Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

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ADMINISTRATIVE ORDER
No. 48-B s. 1999

SUBJECT: Guidelines in the Prevention and Management of Iatrogenic and Post-Abortion Infections in DOH Retained Hospitals and Medical Centers

I. Background/Rationale

With the rising global concern over the rise of Sexually transmitted infections (STI) and HIV/AIDS, the Department of Health has responded by prioritizing these and other reproductive tract infections. The DOH has redirected its strategies to focus on Reproductive Health, as a more holistic approach that will also address other Reproductive Tract Infections (RTI).

The Reproductive Tract Infection Program was created in 1999 by the DOH under the umbrella of Reproductive Health. This is the country's response to its commitment as one of the signatories of the 1994 Cairo International Conference on Population Development (ICPD) and the 1995 4th World Conference on Women in Beijing.

Iatrogenic and Post—abortion Infections of the Reproductive Tract is one of the three components of the RTI Program, which also includes STI/HIV/AIDS and endogenous infections. Iatrogenic Infections are defined as those infections that result from medical procedures/ instrumentations such as pelvic examination, episiotomy/episiorrhapy, catheterization, dilation and curettage, IUD insertion and abortion performed by modern and traditional health providers. Post-abortion infections include those that are self—inflicted or inflicted by partners or any concerned individual, who is not a health provider in an effort to induce abortion. This group of clients is included to raise awareness of possible complications of induced abortion and ultimately decrease its incidence through counseling which is an integral part of these guidelines.

Iatrogenic and post-abortion infections of the reproductive tract (IPIRT) particularly in women are often caused by a wide range of organisms and are usually polymicrobial. They are often associated with the lack of infection prevention and control at the time of the medical procedure or instrumentation.

The provision therefore, of standard clinical guidelines in the prevention and management of the common iatrogenic and post-abortion infections of the reproductive tract, particularly among women will greatly assist in its prevention and management. This set of guidelines, which is the

result of a series of consultative meetings with a group of experts, shall initially apply to DOH Retained Hospitals and Medical Centers.

II. Objectives

General Objective: To establish a functional system that will enable the DOH regional hospitals/medical centers/specialty hospitals to prevent and manage IPIRT.

Specific Objectives:

1. To create an IPIRT subcommittee under the Infection Control Committee (ICC) of the hospital.
2. To train hospital staff in infection prevention and in the management of iatrogenic and post-abortion infections.
3. To train hospital staff in counseling patients with IPIRT.
4. To record and report all cases of IPIRT.
5. To provide appropriate care and management to patients with IPIRT.

III. Organizational Structure:

IV. Composition and Function of the Iatrogenic and Post-Abortion Infections of the Reproductive Tract (IPIRT) Subcommittee

All DOH-retained Hospitals and Medical Centers shall organize an (Iatrogenic and Post- abortion Infections of the Reproductive Tract (IRIRT) subcommittee, which shall be chaired by the Chief, Medical Professional Staff (Chief of Clinics). This will be a subcommittee of an existing Infection Control Committee. It is recommended that it shall be composed of but not limited, to the following:

1. Chair, Department of Medicine;
2. Chair, Department of Obstetrics and Gynecology;
3. Chair, Department of Surgery;
4. Chair, Department of Pathology;
5. Chief Nurse; and
6. Administrative Officer.

The IPIRT subcommittee shall have primary responsibility of ensuring the implementation of the guidelines on the prevention and management of the iatrogenic and post-abortion infections of the Reproductive Tract. The subcommittee shall work in close coordination with the other members of the Infection Control Committee of the hospital. The IPIRT subcommittee shall meet at least on a quarterly basis to discuss issues and problems related to the implementation of the guidelines.

The IPIRT subcommittee shall have the following functions and activities:

1. Review existing hospital data to determine the common sources of IPIRT.
2. Ensure that hospital staff are trained on infection prevention, and on the management of common IPIRT.
3. Ensure the provision of counseling and health education services to patients.
3.1 Identify/train nurse/midwife that can provide compassionate, gender sensitive RH counseling.
3.2 Provide a private space for counseling that will ensure comfort and confidentiality.
4. Ensure that the hospital has the facilities, equipment and logistiCs that will enable it to comply with the standards in infection prevention and in the management of IPIRT.
5 .Oversee the appropriate reporting and recording of cases.
6. Facilitate inter- and intra—departmental coordination within the hospital and networking with other hospitals and other health facilities.
7. Develop a monitoring scheme to periodically assess the compliance to the guidelines.
8. Review/update guidelines to continuously improve management of IPIRT cases.

