

IUD SCREENING AND PLACEMENT

Label Here

Screening (By staff)

Anticipatory guidance, possible side effects, and complications

- Possible ↑ bleeding (CuT) / cramping
- Irregular bleed / Amenorrhea (LNG-IUDs)
- Spontaneous expulsion of IUD
- Infection (first 3 weeks post-insertion)
- Perforation
- Discuss IUD self-removal (optional)

LMP: _____

Recent BCM: _____

Last UPIC: _____

Consent reviewed, signed

Manufacturer's package insert given

Ibuprofen 800 mg PO at time: _____ (for post-procedure cramping)

Evaluation and lab tests as indicated (if active cervicitis, treat and defer placement one week post-tx)

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

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

Staff signature: _____

Date: _____

IUD Placement (Provider)

Exam: _____

Examination: Normal Abnormal (specify)

External genitalia

Vagina

Cervix

Uterus / Adnexa

Uterine position: _____

Sound depth: _____ cm

String length: _____ cm

Cervical block / prep (as needed): _____

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

Follow Up Appointment (as needed): _____

Clinician Signature: _____

Date: _____

IUD Follow-Up (As needed)

Date: _____

LMP: _____

Does the patient have...?	YES	NO	YES	NO
Unusual vaginal bleeding	<input type="checkbox"/>	<input type="checkbox"/>	Fever / chills	<input type="checkbox"/> <input type="checkbox"/>
Abnormal vaginal discharge	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal pain	<input type="checkbox"/> <input type="checkbox"/>
Missed / light menses	<input type="checkbox"/>	<input type="checkbox"/>	Pain with intercourse	<input type="checkbox"/> <input type="checkbox"/>

Examination: Normal Abnormal (specify)

External genitalia

Vagina

Cervix

Uterus / Adnexa

Concerns: _____ :

Assessment: _____

String length: _____ cm

Management: _____

Clinician Signature: _____

Date: _____