CASE STUDY #2: ACUTE PELVIC INFLAMMATORY DISEASE

M., a 23-year-old unmarried female, has a recent history of gonorrhea. For the past two weeks, she has had a heavy, purulent vaginal discharge and general malaise. Concerned that her symptoms appear to be worsening, M. made an appointment at the gynecologic clinic. The clinic physician palpated her abdomen and did a vaginal examination. M. experienced lower abdominal pain and tenderness, which was increased during the pelvic examination. Cultures were taken on the material removed from the vagina and cervix. A diagnosis of acute PID was made based on the data gathered. It was decided that M. should be admitted to the hospital so that maximum doses of antibiotics could be administered and the course of her infection followed more closely.

DISCUSSION QUESTIONS:

1. What route does the gonococcus take in the development of PID?

2. What are the clinical manifestations of acute PID?

3. How would M.’s infection be managed if it were decided to treat her as an outpatient? What instructions should she receive? Include medications.

4. How does chronic PID compare with acute PID?

5. What are the possible complications of PID that M. could develop?

6. Identify nursing diagnoses, goals, and expected outcomes for M.