

O&G SAQs

Emergency Medicine Fellowship Program



How to use this book:

1) Complete SAQs

- < 3 months until exam: Exam conditions – focus on clear answers ‘to time’
- 3-6 months until exam: Transition towards exam conditions
- > 6 months until exam: Open book is ok, ‘focus on good answers and developing knowledge acquisition

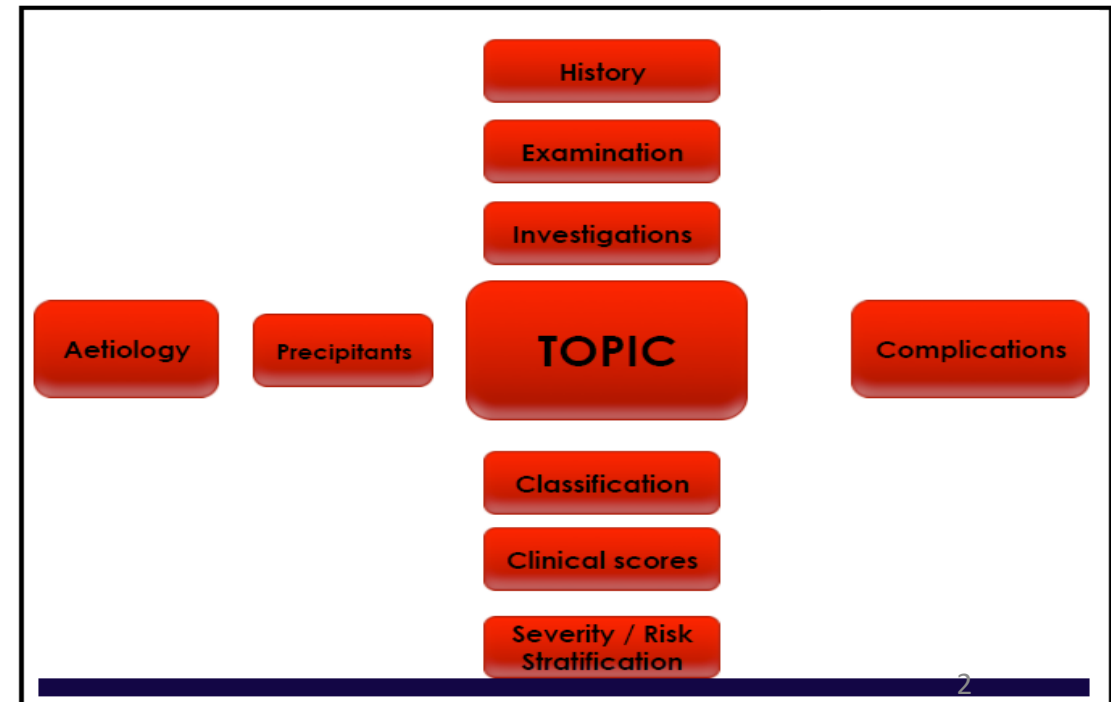
2) Read and study around SAQ

- Use each SAQ as motivation to study around the individual topic
- Think about the different ways the topic could come up in the SAQ exam (use the topic structure provided by APEM course)

3) Write SAQs to further develop this program

- Review syllabus of medical expertise
- Create SAQs relating to topics not covered in this book, please format to be in exam-format, include answers
- This will help further develop this program as well as help you think like an examiner
- Return to ben.shepherd86@gmail.com

ALL THE BEST!



5. OBSTETRICS AND GYNAECOLOGY

5.1 Pregnancy

- a) Normal pregnancy DIS G
 - i) Antenatal screening DIS G
 - ii) Physiological changes DIS G
 - iii) Foetal development DIS G
- b) High risk pregnancy DIS G
- c) Complications of pregnancy
 - i) Hyper-emesis gravidarum DIS H
 - ii) Miscarriage DIS H
 - iii) Anembryonic pregnancy DIS H
 - iv) Septic abortion DIS H
 - v) Ectopic pregnancy DIS H
 - vi) HELLP syndrome (haemolysis, elevated liver enzymes, low platelets) DIS H
 - vii) First trimester bleeding DIS H
 - viii) Haemorrhage, antepartum
 - i. Abruptio placentae DIS H
 - ii. Placenta praevia, vasa praevia DIS H
 - iii. Other DIS H
 - ix) Infections, including urinary tract infection DIS G
 - x) Fevers DIS G
 - xi) Isoimmunisation DIS H
 - xii) Pregnancy-induced hypertension, pre-eclampsia DIS H
- d) Normal labour and delivery P H
- e) Complications of labour
 - i) Foetal distress DIS G
 - ii) Premature labour DIS G
 - iii) Premature rupture of membranes DIS G
 - iv) Other DIS G
- f) Complications of delivery
 - i) Mal-presentation DIS G
 - ii) Mal-position DIS G
 - iii) Nuchal cord DIS G
 - iv) Prolapsed cord DIS H
 - v) Rupture or inversion of uterus DIS H
 - vi) Retained placenta DIS G
 - vii) Other DIS G
- g) Post-partum complications
 - i) Haemorrhage, postpartum
 - i. Primary DIS H
 - ii. Secondary DIS H
 - ii) Endometriosis DIS G
 - iii) Retained products of conception DIS G
- h) Drugs in pregnancy D H

5.2 Gynaecology

- a) Vagina and vulva
 - i) Bimanual and vaginal speculum examination P H
 - ii) Vaginitis/vulvovaginitis DIS H
 - iii) Foreign body DIS H
 - iv) Bartholin's cyst/abscess DIS H

- v) Other DIS H
- b) Uterus
 - i) Dysmenorrhoea DIS G
 - ii) Dysfunctional uterine bleeding DIS G
 - iii) Cervicitis, endocervicitis DIS G
 - iv) Endometriosis DIS G
 - v) Tumours
 - i. Leiomyoma DIS G
 - ii. Gestational trophoblastic disease DIS G
 - iii. Other DIS G
 - vi) Prolapse DIS G
- c) Ovaries
 - i) Cysts and cyst complications DIS H
 - ii) Mittelschmerz DIS H
 - iii) Tumours DIS G
 - iv) Ovarian hyperstimulation syndrome DIS G
- d) Infections
 - i) Pelvic inflammatory disease DIS H
 - ii) Fitz-Hugh-Curtis syndrome DIS G
 - iii) Tubo-ovarian abscess DIS G
 - iv) Herpes simplex DIS G
 - v) Human papilloma virus DIS G
- e) Contraception
 - i) Complications D G
 - ii) Post-coital D H
- f) Sexual assault DIS H

COLUMN "LO" – CATEGORIES OF LEARNING OBJECTIVES

DIS - Diseases/Injuries/Symptoms	D - Pharmacological & toxicological agents	Ex - Expert
E - Physical Examination	P - Procedures	H - High
I - Investigations	S - Systems	G - General
M - Medical Interventions	Eq - Equipment	
	NCI - Non-clinical/clinical interface	
	T - Theories	

COLUMN "LP" – LEVELS OF PRACTICE

Early Pregnancy

You are caring for a 27 year old woman who has self-presented with PV bleeding in early pregnancy

Name 3 pregnancy-related conditions on your DDx (3 marks)

Name 3 conditions not related to pregnancy that may cause early pregnancy bleeding (3 marks)

What 4 investigations would you do on this patient? Justify each (8 marks)

Investigation	Justification

You are caring for a 27 year old woman who has been referred to the ED with a miscarriage (12 marks)

Type	Cervix (open/closed)	Products passed?	US findings
Threatened			
Incomplete			
Complete			
Septic			

What is the dose of Anti-D in pregnancy? What is its role? (2 marks)

What are the roles of bHCG in the evaluation of a woman with early pregnancy bleeding? (3 marks)

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What are the potential roles for point of care ultrasound in women with bleeding in early pregnancy? (3 marks)

*

*

*

You are looking after a woman with early pregnancy bleeding, she has a bhCG of 900 and formal TV ultrasound are below. Please give a provisional or DDX for each US finding.

