instructions. If vaginal swab testing is not available, collect urine specimen as mentioned under #2 Lab

   2. **Male:** Collect Urine specimen. Ensure client waits 1 hour after last voiding before giving urine sample.

B. Blood test for HIV and Syphilis is recommended.

IV. MANAGEMENT PLAN:

A. Criteria to Treat:

   1. **Female clients with signs and symptoms of pelvic inflammatory disease (uterine, adnexal and/or cervical motion tenderness) must be referred to a physician or APRN for immediate care and treatment due to risk of infertility and other complications. They will not receive treatment for PID in the Health Department STD Clinic.**
2. Male sexual partners of women diagnosed and treated for pelvic inflammatory disease should be examined, tested and treated (using testing and treatment options listed in this document) on initial visit to clinic only if they had **sexual contact within 60 days preceding the women’s onset of symptoms or PID diagnosis.**

3. If the male sexual partner’s contact was more than 60 days prior to the woman’s symptoms or diagnosis, they are not considered a contact to PID and the Pelvic Inflammatory Protocol is not applicable. These clients should have exam and testing as standard STD client, PID protocol is not applicable.

Note: Exam, testing and treatment of male sexual partner (contacts) of women who have been diagnosed and treated for pelvic inflammatory disease is imperative due to the risk for re-infection and high likelihood of urethral gonococcal or chlamydial infection of the partner.

4. All female sexual partners should have exam and testing as standard STD client, PID protocol is not applicable.

**B. Treatment options—**

**Option #1**  
Ceftriaxone‡ 250 mg IM in a single dose (see treatment note #2, 3, 4, 6)  
Given with  
Azithromycin* 1 G orally in a single dose (see treatment note# 6, 7)

**Option #2**  
For reported allergy to azithromycin (see treatment note# 8)  
Ceftriaxone‡ 250 mg IM in a single dose (see treatment note #2,3,4,6)  
Given with  
Doxycycline 100mg orally twice a day for 7 days  
(Doxy **cannot** be given to pregnant clients)

**Option #3**  
When Client reports true hypersensitivity to cephalosporins, ceftaxione, or penicillin (see treatment note 2-5)  
Gentamicin 240 mg IM in a single dose (see treatment note #5,6)  
Given with  
Azithromycin* 2 G orally in a single dose

**Treatment Notes:**

1. Special Consideration: The public health nurse must ensure that another employee, preferably CPR certified is present who can assist if an emergency occurs before any injections can be administered.

2. Clients with an unknown reactions to PCN that occurred >10 years ago can be safely given ceftriaxone. Less than 1% will have allergic reactions and they are extremely unlikely to have anaphylaxis. Ceftriaxone is safe for clients with ampicillin or amoxicillin specific allergies due to those medications not sharing the same side chains ceftriaxone.

3. Ceftriaxone must be given with 1% lidocaine solution as a diluent to lessen injection pain unless the client reports hypersensitivity or allergic reaction to local anesthetic agents or severe liver disease. See package insert for amounts and a complete discussion of lidocaine.

‡Ceftriaxone is contraindicated in clients who report true IgE mediated reaction to
PCN or cephalosporins. Characteristics of IgE mediated reaction include: to other cephalosporins or penicillin. Clients (+GC, cervicitis, or contact) with well-documented penicillin allergy, (including documentation of patient stated adverse effects of penicillin, cephalosporins, or ceftriaxone) are to be referred to their private physician for evaluation and treatment.

a. Reactions that occur immediately or usually within one hour after taking medication. True hypersensitivity reactions include: generalized flushing of the skin, urticaria, rash (hives) anywhere on the body; angioedema, swelling of face, throat or mouth, bronchospasm, and shortness of breath, sensation of throat closure or intense throat itch, nausea and vomiting; alterations in heart rate, cardiovascular collapse, hypotension, vasodilatation sudden feeling of weakness, sense of impending doom, collapse and unconsciousness.

b. Anaphylaxis- Requires signs and symptoms in at least two of the following body systems: skin, respiratory, cardiovascular, gastrointestinal.

c. Stevens - Johnson Syndrome.

d. Toxic epidermal necrolysis

4. Gentamicin: Review and discuss client medication handout sheet prior to providing Gentamicin. Instruct clients who have sulfite sensitivity, kidney disease, hearing loss or loss of balance due to ear problems, any neuromuscular disorders such as myasthenia gravis or Parkinson’s disease to talk to their doctor before they take gentamicin.

Gentamicin 240 mg will be drawn for administration by nurse in two syringes containing no more than 120 mg/3 ml of medication per syringe for intramuscular injection. The nurse will give one injection in each gluteal muscle. Remaining medication in vial will be immediately discarded. Dual therapy should be administered together with azithromycin on the same day preferably simultaneously and under direct observation

5. Dual therapy is the recommended treatment (option 1,2, or 3). Ceftriaxone must be administered with either azithromycin or doxycycline. Ceftriaxone works by keeping bacteria from making and maintaining their cell walls while azithromycin and doxycycline prevent protein production and replication. They must be administered at the same time to achieve the desired effect.

6. *Azithromycin is contraindicated in clients with known hypersensitivity to azithromycin, erythromycin, or any macrolide antibiotic such as clarithromycin (Biaxin). Clients allergic to both ceftriaxone and azithromycin must be referred to a physician for treatment using ODH 399 Referral Form.

C. Client Education

1. Take prescribed oral medication appropriately (give handout).

2. Client should notify and encourage all partners (male and female) to be examined and tested for possible sexually transmitted infections.

3. Abstain from sex until client and partner(s)

   a. Have completed a 7-day regimen or
   b. 7 days after a single dose regimen

4. Prevention measures (e.g., condoms) to prevent future infections.
REFERENCE:
