Intrauterine Device (IUD) Removal Note

(PATIENT NAME) requests removal of their IUD (PARAGARD/MIUDELLA/MIRENA/SKYLA/LILETTA/KYLEENA). They would like it removed 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 patient (DOES/ DOES NOT) have abdominal pain, fevers, dysuria, nor dyspareunia.

Patient's last menstrual period was (DATE).

An informed consent was signed prior to the removal and is to be scanned into the record. The procedure was explained to them prior to consent. Risks of the procedure include: pain, bleeding, infection.

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

Procedure Note:

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.

An alternate plan for contraception was discussed, if needed. The patient would like to use (CONTRACEPTIVE METHOD) for their contraception. An after-visit summary was printed with information about this method.

(PROVIDER NAME AND TITLE)

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