Pelvic Inflammatory Disease (PID) Interventions

Pelvic inflammatory disease (PID) is an infection affecting the uterus, fallopian tubes, and ovaries. Although not all cases of PID are caused by a sexually transmitted infection, Chlamydia trachomatis and Neisseria gonorrhoeae organisms are commonly associated with the condition. Interventions to treat PID include antibiotic therapy, abstaining from sexual intercourse for three weeks, and administration of analgesics for pain. Patients should be taught to check their temperature twice a day and to immediately contact their healthcare provider if there is an increase in temperature. The patient’s sexual partners should also be treated for gonorrhea and chlamydia infections, whether or not they are experiencing clinical symptoms. PID, if undiagnosed and untreated, can lead to irreversible scarring of the reproductive organs and may lead to sterility.

Antibiotics

ABX-guy

Treatment of PID usually involves the administration of more than one antibiotic. Cefoxitin (Mefoxin) and doxycycline (Vibramycin) antibiotics are typically used in combination to provide broad-spectrum coverage against the offending organisms.

No Intercourse for 3 Weeks

No-sign Intercourse (3) Tree Week-calendar

The patient should be instructed to abstain from sexual intercourse for three weeks.

Semi-Fowler’s Position

Semi-Supported Fowl in Fowler’s Position

The patient should be placed in a semi-Fowler’s position to facilitate drainage of the infection. This intervention may help relieve pain in addition to preventing abscess formation in the abdomen.

Analgesics

A-nail-Jay-Z

Analgesic medication can be given to help with pain. Applying heat to the lower abdomen may also help to relieve pain associated with PID.

Monitor Temperature

Monitor and Thermometer

Patients should be taught to check their temperature twice a day and to immediately contact their healthcare provider if there is an increase in temperature.

Treat Partners

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The patient’s sexual partners should be treated for gonorrhea and chlamydia infections, whether or not they are experiencing clinical symptoms. This is because Chlamydia trachomatis and Neisseria gonorrhoeae are the most common causative organisms for PID.