

5.4 INTRAUTERINE CONTRACEPTIVE (IUC) COMPLICATION – INFECTION

TITLE	DESCRIPTION
DEFINITION:	<p>IUC complications include but are not limited to perforation, missing threads and/or thread problems, delayed menses, complicated pregnancy, cramping and pelvic pain, abnormal bleeding, expulsion, and symptomatic actinomycosis noted on Pap screening. Complications may be treatable or may require removal of device. Infections with IUC use may include: BV or candidiasis, Trichomoniasis, Cervicitis or PID, or Actinomycosis.</p> <p>Actinomyces israelii is an anaerobic bacterium capable of causing a rare, but severe, pelvic infection. Actinomyces species are normal inhabitants of the female genital tract and has a preference for growing on foreign bodies.</p>
SUBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> 1. LMP. 2. Comprehensive medical, family, social, sexual, reproductive life plan and contraceptive history (initial, or updated as indicated). <p>Should Include:</p> <ol style="list-style-type: none"> 1. History of fever and/or chills, and pelvic pain. 2. Severe lower abdominal pain. 3. Purulent vaginal discharge. 4. Nausea and/or vomiting. 5. Malaise. 6. Dyspareunia. 7. Intermenstrual bleeding, delayed period with scanty or irregular bleeding. 8. History of IUC insertion. 9. History of new sexual partner(s). 10. Dysuria.
OBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Elevated temperature. 2. Tachycardia: 100-130 beats per minute. 3. Lower abdominal tenderness with or without rebound. 4. Mucopurulent cervical discharge. 5. Cervical motion tenderness (Chandelier sign). 6. Adnexal thickening and/or tenderness. 7. Adnexal mass. 8. IUC string(s) visible.
LABORATORY:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Laboratory findings associated with BV (see Bacterial Vaginosis Protocol), Candidiasis (see Candidiasis Protocol), Trichomoniasis (see Trichomoniasis Protocol), or PID (see IUC Complication-PID Protocol). 2. Pap result reporting actinomycosis presence with evidence of infection.
ASSESSMENT:	Intrauterine Contraceptive Complications – Infection.
PLAN:	Treatment may be provided according to identified problems.

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	<ol style="list-style-type: none"> 1. Infection with IUC use: <ol style="list-style-type: none"> a. BV or candidiasis: treat routinely (see Bacterial Vaginosis or Candidiasis Protocol). b. Trichomoniasis: treat and reassess IUC candidacy (see Trichomoniasis Protocol). c. Cervicitis or PID: IUC removal not necessary unless no improvement after antibiotic treatment. However, if IUC determined to be removed, give first dose of antibiotics to achieve adequate serum levels before removing IUC (see IUC Complication-PID Protocol). 2. Actinomycosis - with IUC: An asymptomatic IUC user who has “Actinomyces-like organisms” reported on Pap smear is a common finding of limited clinical significance. If no symptoms, counsel regarding symptoms to report if they develop. IUC may be left in place. If any evidence of abscess or if client is symptomatic and abscess cannot be ruled out on exam refer to ER for possible hospitalization and IV therapy. If client has signs of cervical and possible uterine infection but no adnexal infection or abscess (e.g. no fever, no cervical motion tenderness or adnexal tenderness or masses) treat with one of the following antibiotics. After administering the first dose of antibiotics remove the IUD, scrape IUD, and send to cytology to confirm diagnosis. Have client return in 48-72 hours to evaluate her response to treatment. <ol style="list-style-type: none"> a. Penicillin G 500mg orally 4 times a day for 30 days; or b. Tetracycline 500mg orally 4 times a day for 30 days (contraindicated if pregnant or breastfeeding); or c. Doxycycline 100mg orally 2 times a day for 30 days; or d. Amoxicillin/clavulanate 500mg orally 2 times a day for 30 days.
EDUCATION:	<ol style="list-style-type: none"> 1. Reinforce IUC education if client chooses to continue method or plans insertion of another IUC. 2. Review safer sex education, if appropriate. 3. Advise client of pertinent information regarding antibiotic use. 4. Counsel client on choosing another method of birth control if IUC is removed and she does not desire pregnancy (Refer to specific method protocol). 5. Recommend that client RTC annually and PRN if problems.
REFERRAL TO MEDICAL PROVIDER:	<ol style="list-style-type: none"> 1. Any client with signs and symptoms of perforation. 2. Suspected ectopic pregnancy (STAT referral). 3. Pregnant clients with IUC in place. 4. Client with persistent bleeding or infection symptoms not resolved after treatment. 5. Any client who (by protocol) should have IUC removed but refuses. 6. Any difficult IUC removal.
IUD WARNING SIGNS:	<ul style="list-style-type: none"> • P – Period late (pregnancy), abnormal spotting or bleeding. • A – Abdominal pain, pain with intercourse or urination. • I – Infection exposure (any STD), abnormal discharge. • N – Not feeling well, fever, chills, nausea/vomiting. • S – String missing, shorter or longer.

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REFERENCES:	<ol style="list-style-type: none"><li data-bbox="483 235 1386 296">1. <i>Hatcher RA, Trussell J, Nelson A, Cates W, Kowal D, Policar M. Contraceptive Technology. 20 edition. P.147-191. Atlanta GA: Ardent Media, Inc., 2015.</i><li data-bbox="483 296 1438 386">2. Centers for Disease Control and Prevention. US Selected Practice Recommendations for Contraceptive Use. MMWR 2016;65(4):1-103. (https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6504.pdf). (Retrieved 2/9/2017).<li data-bbox="483 386 1430 447">3. Women's Health Care Clinic Outreach & Education Program Medical Protocol. (http://womenshealthcareclinic.com/medical-protocol.html). (Retrieved 1/30/2017).