

# Suspected Pelvic Inflammatory Disease Protocol

Attach addressograph label

Date of assessment:                      /                      /

Referral source                      ☐ GP                      ☐ A&E

☐ Other

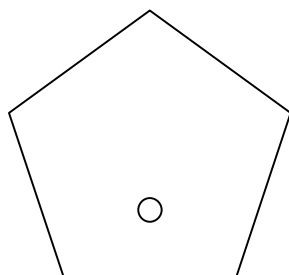
Contact no.

If other specify details:

## Presenting complaint

i. Abdominal Pain

Duration:



ii. Abnormal Bleeding

Duration:

- ☐ None
- ☐ Light/spotting
- ☐ Heavy
- ☐ Intermenstrual
- ☐ Post-coital
- ☐ Other(specify)

iii. Vaginal Discharge

☐ None

Duration:

Nature:

iv. Dyspareunia

☐ None

Duration:

Nature:

iv. Other

- ☐ None
- ☐ Nausea/vomiting
- ☐ Fever

## Further Details

## Sexual History

Sexual partner	Last sexual intercourse	Duration of relationship	Condoms always used?
1			
2			
3			

No of partners in last 3 months:

## Previous Gynaecological History

Menstrual cycle:

LMP:

Contraception:

Last smear:

## Previous Obstetric History

## Previous Surgical/Medical History

## Current medication

**General examination**

Temperature:

Pulse:

Urine dipstick:

BP:

**Pelvic examination**

Vagina/Vulva

Cervix

Uterus

Adnexae mass?

**Abdominal examination****Modified McCormack Score:**      **Total:**      / 36

0 = tenderness absent; 1 = tenderness described by patient but not manifest by changes in facial expression or muscle tone; 2 = tenderness resulting in altered facial expression or muscle tone; 3 = tenderness causing marked observable distress

<b>Upper right</b>	direct	rebound	<b>Upper left</b>	direct	rebound
<b>Lower right</b>	direct	rebound	<b>Lower left</b>	direct	rebound
<b>Cervical motion tenderness</b>					
<b>Uterine tenderness</b>					
<b>Right adnexal tenderness</b>			<b>Left adnexal tenderness</b>		

<b>Investigation</b>	<b>Date performed</b>	<b>Result</b>
<input type="checkbox"/> Urinary pregnancy test		
<input type="checkbox"/> Endocervical swab (Chlamydia / gonorrhoeal)		
<input type="checkbox"/> High vaginal swab (Bacteriology)		
<input type="checkbox"/> Full blood count		
<input type="checkbox"/> CRP		
<input type="checkbox"/> Mid stream urine		
<input type="checkbox"/> Trans-vaginal Ultrasound		
<input type="checkbox"/> Others (specify)		

**Admit if:**

- ☐ Clinically severe symptoms & signs
- ☐ Unable to tolerate oral regimen
- ☐ No response to oral treatment
- ☐ Diagnosis uncertain or unable to exclude surgical emergency
- ☐ Tubo-ovarian mass/abscess on USS
- ☐ Pregnant
- ☐ Immunocompromised

**Management plan:(tick all appropriate)**

- ☐ Eligible for PID trial? Refer GUM research\*
- ☐ Discharge with oral antibiotics
- ☐ Admit for observation and treatment
- ☐ Admit for treatment and laparoscopy
- ☐ Refer to surgeons
- ☐ Refer to other speciality (details)

\*call ext 3079 / 3081

**Treatment prescribed:(tick all appropriate)**

Antibiotics				
		1 <sup>st</sup> Line		IgE-mediated penicillin allergy
<b>Outpatient</b>				
Non Pregnant	<input type="checkbox"/>	Ofloxacin* oral 400mg bd 14 days + Metronidazole oral 400mg bd 5 days		
Pregnant or ofloxacin contra-indicated	<input type="checkbox"/>	Ceftriaxone IM 500mg stat + Clarithromycin oral 500mg bd 14 days + Metronidazole oral 400mg 5 days	<input type="checkbox"/>	Clarithromycin oral 500mg bd 14 days + Metronidazole oral 400mg 5 days  # See statement below regarding gonorrhoea
<b>Inpatient</b>				
Non Pregnant	<input type="checkbox"/>	Ceftriaxone IV 2g od 14 days + Ofloxacin IV 400mg bd 14 days + Metronidazole IV 500mg tds 14 days	<input type="checkbox"/>	Ofloxacin* IV 400mg bd 14 days + Metronidazole IV 500mg tds 14 days
Pregnant	<input type="checkbox"/>	Ceftriaxone IV 2g od 14 days + Clarithromycin IV 500mg bd 14 days + Metronidazole IV 500mg tds 14 days	<input type="checkbox"/>	Discuss with local expert

Additional		
<input type="checkbox"/>	Metoclopramide oral/IM 10mg tds	
<input type="checkbox"/>	Diclofenac oral 50mg tds	
<input type="checkbox"/>	Paracetamol oral/IV 1g four times a day	

\*UK gonorrhoea resistance to quinolones in heterosexual women is about 15% therefore if patient is high risk for gonorrhoea (patient's partner has gonorrhoea, clinically severe disease, following sexual contact abroad), discuss alternative regimens with GU medicine.

# This regime does **NOT** provide gonorrhoeal cover. If gonococcus diagnosed on NAATs the patient should be seen by GU medicine so cultures can be taken for gonorrhoea & contact tracing carried out. Please contact liaison Health Advisor on 07789 995086 or ext. 4726

**IV to Oral Switch**

IV antibiotics should be switched to oral equivalents (and complete 14 days) after 48 hours if: - Temperature < 38°C for at least 24 hours. clinical improvement observed, WCC & CRP improving, haemodynamically stable, oral route viable (no evidence of malabsorption, vomiting or unsafe swallow)

For details relating to IgE mediated penicillin allergy please refer to guideline

**Ensure patient consent is obtained and that proforma is faxed through to Claude Nicol Clinic**

**Counselling prior to discharge:**

- ☐ Refrain from sexual intercourse until treatment complete for patient and partner
- ☐ Advise to avoid alcohol with Metronidazole & for 48 hours post last dose
- ☐ Explain importance of compliance
- ☐ Advice concerning the need for follow up
- ☐ Offer information leaflet and contact tracing card
- ☐ Obtain consent for Health Advisor to proceed with partner notification
- ☐ Fax through proforma to liaison health advisor at CNC (01273 664720)

**SHO**            **Name:**

Bleep:

Discussed with Reg            ☐ Yes   ☐ No

**Reg**            **Name:**

*I hereby give permission for the health advisors at the Claude Nichol Clinic to contact me regarding arranging follow-up for my recent sexual partners.*

Signed:

Patients Name:

Date:

Contact no(s):

**Further Notes**

**2 week follow-up**

*Further investigations/results*

- ☐ Confirm abstinence from sexual intercourse
- ☐ Compliance checked
- ☐ Advice given regarding significance of PID and sequelae