US finding	Provisional Dx or DDX
No free fluid, No intrauterine or extrauterine pregnancy seen	
No free fluid, Intrauterine gestational sac seen (mean sac diameter 12mm), yolk sac seen but no fetal pole	
No free fluid, Intrauterine gestational sac seen (mean sac diameter 25mm), yolk sac seen but no fetal pole	
No free fluid, Intrauterine gestational sac seen (mean sac diameter 25mm), yolk sac seen and fetal pole with CRL 3mm, no fetal heart beat	
No free fluid, Intrauterine gestational sac seen (mean sac diameter 25mm), yolk sac seen and fetal pole with CRL 7mm, no fetal heart beat	

You are caring for a 27 year old woman with an incomplete miscarriage, she is clinically stable and O Pos.

What are the 3 management options for incomplete miscarriage? (3 marks)

What % of pregnancy end in miscarriage? (1 mark)

How do you define 'recurrent miscarriage'? (1 mark)

Name 4 causes of recurrent miscarriage (4 marks)

Continuation of prior Q: The 27 year old woman with an incomplete miscarriage returns to the ED overnight with heavy PV bleeding, is presyncopal and has a BP of 60/40

What are 2 causes of this? How would you differentiate? (2 marks)

Describe your management of exsanguinating miscarriage (4 marks)

A 30 year old woman presents to the Emergency Department after being referred in by her GP. Her last menstrual period was 7 weeks ago and she has a positive urine pregnancy test today performed by the GP. She has had 2 days of painless PV bleeding. Her vital signs are normal.

i. List six (6) risk factors for complications of early pregnancy you seek in her history

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

ii. List three (3) blood test you consider in this patient, and how the findings would influence your assessment or management.

	Blood test	Influence
1		
2		
3		

iii. What findings on transvaginal ultrasound would indicate ectopic pregnancy should be considered.

- 1 _____
- 2 _____
- 3 _____
- 4 _____

A 19 year old woman presents to the ED after finding out she is 6 weeks pregnant. She is requesting a termination of pregnancy.

What is the legal standing for ToP in your state? (2 marks)

What services exist for women wanting a ToP in your state? (2 marks)

What are the 2 main options for ToP in first trimester? Explain each (4 marks)

What are 4 complications of TOP?

You are seeing a 23 year old woman who is G1PO and 8 weeks pregnant. She has suffered significant morning sickness during this pregnancy and presents with ongoing vomiting.

What is the definition of hyperemesis gravidarum? How common is it? (2 marks)

What is your DDX for this woman? (4 marks)

Give examples of antiemetic agents from 4 different drug classes that you might prescribe to this woman)
Give doses and routes

Drug Class	Drug Name / Dose / Route / Frequency

You are seeing a 32 year old woman who is G1P0 and 4 weeks post-implantation during her 5th IVF cycle. She has gained 15kg in the last week and is very short of breath. She feels generally awful and is very concerned about her baby.

What is the pathophysiology of ovarian hyperstimulation syndrome? (2 marks)

Name 4 features (clinical or investigative) of life-threatening OHSS? (4 marks)

What are the management principles of OHSS (3 marks)?

Name 2 early and 2 late complications of OHSS (4 marks)

Late Pregnancy

A 35 year old lady presents to your emergency department via ambulance. She delivered a healthy term baby 2 hours ago at home but has had significant PV bleeding since. She is conscious but her BP is 70/40.

1. What are the four (4) categories of causes for post partum haemorrhage? Give 2 examples of each.

Category	Example

2. Describe six (6) steps you would take to stop this woman's bleeding.

Your attempts at stopping the bleeding in the emergency department are unsuccessful. You contact the O&G registrar who states he is busy in theatre for the next 2 hours and is unable to attend.

3. Describe your response.

A 26 year old woman who is 32 weeks pregnant is brought to your tertiary hospital having been involved in a high speed motor vehicle accident. She has seatbelt marks across her chest and abdomen.

