

NEW ONSET PELVIC OR LOWER ABDOMINAL PAIN IN WOMEN OF REPRODUCTIVE AGE

Assess clinical condition
Any of the following red flags present:

- Shock, hypotension
- Profuse PV bleeding
- Moderate to severe pain
- Prominent nausea, anorexia

Resuscitate as necessary
Check BHCg

Clinically unstable, BHCg negative

- Resuscitate as necessary
- Urgent surgical review

Clinically unstable, BHCg positive

- Urgent USS and urgent O&G review
- Consider ectopic pregnancy

Clinically stable, BHCg positive

- Urgent USS and O&G review
- Consider ectopic pregnancy
- If no ectopic / complications of pregnancy consider associated diagnosis and re-enter pathway

Clinically Stable, BHCg negative
 History
 Investigations

Consider diagnoses other than PID

Other diagnosis obvious?

No

No cervical motion, uterine or adnexal tenderness

PID Unlikely

PID likely
Speculum/bimanual examination recommended

Speculum not done

Treat for PID and review if diagnosis possible

Early review by GP

Cervical motion, uterine or adnexal tenderness

Treat for PID as outpatient
 Antibiotic treatment should be initiated in ED before test results available

Treat for PID as inpatient if

- systemically unwell
- tubo-ovarian abscess present
- pregnant

Arrange follow-up within 2-3 days

Contact tracing for regular sexual partners

Abbreviations
 PID = pelvic inflammatory disease
 TVUS = transvaginal ultrasound
 βhCG = β human chorionic gonadotrophin
 STI = sexually transmitted infection