IUC SCREENING

Label Here

(Assistant or Clinician)

☐ Other birth control methods reviewed?

☐ Possible complications and side effects reviewed, including:

- Possible ↑ bleeding (ParaGard) / cramping
- Spontaneous expulsion of IUC
- Perforation at insertion
- Irregular bleeding / Amenorrhea (Mirena, Skyla)
- Infection (first few weeks)

Lab Tests and Evaluation as Indicated (*BV/Trich: Tx and insert same day; Cervicitis: Tx & defer insertion X 1 week)

Hgb or HCT (≥10 or ≥30) (For ParaGard only)	Date: _____	Result: _____
Gonorrhea (as indicated)	Date: _____	Result: _____
Chlamydia (as indicated)	Date: _____	Result: _____
Wet prep or Nitrazine (as indicated, day of insertion ok)	Date: _____	Result: _____

☐ Consent reviewed and signed, copy in chart & copy to client

☐ PP Request for Surgery or Special Services signed & in chart

☐ IUC manufacturer's package insert given: ☐ Mirena ☐ Skyla ☐ ParaGard

☐ LMP : _____ BCM: _____ Last UPSIC: _____

☐ Pregnancy test (as indicated) Date: _____ Result: _____

☐ Vitals (if not doc.w/in past 6 mo) BP: ____/____ Pulse: _____

Screening Completed by: Staff Signature: _____ Date: _____

IUC INSERTION

Regular Insertion Pre-Medication:

☐ Ibuprofen _____ mg PO time:_____

☐ Misoprostol _____ mcg route:_____ time:_____

AB Day Insertion Pre-Medication:

☐ Doxycycline 100 mg PO BID x 3 days

☐ OR Doxy (100 mg PO BID x 7 days) (Risk factors)

☐ OR Azithromycin (1 g PO) (Doxy allergy/Risk factors)

Uterine position: _____

Cervical prep: ☐ Betadine ☐ Hibiclens

Sounded (must be ≥6 cm): _____cm

String length: _____cm

IUC Lot number: _____

RTC appointment: _____

Removal date: _____

Insertion Completed by: Clinician Signature: _____ Date:_____

☐ Entered on IUC log ☐ IUC sticker on front of chart w/ "destroy date" ☐ IUC reminder card given

IUC FOLLOW-UP EXAM

Date: _____

LMP: _____

BP: ____/____

Does client have…?

	YES	NO
Unusual vaginal bleeding	☐	☐
Abnormal vaginal discharge	☐	☐
Missed / light menses	☐	☐
Fever / chills	☐	☐
Abdominal pain	☐	☐
Pain with intercourse	☐	☐

Examination

	NORMAL	ABNORMAL
External genitalia	☐	☐
Vagina	☐	☐
Cervix	☐	☐
Uterus	☐	☐
Adnexa	☐	☐

(If abnormal, specify)

String length:____cm

Assessment: _____ RTC: _____

Clinician Signature: _____ Date: _____