

Intrauterine Coil Insertion Record

Date:

Patient details

Client assessment

- Reason for choice of coil: Contraception Menorrhagia HRT
 Counselling about alternative methods and chooses intrauterine device / system

Medical History

Parity: + Previous Caesarean Section Yes No
 Days postnatal / post TOP:.....
 Current medication:
 History of cardiac disease – discuss with cardiologist first, might require hospital insertion
 Allergies:.....
 LMP: Day in cycle: contraceptive cover:
 (The IUS doesn't work until 7 days post insertion)
 Previous treatment to cervix Yes No
 Menopausal or post-menopausal Yes No

BP: / mmHg Pulse.....

Contraindications

	Yes	No
UKMEC 4:		UKMEC 3:
Post abortion sepsis/current PID or STI		Postpartum 48h to <4 weeks
Unexplained vaginal bleeding		Organ transplant graft failure
Gestational trophoblastic disease		Known long QT syndrome
Cervical cancer		Fibroids distorting the cavity
Endometrial cancer		Severe liver cirrhosis (IUS)
Current Breast Cancer (IUS)		Hepatocellular adenoma/carcinoma(IUS)
		Past Breast Cancer (IUS)

Counselling checklist

Analgesia pre/post procedure	
Assess STI risk	IUCD:
Mode of action	Change in bleeding pattern
Long-acting (5 / 10 years)	Reduced risk endometrial/cervical cancer
Very effective: 1:250 women /year	
Rapidly reversible	IUS:
Perforation risk of 2:1000 (6x higher if breast feeding)	Low dose progestogen
Infection / PID risk	Minor side effects (acne, breast tenderness, headaches)
Ectopic pregnancy risk	May reduce period pain
Expulsion risk 1:20	Bleeding pattern change
Thread check / self-check	Mirena can be used as progestogenic part of HRT for up to 5 years
Information leaflet given	
Cytology up to date?	

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Prescription:

Device: _____ LOT: _____ expiry date: _____

Signature Designation.....

Date

Insertion:

Procedure performed by: Designation

Chaperone name:..... Designation.....

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.....
- Tenaculum used not used
- Uterine sound length.....cm
- Local anaesthetic used.....BN / expiry.....
- Insertion of IUCD /IUS per manufacturers instruction Yes or
- Unsuccessful insertion procedure Yes
- Immediate complications.....
- Pulse / blood pressure post insertion (if any complication).....
- Post insertion information with date for change given Yes
- Advice about self-checking threads / when to seek review Yes
- Additional contraception for first 7 days discussed (IUS) Yes

Signature.....

Date.....

Sterile Pack sticker

Reference:

1. FSRH guideline intrauterine contraception
<https://www.fsrh.org/standards-and-guidance/documents/ceuguidanceintrauterinecontraception/>

2. UK medical eligibility to contraceptive use
<https://www.fsrh.org/standards-and-guidance/documents/ukmec-2016-digital-version>