

Intrauterine Device Insertion Record	Patient details
Date:	

Client assessment		Manamhaania	UDT		
Reason for choice of meth	•		HRT		
Counselled about alternati	ve methods and ch	ooses Cu or LNG intraut	erine device		
Medical History					
Parity: 🔲 + 🔲 Previo	ous Caesarean Sec	tion Yes No			
LMP: Day in cy	cle: Days	s post-pregnancy:			
Pregnancy risk assessed: Yes	Contraceptive cov	er:	or N/A		
Previous treatment to cervix	Yes	No			
Menopausal or post-menopausal	Yes	No			
History of endometrial ablation	Yes	No			
Current medication:					
Allergies:					
History of cardiac disease – disc	uss with cardiologis	t first, might require hospita	ll insertion		
BP:/ mmHg Pulse					
Contraindications Contraindications	Yes	No			
UKMEC 4:		UKMEC 3:			
Post abortion sepsis/current PID	or STI	Postpartum 48h to <4 we	Postpartum 48h to <4 weeks		
		Organ transplant graft failure			
		Known long QT syndrome			
Cervical cancer		Fibroids distorting the ca	Fibroids distorting the cavity		
Endometrial cancer			Severe liver cirrhosis (LNG)		
Current Breast Cancer (LNG)		Hepatocellular adenoma/carcinoma(LNG Past Breast Cancer (LNG)			
Counselling checklist		`	,		
Analgesia pre/post procedure					
Assess STI risk		Cu-IUD:	Cu-IUD:		
Mode of action (pre-fertilisation effects)		Bleeding pattern change			
Benefits (long-acting, rapidly reversible)		Reduced risk endometrial/cervical			
Very effective: 1:250 women /year		cancer			
Insertion / Removal procedure					
Perforation risk of 2:1000 (6x hig	her if breast feeding	g) LNG-IUD:			
Infection / PID risk		Low dose progestogen – different			
Ectopic pregnancy risk		strengths available			
Expulsion risk 1:20		Benefits (may reduce period pain)			
Thread check / self-check		Side effects / Risks (small \risk BRCA)			
Information leaflet / link		Bleeding pattern change			
Cytology up to date?		Use for HRT 5 years only			



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Prescription:					
Device:	LOT:		expiry date:		
Signature	. Designation		Date		
Insertion: Procedure performed by:		Designation .			
Assistant name:	D	esignation			
Verbal consent obtained:	Yes	No			
Procedure: Insertion removal removal and insertion Patient positioned on back, ideally lithotomy position Bimanual examination performed: Uterus normal size / small / enlarged / other Uterus anteverted / retroverted / axial no adnexal mass palpable Speculum examination: healthy vulva, vagina and cervix Removal of current device					
Signature	Date				
■ 35% 医90%					

NHS Inform – Copper IUD

NHS Inform - Hormonal IUD

Reference:

- 1. FSRH Clinical Guideline: Intrauterine contraception (March 2023, Amended July 2023) FSRH Clinical Guideline: Intrauterine contraception (March 2023, Amended July 2023) - Faculty of Sexual and Reproductive Healthcare
- 2. UK Medical Eligibility Criteria for Contraceptive Use (UKMEC)

 <u>UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) Faculty of Sexual and Reproductive Healthcare (fsrh.org)</u>