

Intrauterine Device (IUD) Removal Note

I have identified this patient to be **(PATIENT NAME)**. They present today for the removal of their IUD due to **(DESIRE FOR PREGNANCY/ABNORMAL BLEEDING/PAIN/DUE FOR REMOVAL/OTHER)**. The IUD **(WAS/WAS NOT)** placed at **(NAME OF FACILITY)**. They have had the IUD in place for **(LENGTH OF TIME)**. The IUD type is **(PARAGARD/MIRENA/SKYLA/LILETTA/KYLEENA)**. The patient **(DOES/ DOES NOT)** have abdominal pain, fevers, dysuria, nor dyspareunia.

Patient's last menstrual period was **(DATE)**.

After thorough discussion regarding contraceptive options, the patient **(HAS/HAS NOT)** chosen to have IUD removed. The procedure was explained to them prior to consent.

The patient would like to have another IUD inserted: **(YES/NO)**.

Procedure Note:

A consent form was signed prior to the removal and is to be scanned into the record.

The patient appears well, in no apparent distress. Alert, pleasant and cooperative.

Time out taken: **(TIME)**

Following information identified:

Patient: **(PATIENT NAME), (PATIENT DOB)**

Procedure: IUD removal

Site (location and laterality): Intrauterine - per vagina **(YES/NO)**

Pelvic exam: Uterus **(ANTEVERTED/RETROVERTED/MIDLINE)**. Cervix **(ANTERIOR/POSTERIOR/MIDLINE)**.

No cervical motion tenderness. No adnexal tenderness. No cervicitis.

Speculum placed. The IUD strings **(ARE/ARE NOT)** seen at external os and grasped with sterile ring forceps and removed **(WITH/WITHOUT)** difficulty. An IUD hook or other device **(WAS/WAS NOT)** needed.

(PATIENT NAME) **(DID/DID NOT)** tolerate the procedure well. There **(WAS/WAS NOT)** a complication.

Plan: **(PATIENT NAME)** now chooses to use **(CONTRACEPTION METHOD)**. They can start this as soon as today and needs 7 days of a back up method such as condoms before a hormonal method is effective. A handout was given for appropriate use of new contraceptive method.

If planning pregnancy the patient has been reminded to take a prenatal vitamin daily.

(PROVIDER NAME AND TITLE)