

Pelvic Inflammatory Disease (PID)

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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.

Acute Epididymo-orchitis

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Please refer to HSE antibiotic prescribing :

<https://www.hse.ie/eng/services/list/2/gp/antibiotic-prescribing/conditions-and-treatments/genital/acute-epididymo-orchitis/>