Genital Tract Infections

INFECTION	MOST LIKELY ORGANISMS	THERAPY CATEGORY	ANTIMICROBIALS	COMMENTS
PELVIC INFLAMMATORY DISEASE	N. *gonorrhoeae* C. *trachomatis* *Bacteroides* spp Enterobacteriaceae Group B strep	First line	**Outpatient:** **Ceftriaxone 250 mg IM/IV x 1 dose** **AND** **Doxycycline* 100 mg PO q12h x 14 days** **AND** **Metronidazole 500 mg PO q12h x 14 days** **Inpatient (unable to take oral medications, concern about compliance, septic):** **Cefoxitin 2 g IV q6h**** **AND** **Doxycycline 100 mg PO/IV q12h* x 14 days**	Consider screening for syphilis, HBV and HIV. *Obtain a pregnancy test in all patients. Doxycyline is contraindicated in pregnancy. Sexual partner(s) should also be treated (expedited partner treatment). ** Cefoxitin until afebrile and abdominal pain resolves. If IV doxycycline is used, switch to PO doxycycline as soon as possible.
		Penicillin allergy	**Outpatient:** Same **Inpatient (unable to take oral medications, concern about compliance, septic):** **Ceftriaxone 250 mg IM/IV x 1 dose** **AND** **Doxycycline 100 mg PO/IV q12h* x 14 days** **If tubo-ovarian abcess, add:** **Metronidazole 500 mg PO q12h x 14 days**	
CERVICITIS URETHRITIS	N. *gonorrhoeae* C. *trachomatis*	First line	**If 45 kg and above:** **1st choice:** **Ceftriaxone 250 mg IM/IV x 1 dose** **AND** **Doxycycline 100 mg PO**	*Given under directly observed therapy Consider screening for syphilis, HBV and HIV. Obtain a pregnancy test

			BID X 7 days **2nd choice:** **Ceftriaxone 250 mg IM/IV x 1 dose AND Azithromycin 2 g PO X 1 dose** **OR** **Cefixime 800 mg PO x 1 dose* AND Azithromycin 2 g PO x 1 dose***	in all patients. Sexual partner(s) should also be treated (expedited partner treatment). <u>Patients less than 45 kg</u>: refer to pre-printed orders for a pediatric patient after a sexual aggression
		Penicillin allergy	Same	
EPIDIDYMO-ORCHITIS • sexually active	N. *gonorrhoeae* C. *trachomatis* Enterobacteriales (if MSM, insertive anal intercourse)	First line	**Ceftriaxone 250 mg IM/IV x 1 dose** **AND** **Doxycycline 100 mg PO q12h x 14 days** **If risk of Enterobacteriaceae**: **Ceftriaxone 250 mg IM/IV x 1 dose** **AND** **Levofloxacin 500 mg IV/PO q24h x 10 days**	Bedrest, scrotal elevation, and analgesics. Consider screening for syphilis, HBV and HIV. Sexual partner(s) should also be treated (expedited partner treatment).
		Penicillin allergy	Same	
EPIDIDYMO-ORCHITIS • NOT sexually active prepubertal	Enterobacteriales	First line	Treat as a **urinary tract infection** (refer to section on urinary tract infection)	
		Penicillin allergy		

REFERENCES:

Empiric Antimicrobial Therapy Guide: Version 9, June 2025