

**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:

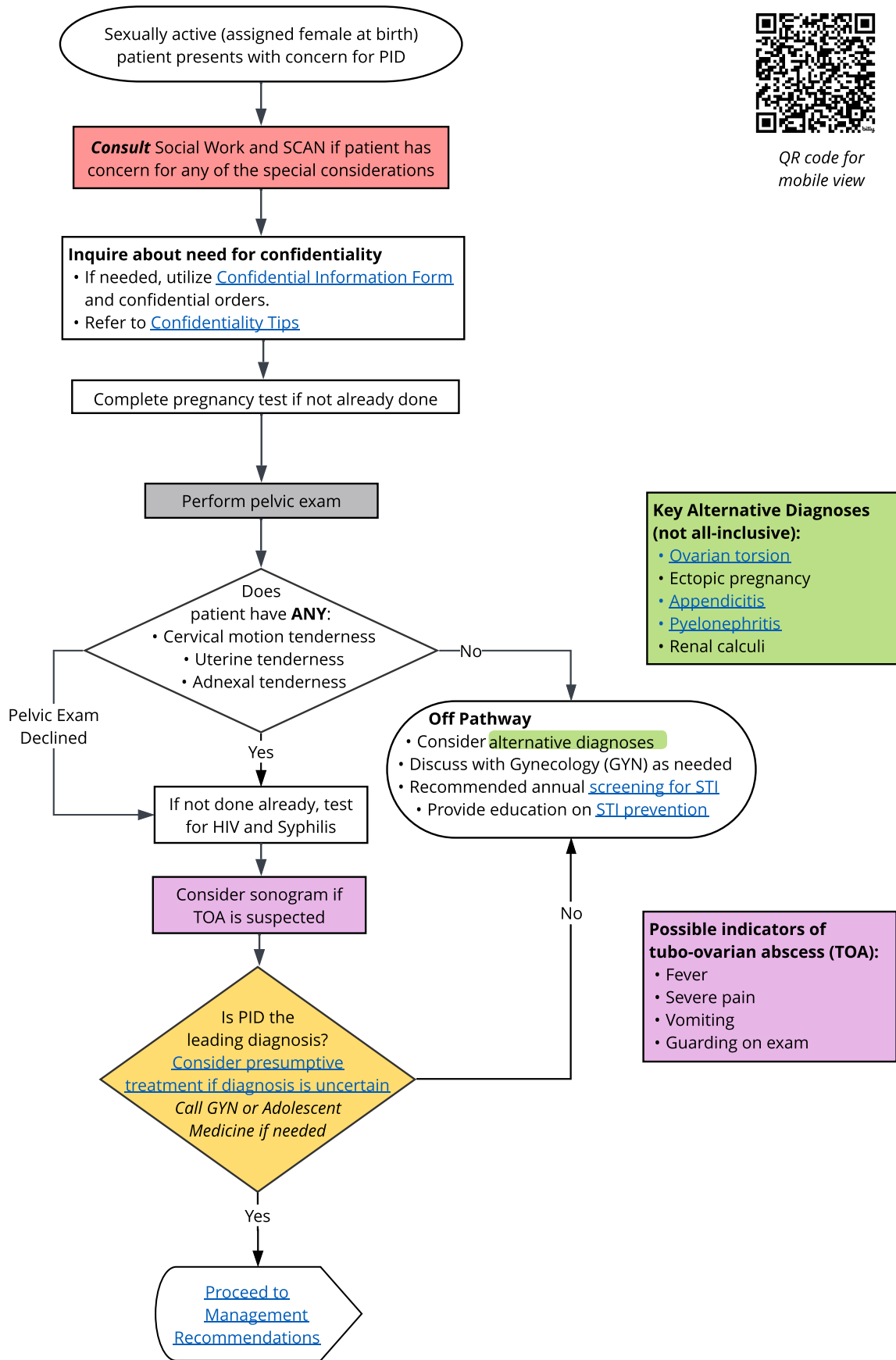
- Concern for abuse/assault
- Concern for human trafficking
- Prepubertal patient or patient < 13 years old with STI
- If concern about partner age for patients < 18 years
- Patient has developmental delay

**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 > 101<sup>0</sup> F [>38.3<sup>0</sup> 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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