

2.8 Contraceptive Exams/ IUC Check Potential Complications

SUBJECTIVE	<u>Must include:</u> <ol style="list-style-type: none">1. Menstrual history—post IUC insertion2. Sexual activity history3. Side effects of IUC use4. Symptoms of infection, bleeding<ol style="list-style-type: none">a. abdominal pains.b. abnormal bleeding.c. fever and chills.d. abnormal discharge.
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OBJECTIVE	<u>Must include:</u> <ol style="list-style-type: none">1. Pelvic exam.2. Notation of string's length.3. Temperature prn
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LABORATORY	<u>May include:</u> <ol style="list-style-type: none">1. Hgb/Hct prn2. Wet prep prn3. STD testing as indicated4. Pregnancy test as indicated
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ASSESSMENT	<ol style="list-style-type: none">1. IUC user with normal exam with possible side effects Or2. IUC user with complications
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PLAN	<ol style="list-style-type: none">1. Refer to appropriate protocol for complications2. Return to clinic prn/ yearly
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CLIENT EDUCATION	<ol style="list-style-type: none">1. Review range of normal side effects2. Stress checking for IUC string every month after menses
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REFER TO PHYSICIAN	Per protocol for IUC complications
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