Her observations are as follows:

GCS	15	(E4, V5, M6)
HR	100	/min
BP	100/60	mmHg
RR	20	/min
Sats	98%	on 6L O2 via Hudson mask

i. State five (5) management priorities. (5 marks)

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

ii. List three (3) imaging modalities you would consider for this patient. State three (3) pros and three (3) cons for each. (21 marks)

	Imaging modality (3 marks)	Pros (9 marks)	Cons (9 marks)
1			
2			
3			

iii. Name five (5) physiological differences that occur in pregnancy. For each difference, state how they effect your assessment during trauma. (10 marks)

	Physiological different (5 marks)	Assessment implication in trauma (5 marks)
1		
2		
3		
4		
5		

Your patient develops PV bleeding and states that she has not felt the baby move since the accident.

iv. What is your most important differential diagnosis? (1 mark)

v. List three (3) investigations relevant to this diagnosis and state their utility in this setting. (6 marks)

	Investigation (3 marks)	Utility (3 marks)
1		
2		
3		

A 35-year-old woman has just delivered a term infant in your resuscitation room after presenting with imminent labour. The child is stable and is being managed by your Paediatric registrar.

The mother is pale and semi-responsive. Her heart rate is 120 and BP 75/35. There is ongoing significant per vaginal bleeding.

1. List five (5) potential risk factors for the development of Post partum haemorrhage. (5 marks)

1. _____

2. _____

3. _____

4. _____

5. _____

2. List, in escalating order, five (5) management steps to control the post partum haemorrhage. (5 marks)

1. _____

2. _____

3. _____

4. _____

5. _____

As part of your management of the patient, you activate the massive transfusion protocol.

3. List the key components of a Massive transfusion **protocol**, including appropriate ratios of blood products (6 marks)

You are at a peripheral hospital with no maternity facilities when a 16 year old obese girl presents in the second stage of labour. Up until this presentation she was unaware that she was pregnant.

- i. List 5 steps you would take to prepare for her delivery (5 marks)

Within minutes of arrival the baby's head is delivered. However on the next contraction you are unable to deliver the shoulders despite gentle axial traction.

- ii. Name this condition and in what period of time should the baby be delivered to avoid serious foetal hypoxia (2 marks)

- iii. Describe 3 manoeuvres that may enable the safe delivery of the child (6 marks)

A 40-year-old female who is Day 3 post-partum has been brought in following increasing confusion and agitation at home.

In the ambulance she had a generalised tonic-clonic seizure which stopped with 5mg IMI midazolam.

When you arrive she is being nursed on a bed in the Resuscitation Room.

On examination:

Airway: snoring / partly obstructed

RR 40, O2 saturations 95%

HR 130, BP 180/100

Decreased LOC – drowsy, post-ictal, GCS 9

iii. What examination features would increase your level of suspicion that this seizure is eclamptic in origin? (3 marks)

iv. Outline your initial management in each category below. Include drugs/dose/route (where appropriate) that you would administer (6 marks)

Category	Management
General management & resuscitation	
Pharmacotherapy of eclampsia/pre-eclampsia	

i. Apart from eclampsia, list the causes of seizure you would consider in this patient (4 marks)

ii. List 3 risk factors for pre-eclampsia/eclampsia (3 marks)

A 42 year old female who is 32 weeks gestation presents to your urban district ED. She has noticed increasing ankle oedema recently. Today, she has complained of blurred vision and a mild headache. She also has some non-specific upper abdominal pain but no PV bleeding or show of fluid. Her vital signs are: RR 18, HR 120, BP 170/115, SaO2 99% R/A. She is conscious and alert.

i. List 4 differential diagnoses (4 marks)

ii. List 4 potential complications of this condition (4 marks)

iii. List 5 of the most important investigations you would perform in the ED and provide your reasoning (10 marks)

iv. The patient has a generalised seizure lasting 5 minutes that self resolves. The patient is moved to resus, has appropriate IV access, IV fluids and oxygen running. What are your 4 next most important actions (8 marks)

A 40 year old female has been brought in following increasing confusion and agitation at home this morning. She is day 3 after normal vaginal delivery of a healthy baby at another hospital, but her antenatal history is unknown. Ambulance officers report a generalised tonic-clonic seizure which stopped with 5mg IV midazolam to terminate.

