

## Intrauterine Contraception (IUC) Insertion Progress Note

Date: \_\_\_\_\_

Label / Name
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**Subjective:**

Current BCM \_\_\_\_\_ LMP \_\_\_\_\_ Date of last intercourse \_\_\_\_\_ Allergies \_\_\_\_\_

\_\_\_\_\_ IUC information booklet given to and read by client or information discussed with client

\_\_\_\_\_ Completed IUC counseling and client questions answered by clinician

\_\_\_\_\_ IUC consent signed and copy given to client

**Objective:** BP \_\_\_\_\_ Heart Rate \_\_\_\_\_ Urine Pregnancy Test Result \_\_\_\_\_

Chlamydia/GC Date \_\_\_\_\_ Results \_\_\_\_\_ Pap Date \_\_\_\_\_ Results \_\_\_\_\_

HGB Date \_\_\_\_\_ Results \_\_\_\_\_

Pelvic Exam	√ If Normal	Comments
External genitalia		
Vagina		
Cervix		
Discharge		
Wet prep (if indicated)		
Uterus		
Adnexae		

IUC \_\_\_\_\_ Lot# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Betadine prep? (circle) Yes / No Allergy to Betadine/shellfish prepped with \_\_\_\_\_

Tenaculum applied to (circle) Anterior or Posterior cervix. Uterus sounded to \_\_\_\_\_ cm.

IUC strings trimmed to \_\_\_\_\_ cm / inches.

Post IUC insertion bimanual exam: \_\_\_\_\_ Post Insertion BP \_\_\_\_\_ Heart Rate \_\_\_\_\_

**Assessment:**

IUC inserted without difficulty? (circle) Yes / No Comment: \_\_\_\_\_

Procedure well tolerated? (circle) Yes / No

**Comments:**

**Plan:**

1. Use backup form of birth control for 7 days (if indicated)
2. Reviewed IUC warning signs. Client to be seen by health care provider if has any warning signs
3. Instructed on checking strings
4. Ibuprofen 400-800 mg po Q 8 hours prn pain/cramping (OTC)
5. If indicated, client instructed to RTC \_\_\_\_\_ for IUC follow up appointment
6. Client to call or return to clinic with questions, concerns, or complaints
7. RTC for annual visit \_\_\_\_\_

**Comments:**

Signature \_\_\_\_\_

M.D. Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_