V. Clinical Management of Iatrogenic and Post—Abortion Infections of the Reproductive Tract

These guidelines shall apply to the most commonly encountered IPIRT, which shall include but shall not be limited to the following:

1 . Conditions:

1.1 Septic Abortion — any abortion associated with fever.
1.2 Puerperal Infection - infection of genital tract after delivery; temperature of 38.0°C (100.4°F) or higher, the temperature to occur on any two of the first 10 days post-partum, exclusive of the first 24 hrs. and to be taken by month by a standard technique at least 4x daily.
1.3 Post Intervention Pelvic Infection - spectrum of inflammatory disorders of the upper female genital tract including any combination of endometritis, salpingytis, tubo-ovarian abscess and pelvic peritonitis.
1.4, Catheter-associated urinary tract infection

2. Diagnosis

2.1 History including Risk Assessment for STI/HIV/AIDS (Appendix 1)
2.2 Physical Examination to include Complete Pelvic Examination
2.3 Laboratory Examinations
2.3.1 CBC
2.3.2 Gram Stain
2.3.3 Urinalysis
2.3.4 Culture and Sensitivity
2.4 Other ancillary procedures (optional)
2.4.1 X-ray

2.4.2 Ultrasound

3. Treatment
3.1 The following general principles shall be observed in the management of the conditions:
3.1.1 Adequate parenteral antimicrobial agents should be utilized to control the infection, (which should be continued 24—48 hrs after patient is afebrile after which IV medications can be shifted to oral preparations)
3.1.2 Effective volume replacement should be done to ensure adequate tissue perfusion.
3.1.3 Early recognition and prompt management of complications
3.1.4 Carry the Nursing Responsibility accordingly (before, during and after).

3.2 Septic Abortion

3.2.1 Medical Management

3.2.1 Recommended antibiotic coverage


3.2.1.2 Give ATS 3000 IU, IM (—) ANST plus Tetanus Toxoid 1 cc 1M for septic abortion except for patients with completed doses of Tetanus Toxoid.
3.2.1.3 If with risk factors for STI, add any of the 2 oral regimen:
* Tetracycline oral - 500 mg per oral 4x daily x 14 days
* Doxycycline oral - 100 mg 2x daily x 14 days

3.2.2 Surgical Management:

3.2.2.1 Completion Curettage - within 6 hrs. after initial dose of antibiotics.
3.2.2.2 Culdotomy for drainage of abscess.
3.2.2.3 Hysterectomy for the following indications:
* No improvement within reasonable length of time following curettage
* Presence of pelvic masses
* Foreign body with perforation
* Presence of additive factors e.g. grand multiparity
* Air under the diaphragm, in myometrium or parametrium
* History of chemical douche to induce abortion

3.3 Management of Post Intervention Pelvic Infection

3.3.1 Medical Management:

3.3.2 Surgical Management
3.3.2.1 Culdotomy
3.3.2.2 Excision drainage
3.3.2.3 THBSO

3.4 Management of Catheter-associated UTI

3.4.1 Avoid unnecessary catheterization.
3.4.2 If necessary to do catheterization, observe proper aseptic technique.
3.4.3 Remove the urinary catheter ASAP.
3.4.4 Treat the infection accordingly.

3.5 Follow-up Care

3.5.1 Surgical/Medical follow—up
3.5.2 Referral

3.6 Counseling and Health Education

Reproductive Health is an integral part of the comprehensive management of RTIs. Through counseling, the patient can be provided with support to enable her to cope with the infection. Counseling should be provided to the patient prior to the discharge from the hospital. Trained counselors should provide services in the properly designated private area in the hospital.

3.6.1 Training of Hospital Staff

The hospital shall form trained counselors to ensure provision of Reproductive Health counseling services.

3.6.1.1 At least three staff of the hospital shall be identified as counselors to provide comprehensive Reproductive Health counseling.

3.6.1.2 The identified staff shall be sent for training to equip them with the basic knowledge, skills and attitude and ensure competency in providing counseling services.

3.6.2 Provision of Counseling in the Hospital

To ensure confidentiality, the hospital shall provide a private area where counseling patients can be done. The area should be well-ventilated and adequately furnished to make it conducive for counseling. Furthermore, the room should contain information, education and communication (IEC) materials and other audio-visual materials that can assist the counselor in providing facts/information during the counseling session.

Confidentiality shall be observed at all times on all information gathered and on personal behavior manifested by the patient, family members and significant persons counseled.

VI. RECORDING AND REPORTING

1. Patient record for iatrogenic and post-abortion infections shall follow the regular format utilized by the hospital.

2. The IPIRT subcommittee shall ensure that the records of iatrogenic and post-abortion cases of the reproductive tract are complete and filed systematically for easy retrieval.

3. The IPIRT subcommittee shall ensure that all client records are kept confidential at all times.

4. The hospital shall use a standard form (Appendix 2) on iatrogenic and post-abortion infections which is supplementary to the Annual Hospital Statistical Report submitted to the HOMS. Data will include distribution of cases according to age, gravidity, parity, attendant, intervention, and site of infection.

VII. SUPERVISION AND MONITORING

1. The IPIRT subcommittee shall formulate monitoring tools to assess the hospital's compliance to the guidelines on the prevention and management of iatrogenic and post-abortion infections of the Reproductive Tract in the hospital.

2. The National AIDS/STD Prevention and Control Program (NASPCP) shall conduct a regular review of the management protocol 'of iatrogenic infections being implemented in the hospital.

3. The HOMS of the Department of Health shall conduct regular monitoring and evaluation of the compliance of the hospital to the guidelines on the prevention and management of iatrogenic and post-abortion infections of the Reproductive Tract.

VIII. EFFECTIVITY

This Administrative Order on the Guidelines in the Prevention and Management of Iatrogenic and Post-abortion Infections in DOH Retained Hospitals and Medical Centers shall take effect immediately upon dissemination to concerned agencies.

ALBERTO G. ROMUALDEZ, JR., M.D.
Secretary of Health