RACGP
Royal Australian College *of* General Practitioners

Intrauterine device/system: Practitioner checklist

Personal details

Title | First name | Surname

Date of birth | Medical record number | Date

This checklist has been developed to support GPs in providing long-acting reversible contraceptives including intrauterine devices (IUD) or intrauterine systems (IUS) to patients. It assists GPs by guiding them through the first and second stage of the process: the initial consultation and the insertion. It has been designed so it can be signed by the GP and used as a record of the process and discussions that have taken place. However, it is not a requirement to use the form for this purpose and GPs may wish to record consent in other ways.

Pre-insertion

☐ I have read and understand the indications and precautions within the product information for the device for this patient and there are:
- no contraindications according to the manufacturer's product information
- no current or unresolved recent pelvic infection
- no current or past history of breast cancer (for those considering levonorgestrel-releasing IUS [LNG-IUS])
- no history of Wilson's disease (for those considering copper-containing IUD [CuIUD]).

☐ I have asked appropriate clinical questions to ascertain that there are no known allergies to:
- local anaesthetics
- sex hormones
- plastics
- metals
- latex
- any of the active or inactive ingredients contained in the device type chosen.

☐ **CuIUD only**:
I have discussed the benefits, risks and side effects of the CuIUD chosen, including menstrual pain and increased bleeding, which may settle with time.

☐ **LNG-IUS only**:
I have discussed the benefits, risks and side effects of LNG-IUS where frequent irregular bleeding is common in the first three to six months, which usually settles and periods usually become less frequent and may cease completely. I have discussed the side effect profile of the device as contained within the patient information booklet.

☐ I have excluded pregnancy on the basis that the patient returned a negative pregnancy test on _____ (insert date) and states they have not had unprotected sex in the last three weeks.

OR

☐ I have excluded pregnancy on the basis that the patient:
- is ≤7 days after the start of normal menses
- stated they have not had sexual intercourse since the start of last normal menses
- stated they have been correctly and consistently using a reliable method of contraception
- is ≤7 days after spontaneous or induced abortion
- is within four weeks postpartum, or
- is fully or nearly fully breastfeeding, amenorrheic, and <6 months postpartum.

OR

☐ Insertion has been planned to ensure timing is correct for a CuIUD being used as emergency contraception.

☐ I have discussed the insertion and removal process including analgesia options.

☐ I have provided an appropriate patient information leaflet that details the side-effect profile of the device type chosen.

☐ I have discussed the need for sexually transmitted infection (STI) screening, evaluated this and undertaken if required.

Signed | Date

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Insertion and post-insertion

- [ ] The patient has completed and returned the patient pre-insertion checklist and confirmation form.
- [ ] Results from any STI screening tests completed pre-insertion have been received and the patient has been treated, and cleared of any infection.
- [ ] LNG-IUS inserted between days 1–5 of menstrual cycle, or CuIUD between days 1–12 in cycle or steps undertaken to ensure patient is not pregnant.
- [ ] I followed the manufacturer's instructions of the device chosen.
- [ ] The device batch number and expiry date have been recorded.
- [ ] The patient has been provided with post-insertion instructions and consumer medical information (CMI) for the device inserted.
- [ ] I have explained all known side effects that are relevant to the patient and advised the patient to contact me if there are any concerns or questions.
- [ ] I have documented the insertion in the patient's record.
- [ ] I have informed the patient of the need to have the inserted device checked by me in _____ weeks' time.
- [ ] I have informed the patient that the inserted device needs to be removed or replaced by _____
- [ ] The patient has been informed that the inserted device may be removed at any stage during its lifespan at the patient's request. The patient understands that to avoid unwanted pregnancy, removal may require careful timing.

Signed

Date