Bixby Center for Global Reproductive Heal | Beyond the Pill

IUD SCREENING AND PLACEMENT

Label Here

Screening (By staff)

☐ **Possible complications and side effects reviewed, including:**

- Possible ↑ bleeding (CuT) / cramping
- Irregular bleed / Amenorrhea (LNG-IUDs)
- Spontaneous expulsion of IUD
- Infection (first 3 weeks)
- Perforation

Lab tests and evaluation as indicated (Active cervicitis: Tx and defer placement x 2 weeks)

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

Chlamydia / Gonorrhea (as indicated): Date: _____ Result: _____

☐ Consent reviewed, signed

☐ Manufacturer's package insert given

☐ Ibuprofen mg PO at time: _____

LMP: _____

Recent BCM: _____

Last UPSIC: _____

Staff signature: _____ **Date:** _____

IUD Placement (Provider)

Exam: _____

Examination	Normal	Abnormal (if abnormal, specify)
External genitalia	☐	☐
Vagina	☐	☐
Cervix	☐	☐
Uterus	☐	☐
Adnexa	☐	☐

Uterine position: _____

Sound depth: _____ cm

String length: _____ cm

Cervical block / prep: _____

IUD placed: ☐ ParaGard ☐Liletta ☐Mirena ☐ Skyla ☐ Kyleena Remove by date: _____

Follow Up Appointment (as needed): _____

Clinician Signature: _____ **Date:** _____

IUD Follow-Up Exam

Date: _____

LMP: _____

Does the client have…?	YES	NO		YES	NO
Unusual vaginal bleeding	☐	☐	Fever / chills	☐	☐
Abnormal vaginal discharge	☐	☐	Abdominal pain	☐	☐
Missed / light menses	☐	☐	Pain with intercourse	☐	☐

Examination:	Normal	Abnormal (if abnormal, specify)
External genitalia	☐	☐
Vagina	☐	☐
Cervix	☐	☐
Uterus	☐	☐
Adnexa	☐	☐

String length: _____ cm

Complaints: _____

_____

Assessment: _____

_____

Management: _____

_____

Clinician Signature: _____ **Date:** _____