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# IUD SCREENING AND PLACEMENT

## Screening & Consent (staff)

### Pain management, anticipatory guidance, possible side effects and complications

- Pain management
- Possible ↑ bleeding (CuT) / cramping
- Irregular bleed / Amenorrhea (LNG-IUDs)
- IUD self-removal
- Infection risk (first 3 weeks post-placement)
- Spontaneous expulsion of IUD
- Perforation

LMP: \_\_\_\_\_

Recent BCM: \_\_\_\_\_

Last UPSIC: \_\_\_\_\_

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 1 week post-treatment)

Pregnancy test (as indicated): Date: \_\_\_\_\_ Result: \_\_\_\_\_

Chlamydia / Gonorrhea (as indicated): Date: \_\_\_\_\_ Result: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

## IUD Placement (provider)

Exam: \_\_\_\_\_

Examination: Normal Abnormal (if abnormal, specify)

External genitalia

Vaginal

Cervix

Uterus / Adnexa

Uterine position: \_\_\_\_\_

Sound depth: \_\_\_\_\_ cm

String length: \_\_\_\_\_ cm

Pain management: \_\_\_\_\_

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 this patient have...?

Unusual vaginal bleeding  YES  NO

Abnormal vaginal discharge  YES  NO

Missed / light menses  YES  NO

Fever / chills  YES  NO

Abdominal pain  YES  NO

Pain with intercourse  YES  NO

Examination: Normal Abnormal (if abnormal, specify)

External genitalia

Vaginal

Cervix

Uterus / Adnexa

Concerns: \_\_\_\_\_

Assessment: \_\_\_\_\_

Management: \_\_\_\_\_

Clinician signature: \_\_\_\_\_ Date: \_\_\_\_\_