Vital signs P 130 bpm
 BP 180/100 mmHg
 RR 40 bpm
 SaO2 95% on 6L HM
 GCS 9

i. Apart from eclampsia, list the causes of seizure you would consider in this patient (4 marks)

ii. List 3 risk factors for pre-eclampsia/eclampsia (3 marks)

iii. What examination features would increase your level of suspicion that this is eclampsia (3 marks)

iv. Outline your initial management in each category below. Include drugs/dose/route that you would administer (6 marks)

Category	Management
General management & resuscitation	
Pharmacotherapy of eclampsia/pre-eclampsia	

A 24 year-old multiparous woman who is 36 weeks pregnant presents to triage in labour. She is transferred to the resuscitation room and the nurse tells you the head is on show. The maternity ward is located in a separate building to the ED.

- i. Outline 4 of your immediate actions (4 marks)

The baby is delivered within minutes. The cord is clamped and cut.

- ii. Outline 3 features of your routine initial management of the newborn infant (3 marks)

The cord has been clamped and cut and the placenta is still in-situ. The midwife is yet to arrive.

- iii. Describe 3 principles of management of the third stage of this labour (3 marks)

The placenta is delivered. It appears incomplete and the patient has very heavy PV bleeding.

- iv. List 4 of your immediate actions (4 marks)

A 30 year old female who is 30 weeks pregnant, presents to the ED with PV bleeding for the previous 6 hours. It is her second pregnancy. Her observations are pulse 110 bpm, BP 100/50mmHg, and RR 24.

1. What are the 2 common causes of vaginal bleeding in later pregnancy? (1 mark).

i. _____

ii. _____

2. Give 4 clinical features which would help distinguish between the two causes you gave above (4 marks).

i. _____

ii. _____

iii. _____

iv. _____

3. What examination must be avoided and why? (1 mark).

4. Give 4 important early management steps in the ED (4 marks).

i. _____

ii. _____

iii. _____

iv. _____

A 32 year old female G1P0 at 30 weeks gestation presents to ED with constant epigastric pain and headache.

Vital signs GCS 14
 P 100 bpm
 BP 170/100 mmHg
 Temp 36.8 deg C

i. List your differential diagnosis (4 marks)

ii. She then has a generalised seizure. List your treatment priorities (5 marks)

iii. Name the labelled parts of the CTG (3 marks)

A CTG IS SHOWN IN THE PROPS BOOKLET, PAGE 8

A _____

B _____

C _____



A woman in late pregnancy is brought to you following a high speed MVA.

- i. List three changes in respiratory physiology that occur with pregnancy [3 marks]

- ii. Complete the table regarding cardiotocographic (CTG) monitoring in trauma (4 marks)

Purpose of CTG monitoring	
Gestation (weeks) from which CTG monitoring is useful	
Recommended duration of CTG monitoring in trauma	
Three CTG findings suggesting foetal distress	

- iii. Describe the process of peri-mortem caesarean section [5 marks]

You are at a peripheral hospital with no maternity facilities when a 16 year old obese girl presents in the second stage of labour. Up until this presentation she was unaware that she was pregnant.

- i. List 5 steps you would take to prepare for her deliver (5 marks)

Within minutes of arrival the baby's head is delivered. However, on the next contraction you are unable to deliver the shoulders despite gentle axial traction.

