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# Pelvic Inflammatory Disease

Patient name: \_\_\_\_\_

NRS  
DATE INITIAL

- I. The client/caregiver can define pelvic inflammatory disease (PID).**
- It is an infection and inflammation of the upper genital tract in women.
  - It affects the
    - Uterus
    - Fallopian tubes
    - Ovaries
  - Damage to these organs result from scarring caused by the infection and inflammation.
  - It is the most common preventable cause of infertility in the United States.
  - The Centers for Disease Control reports that more than 1 million women seek treatment for PID each year. A similar or greater number of women may have pelvic inflammatory disease and not be aware of it.
  - The most common cause is from bacteria that cause chlamydia and gonorrhea.
- II. The client/caregiver can list risk factors for pelvic inflammatory disease.**
- Same women who are at risk for sexually transmitted infections
  - Women with history of previous pelvic inflammatory disease
  - Sexually active women under the age of 25
  - Douching
  - Occasionally, an intrauterine device
  - Black and Hispanic women
- III. The client/caregiver can list signs and symptoms of pelvic inflammatory disease.**
- You may not have symptoms.
  - The most common symptom is pain in lower abdomen. Others are
    - Fever
    - Vaginal discharge that may have an odor
    - Painful intercourse

Admission: \_\_\_\_\_

NRS  
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- Painful urination
  - Irregular menstrual bleeding
- C. Sometimes pelvic inflammatory disease causes symptoms of extreme pain, and a fever will appear suddenly.**
- IV. The client/caregiver can list possible complications from pelvic inflammatory disease.**
- Atopic or tubal pregnancy (rupture of tube causes internal bleeding and is life threatening)
  - Infertility (about one of eight women with pelvic inflammatory disease become infertile)
  - Chronic pelvic pain
- V. The client/caregiver can list treatment and preventive measures for pelvic inflammatory disease.**
- Know symptoms and report to health care provider promptly if symptoms appear.
  - Take medication as prescribed. Be sure to finish taking all of medications.
  - Surgery may be recommended if medical treatment not effective.
  - Client's sex partner(s) should be treated even if symptoms are not apparent.
  - Avoid sex with partner who has not been treated.
  - Abstain from sex or be in a long-term monogamous relationship.
  - A consistent use of condoms can reduce risk.
  - The Centers for Disease Control recommend
    - Yearly chlamydia testing of all sexually active women age 25 or younger or older women with new or multiple partners
    - Retesting after treatment to ensure chlamydia treatment effective

(Continued)

**RESOURCES**

Centers for Disease Control and Prevention, Division of Sexually Transmitted Diseases Prevention  
800-CDC-INFO (800-232-4636)  
[www.cdc.gov/std](http://www.cdc.gov/std)

Centers for Disease Control and Prevention  
National Prevention Information Network  
800-458-5231  
[www.cdcpin.org](http://www.cdcpin.org)

American Social Health Association  
[www.ashastd.org](http://www.ashastd.org)

The American College of Obstetricians and Gynecologists  
[www.acog.org/](http://www.acog.org/)

**REFERENCES**

- Ackley, B. J., & Ladwig, G. B. (2006). *Nursing diagnosis handbook: A guide to planning care*. St. Louis: Mosby Inc.
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- Health matters: Pelvic inflammatory disease. (2005, December). National Institutes of Health: U.S. Department of Health and Human Services.