

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!

1. Subjective Female
 - a. Increased vaginal discharge
 - b. Lower Abdominal pain
 - c. Bleeding between menstrual periods
 - d. Abnormally long or heavy periods
 - e. Bleeding after vaginal sex
2. Objective Female
 - a. **Uterine or adnexal tenderness or cervical motion tenderness**
 - b. Mucopurulent cervical discharge
 - c. Erythema and edema near the endocervical os
 - d. Friable cervix (bleeds easily when swabbed)

III. LABORATORY TESTING: CLIENT AND SEXUAL PARTNERS

1. Collect urine for C. Trachomatis and N. gonorrhoea. Ensure the specimen is collected 1 hour after last voiding.
2. Blood test for HIV and Syphilis is recommended.

III. 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-choose only **ONE** of the following:

Option #1-Ceftriaxone^{#‡} 250 mg IM in a single dose
Given with
Azithromycin 1 G orally in a single dose

Option #2-Ceftriaxone^{#‡} 250 mg IM in a single dose
Given with
Doxycycline 100mg orally twice a day for 7 days
(Doxy cannot be given to pregnant clients)

Option #3-*Azithromycin 2 grams orally in a single dose
***This is an alternative treatment option to be used only when necessary! See treatment notes.**

Treatment Notes:

1. [‡] 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.
2. [#]Ceftriaxone is contraindicated in clients who report true hypersensitivity to other cephalosporins or penicillin. Clients (+GC or contact) with well-documented penicillin allergy, (including documentation of patient stated adverse effects of penicillin or ceftriaxone) are to be treated with option 3 above.
3. Dual therapy is the recommended treatment (option 1 or 2). 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.**
4. *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:

Centers of Disease Control and Prevention(2010), 2010 Guidelines for Treatment of Sexually Transmitted Diseases. MMWR Recommendations and Reports December 17, 2010 / Vol. 59 / No. RR-12

Centers if Disease Control and Prevention (2012) Update to CDC's Sexually Transmitted Diseases Treatment Guidelines, 2010: Oral Cephalosporins No Longer a Recommended Treatment for Gonococcal Infections, Morbidity and Mortality Weekly Report (MMWR) August 10, 2012 / 61(31);590-594

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