- ii. Name this condition and in what period of time should the baby be delivered to avoid serious foetal hypoxia (2 marks)

- iii. Describe 3 manoeuvres that may enable the safe delivery of the child (6 marks)

A 26 year old primigravida presents at 36 weeks gestation with jaundice, blurred vision and hypertension (180/100 mmHg). The antenatal period was otherwise unremarkable. The following are her blood results:

Hb	80g/L	(115 – 160)
Platelets	52 x 10 ⁹ /L	(140 – 400)
INR	1.8	(0.9 – 1.3)
APTT	55 seconds	(25 – 38)
LDH	654 U/L	(110 – 250)
Fibrinogen	1.0 G/L	(1.5 – 4.0)
Total bilirubin	51 micromol/L	(< 20)

i. List the four most likely diagnoses for this clinical presentation (4 marks)

ii. Outline 4 priorities in your management (4 marks)

iii. She starts to have a generalised seizure. List 2 medications with doses that you might administer (2 marks)

iv. List the findings on a cardiotocograph (CTG) trace that would indicate foetal distress (4 marks)

CTG Feature	Non-reassuring or Abnormal values
Baseline rate	
Decelerations	

A 35 year old woman who is 30 weeks gestation, is brought to your emergency department after a witnessed cardiac arrest.

(a) What are 4 leading causes of maternal death in pregnancy ? (2 marks)

(b) List 4 airway and ventilation issues that may occur as a result of pregnancy. (4 marks)

(c) What are the indications for a perimortem caesarean section? (2 marks)

A 38 yr old pregnant woman 35 weeks pregnant presents with visual disturbance and headache. Her Blood pressure is 165/100.

Some of her investigation results are listed below:

CBE	UA	LFT
Hb 8.1	Blood ++	Bil 12
Plt 50	Protein+++	AST 1000
WCC 5.1	Nitrates -	GGT 817

poikilocytes seen

a) List the possible complications of her likely diagnosis. (4 marks)

b) What is the definitive treatment for her primary pathological condition? (1 mark)

c) Outline the management priorities for her emergent management. (5 marks)

A 27 year old usually fit and well woman at 31/40 gestation presents to the emergency department having had two witnessed seizures.

Her initial observations are:

GCS	13/15	E3, V4, M6
Temperature	37.8	°C
HR	120	beats/min
BP	190/122	mmHg
O ₂ Saturation	99 %	on 10L/min of oxygen via Hudson mask

i. What is the definition and/or diagnostic criteria for eclampsia and pre-eclampsia?

Eclampsia	
Pre-eclampsia	New onset hypertension:
	Pre-existing hypertension:

_____ / 3

ii. What are two (2) methods to treat/prevent further eclamptic seizures? Give brief details for one of your methods.

1. _____

2. _____

iii. List two (2) medications and the dosage that may be used to control hypertension, and the treatment endpoint.

1. _____

2. _____

Treatment endpoint:

_____ / 5

iv. Complete this table.

	Foetal complications of eclampsia [three (3) examples]	Maternal complications of eclampsia [three (3) examples]
1		
2		
3		

You are preparing a presentation on the management of patients who present to the emergency department in labor, and the delivery is imminent.

Fill in the following table describing signs and management of common problems in labor.

Problem	Signs	Management
Nuchal Cord		
Shoulder Dystocia		

Problem	Signs	Management
Cord Prolapse		
Post Partum Haemorrhage		

Gynaecology

An 22 year old female presents late on a Friday evening with brisk PV loss and abdominal pain. She has very irregular periods and is uncertain of the date of her last period.

Vital signs are :

BP 80/50 mmHg HR 110 bpm Temp 37 °C GCS 15

a) List four (4) differential diagnosis, including two (2) supportive features for each on History & examination (15 marks)

	DDX	Hx	Ex
1		1	1
		2	2
2		1	1
		2	2
3		1	1
		2	2

b) List & Justify Three (3) Key Investigations (6 marks)

	Investigation	Rationale/Justification
1		
2		
3		

Brisk PV loss continues and prior to any treatment, Vital signs are re-recorded as:
BP 75/40 mmHg and HR 120 bpm

c) State five (5) steps of escalating treatment (5 marks)

1. _____

2. _____

3. _____

4. _____

5. _____

A 42 year old woman has presented to the ED with heavy vaginal bleeding.

Her serum beta-HCG is negative.

After complete assessment, no obvious cause has been found.

The patient's vital signs are normal.

