



## Protocol Review Evidence Used and Rationale

**Protocol name:** Pelvic Inflammatory Disease (PID)

**Rationale:** There is a high rate of STIs in the Kimberley compared to the rest of the state. Untreated chlamydia and gonorrhoea have a 1 in 5 (20%) risk of progressing to PID. Therefore, it is important to maintain a high level of suspicion for PID and low threshold for treatment in a young woman with lower abdominal pain.

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**Review / Input from:** Sexual and Reproductive Health Subcommittee (SRH-SC)

### Discussion Points:

- This version of the guideline included a case definition of PID
- A list of abbreviations and terms are included
- There is an emphasis on when immediate medical referral is required, which is highlighted by alert boxes. The following alert boxes provide information on:
  - Signs of ectopic pregnancy
  - Severe symptoms
- The guideline provides information on what client education is required
- Identification when treatment can be given as an outpatient and when hospitalization is required
- Tinidazole has been removed from the guideline as it has been discontinued in Australia and is no longer on the Kimberley Standard Drug List
- Other considerations include:
  - Consideration of vaginal antifungal pessary in case candida develops as a result of antibiotic treatment.
  - How re-infection commonly presents
  - When to consider other diagnosis

### Resources and References:

[Silver Book](#)

[Kimberley Contact Tracing Guidelines](#)

[Sexual Assault Resource Centre \(SARC\)](#)