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

**History incl.**
- sexual/menstrual
- Pulse, BP, temp
- Abdo examination

**Pregnancy test**
- STI tests
- Urinalysis

**hCG**
- positive

**ECTOPIC PREGNANCY**
- Urgent ED or EPAS referral

**INTRAUTERINE PREGNANCY**
- Threatened Miscarriage or other pregnancy complication

**URGENT TVUS**
- Any of the following
  - Shock, hypotension
  - Profuse PV bleeding
  - Moderate to severe pain
  - Prominent nausea, anorexia
  - Urgent ED referral
  - No pregnancy complications evident

**CONSIDER OTHER DIAGNOSIS**
- Click here for table of differential diagnoses

**Other obvious diagnosis?**

**PID UNLIKELY**
- No cervical motion, uterine or adnexal tenderness

**PID LIKELY**
- Speculum/bimanual examination recommended
  - Cervical motion, uterine or adnexal tenderness found
  - PID not excluded
  - Treat and Review

**TREATMENT**
- Treat for PID as outpatient
  - Initiate treatment before test results available
  - Ceftriaxone 500mg IMI stat
  - Azithromycin 1g oral stat
  - Metronidazole 400mg oral bd for 14 days
  - Doxycycline 100mg oral bd for 14 days*
  - *use Azithromycin 1g oral in one week if pregnant

- Treat regular sexual partners with Azithromycin 1g stat.
- Contact trace past sexual partners if STI diagnosed

- Arrange follow-up within 2-3 days

**No**

**EPAS referral**

**Yes**

**No**

**PID not excluded**

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**Developed in collaboration with the Statewide NSW Lower Abdominal Pain Working Group – January 2016**