*Affix patient label or enter details:*

Trust ID No.:

Surname (BLOCK LETTERS): First name:

**GYNAECOLOGY CORE CARE PLAN:**

**Care of Patient with Pelvic Inflammatory Disease**

**(PID)**

D.O.B.:

|  |
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| **PROBLEM:****This patient has PID and is experiencing symptoms of pain and/or vaginal discharge** |
| **GOAL: After 24-48 hours the symptoms will be minimised and, by day of discharge, she will understand how this incident likely occurred and can describe behaviour likely to prevent a****recurrence.** |
| **ACTIONS** (Circle appropriate actions) | **AMENDMENTS**(Date/Signature) |
| **1.** Admit to ward Complete admission documentation including all risk assessments. Complete full set of observations using NEWS to provide baseline and to identify trigger for their subsequent frequency. Ensure that this woman understands why all the information requested is required and that she has given consent for all investigations. Obtain urine specimen for a pregnancy test and to monitor for infection. Ensure doctors have fully examined the woman accordingly obtaining vaginal swabs +bloods. Ensure that current signs and severity of symptoms are identified. EG: Temperature, PV discharge, abnormal PV bleeding, pain. These will act as baseline to identify efficacy of treatment when symptoms start to resolve Ensure VTE assessment has been completed and patient information leaflet given. |  |
| **2.** Once examined by doctor and a sexual history is obtained: Ensure that PID proforma is completed and faxed to Claude Nicol Centre (CNC) once the patient has given her permission / signed consent form for follow up. Ensure that this woman has a copy of the PID information leaflet. Ensure that you check her understanding of the importance of compliance with treatment. |  |
| **3.** Refer to the Gynaecology Core Care Plan – Pain Management if required. |  |
| **4.** Ensure that IV cannula is sited and commence IV antimicrobial therapy as per the PIDprotocol. Once IV therapy has been in place for 24 hours, her temperature less than 38°C and this woman is haemodynamically stable with her clinical signs improving, then IV antibiotics should be converted to their oral equivalentsIt is important to ensure she understands that the whole course of antibiotics must becompleted. |  |
| **5.** Monitor this woman for signs and symptoms she was admitted with. Check at least once ashift for changes in for eg. PV discharge – colour, odour and consistency. Ensure changes are identified in nursing record. |  |
| **6**. Discharge home |  |

*Issued by: Samantha Backley + Gynaecology Nursing Team March 2021 Review Date: March 2023*

**Signature of nurse generating care plan: Date:**

**Evidence:**

 GP003 Pelvic Inflammatory Disease 2017

 C032 Minimum Standards for Observations 2015

 C021 Peripheral Intravenous Cannulation of Adults 2015

 C025 Intravenous Therapy Administration for Adults 2017

 C031 Policy Prevention + Management of VTE 2016

 C010 Discharge Policy for Adults + Children 2016

 C039 Pregnancy Testing 2016

 C005 Consent to Examination or Treatment 2016

*Issued by: Samantha Backley + Gynaecology Nursing Team March 2021 Review Date: March 2023*