1. List 5 differential diagnoses for the bleeding. For each, list one feature of your clinical assessment that would suggest the diagnosis. (10 marks)

Diagnosis	Assessment feature

2. List 3 different pharmacological options for management of this problem. (3 marks)

A previously well 24 year old female presents to the ED with acute onset of right iliac fossa pain. Her LNMP was 2 weeks earlier and there is no history of PV bleeding.

HR 105 /min
Sats 100 % RA
Temp 37°C
BP 80/55 /min
GCS 15

a) List six (6) likely differential diagnoses for this patient. (6 marks)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

b) Her urine HCG is negative. List three (3) investigations you would order with one justification for each. (6 marks)

	Investigation	Justification
1		
2		
3		

A 14 year old girl self presents to the emergency department requesting the “morning after” pill. She states that she had unprotected consensual intercourse with an 18 year old boy while intoxicated the day prior to presentation. She informs you she is living with a “friend” after leaving school and moving away from her parents.

- i. List four (4) medical issues to be addressed with one (1) example of a medication regime (with doses) where applicable.

	Medical issue	Medication regime (with dose)
1		
2		
3		
4		

- ii. Complete the table below by listing three (3) non-clinical issues that need to be addressed with two (2) appropriate actions or interventions for each issue.

	Non-clinical issue	Actions or interventions
1		1.
		2.
2		1.
		2.
3		1.
		2.

A 19 yr old female presents to your Emergency Department complaining of gradual onset RIF pain.

Vital signs:

HR 80
BP 128 / 62
RR 16
Sats 99% (Room air)
Temp 36.5 °C

a. List six potential gynaecological causes for the patients pain. (3 Marks)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

b. An intern is about to review the patient. List four key topics that should be covered in the clinical history (2 Marks)

1. _____
2. _____
3. _____
4. _____

c. Following clinical review you make a diagnosis of ovulatory pain (Mittelschmerz). List your management options. (1 Mark)

1. _____
2. _____

d. Prior to discharge the intern tells you the patient's mother has arrived and is unhappy with the diagnosis and management plan. Outline how you would deal with this situation (4 Marks)

A 32 yr old female presents to your Emergency Department complaining of lower abdominal pain and vaginal discharge. She is sexually active and uses an IUCD as contraception.

Clinical examination reveals diffuse lower abdominal tenderness without peritonitis and adnexal tenderness

Vital signs

HR 85 bpm
BP 125 / 75
RR 16
Sats 98 % (Room air)
Temp 36.6 °C

Urinalysis

Leucocytes ++
Blood +
Nitrites -
B-HCG negative

a. List the three likely causative organisms (3 Marks)

1. _____
2. _____
3. _____

b. List four complications of P.I.D (2 Marks)

1. _____
2. _____
3. _____
4. _____

c. What is the recommend empirical antibiotic strategy for this patient (4 Marks)

d. What other management consideration needs to be addressed (1 Mark)

A 35 yr old female is brought to your Emergency Department by the police.

She states she has been sexually assaulted by an unknown male.

a. Outline the main management issues for this patient's care (5 Marks)

1. _____

2. _____

3. _____

4. _____

5. _____

b. What are the three objectives of the forensic examination in cases of alleged sexual assault ? (3 Marks)

1. _____

2. _____

3. _____

c. List four high risk features for HIV transmission following a sexual assault (2 Marks)

1. _____

2. _____

3. _____

4. _____

A 29 year old female with past history of pelvic inflammatory disease presents to your Emergency Department with severe abdominal pain.

a) List Four (4) investigations you would order for this patient in the ED with one rationale for each choice.(8 marks)

	Investigation	Justification
1		
2		
3		
4		

b) List four (4) admission criteria regarding pelvic inflammatory disease. (4 marks)

1. _____
2. _____
3. _____
4. _____

A 29 yr old female presents to the ED with lower abdominal pain. Observations are stable, blood tests are within normal range and her pregnancy test is negative.

1. Which 4 risk factors suggest pelvic inflammatory disease? (2 marks)

2. When should treatment be initiated? (2 marks)

3. What are the 4 main indications for hospital admission? (2 marks)

4. What discharge topics should be discussed with the patient? (4 marks)