

Goal:
Increase timely treatment of PID to avoid chronic pelvic pain and infertility

Inclusion Criteria:
Any of the following

- Lower abdominal/pelvic pain outside of menses
- Abnormal vaginal discharge
- Breakthrough/abnormal bleeding
- Dyspareunia (painful sexual intercourse before, during, or after, especially in the pelvic or genital region)

Exclusion Criteria:

- Pregnancy (engage SW and/or SCAN if needed)
- Mullerian anomalies

Special Considerations:
Required consultation for Social Work **-AND-** SCAN when:

- Concern for abuse/assault
- Concern for human trafficking
- Prepubertal patient or patient < 13 years old with STI
- If concern about partner age for patients < 18 years
- Patient has developmental delay

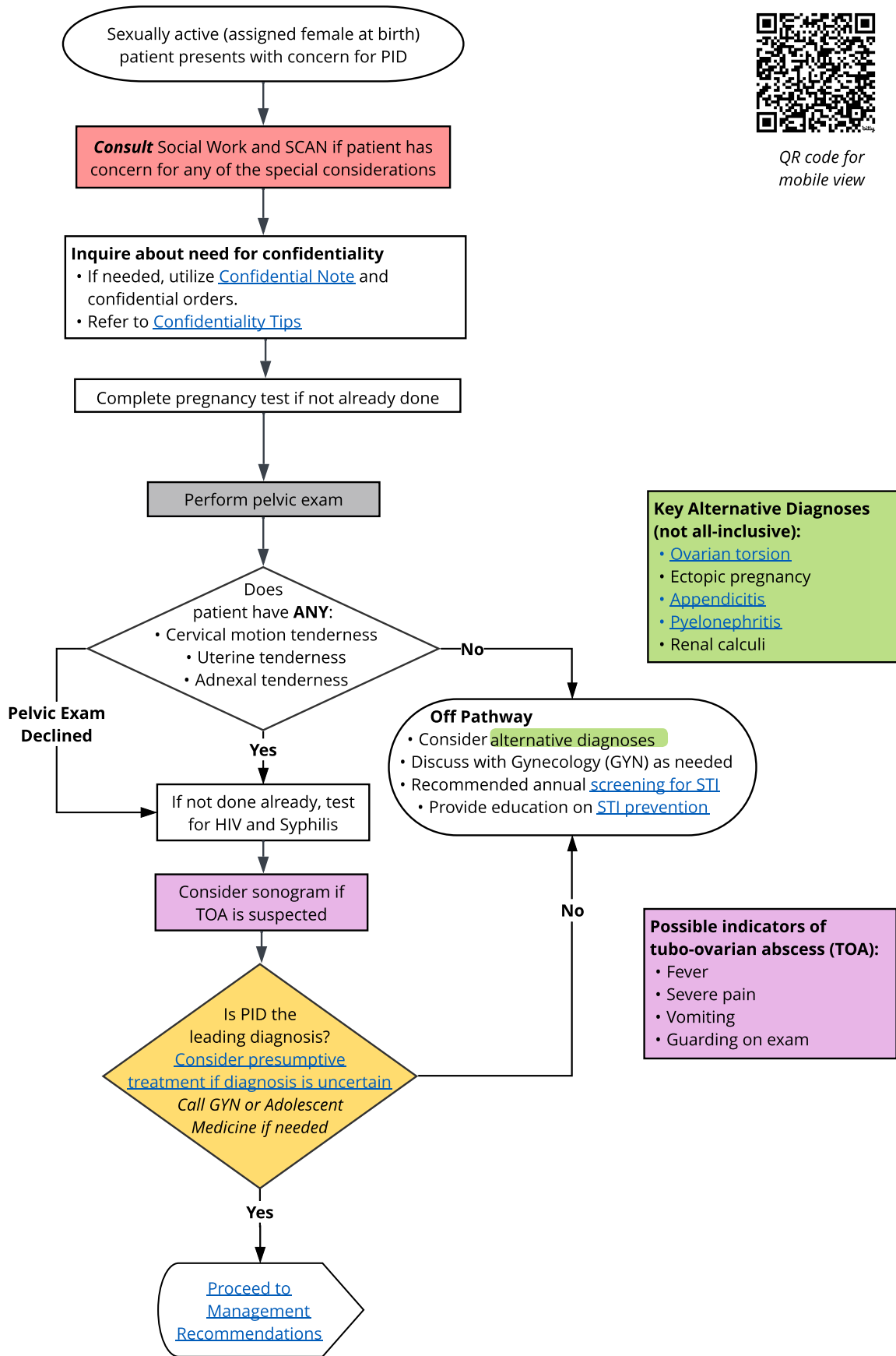
Pelvic Exam:
Step 1: Obtain patient consent
If patient does not consent to pelvic exam, proceed to step #3 below
Step 2: Perform bimanual exam (use of speculum as indicated)
[Nuances to Consider for Pelvic Exam](#)
Step 3: Collect Urogenital Wet Mount and PCR urogenital swab **-or-** [first catch urine](#) for Gonorrhea, Chlamydia, and Trichomonas

If desired by patient, use confidential orders

Risk Factors:
Any of the following increases the likelihood of PID:

- Oral temperature > 101° F (> 38.3° C)
- Mucopurulent discharge or cervical friability
- Abundant white blood cells on Urogenital Wet Mount (> 10 hpf)
- Elevated ESR
- Elevated CRP
- Positive infection for gonorrhea or chlamydia

If the cervical discharge appears normal with no WBCs on Urogenital Wet Mount, the diagnosis of PID is unlikely



- Criteria for Inpatient Management** (any of the following)
- Presence of tubo-ovarian abscess
 - Severe clinical illness (e.g., fever > 101⁰ F [>38.3⁰ C], nausea and vomiting)
 - Inability to tolerate oral intake
 - Failure of outpatient therapy
 - Concern for non-adherence to therapy or lack of follow-up



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