

## Pelvic Inflammatory Disease (PID)

### General points

- Check pregnancy test.
- Send HVS for culture and full STI screen: Gonorrhoea, Chlamydia, Syphilis, HIV, Hepatitis B & C and Mycoplasma genitalium.
- Refer to most recent BASHH Guidelines.
- Further information is available on HSE Antibiotic Prescribing.  
<https://www.hse.ie/eng/services/list/2/gp/antibiotic-prescribing/conditions-and-treatments/genital/pelvic-inflammatory-disease/pelvic-inflammatory-disease-pid-.html>

### Antibiotics

#### Outpatient Rx:

**Ceftriaxone** 1g IM or IV single dose + **Doxycycline** PO 100 mg BD + **Metronidazole** PO 400mg TDS x 14 days.

#### Inpatient Rx:

**Ceftriaxone** 2g once daily IV + **Doxycycline** 100mg BD PO.

Oral switch **Doxycycline** 100mg BD PO + **Metronidazole** PO 400mg TDS x 14 days.

IV Ceftriaxone therapy should be continued until 24 hours after clinical improvement then switched to oral.

#### Severe / IgE mediated reaction/ anaphylaxis to penicillin:

**Clindamycin** 900mg TDS IV+ **Gentamicin** once daily IV. [\(Please see Gentamicin dosing schedule\).](#)

Oral switch: Clindamycin 450mg QDS PO or Doxycycline 100mg BD PO + Metronidazole 400mg BD PO to complete 14 days.

### Comments

**Duration** : 14 days

*Note: Ofloxacin and moxifloxacin should be avoided in patients who are at high risk of gonococcal PID because of increasing quinolone resistance .*

**In pregnancy:** IV therapy and specialist consultation is advised.