**Pediatric Guidelines: Sexually Transmitted Infections (Adolescent) - Pelvic Inflammatory Disease**

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| Pelvic inflammatory disease, inpatient therapy | *Chlamydia trachomatis*  
*Neisseria gonorrhoeae*  
Enteric Gram negatives and anaerobes | Cefoxitin 2g/dose IV q6h AND  
Doxycycline 100mg/dose IV/PO q12h (PO preferred if tolerated)  
24-48 hours after clinical improvement, can transition to Doxycycline monotherapy for completion of 14 day course | **Beta lactam allergy:** [1]  
Clindamycin 900mg/dose IV q8h AND  
Gentamicin 2mg/kg/dose IV x 1 followed by 1.5 mg/kg/dose IV q8h | 24-48 hours after clinical improvement, can transition to Doxycycline 100mg/dose PO BID for completion of 14 day course |

**If tubo-ovarian abscess is present:**

Initial therapy as above. Upon discontinuing Cefoxitin, continue Doxycycline and ADD Metronidazole 500mg/dose PO BID for 14 day total course.

**If tubo-ovarian abscess is present:**

Initial therapy as above. Complete course with combination of Doxycycline and Metronidazole 500mg/dose PO BID for 14 day total course.
Pelvic inflammatory disease, outpatient therapy

Ceftriaxone 250mg IM x 1
AND
Doxycycline 100mg/dose PO BID x 14 days
Consider Metronidazole 500mg/dose PO BID x 14 days

If adherence is a concern the following regimen may be considered:

Ceftriaxone 250mg IM x 1
AND
Azithromycin 1g PO qweek x 2 doses

Contact ASP/Pediatric ID for guidance on alternatives for patients with beta lactam allergy [1]


These are guidelines only and not intended to replace clinical judgment. Modification of therapy may be indicated based on patient comorbidities, previous antibiotic therapy or infection history. Doses provided are usual doses but may require modification based on patient age or comorbid conditions. Refer to Pediatric Antimicrobial Dosing Guideline [3] for further guidance on dosing in children, and Neonatal Dosing Guideline [4] for infants < 1 month of age. Consult a pediatric pharmacist for individualized renal or hepatic dose adjustment. For additional guidance, please contact Pediatric Infectious Diseases (ID) or the Pediatric Antimicrobial Stewardship Program (ASP).