THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA | LA SOCIÉTÉ DES OBSTÉTRICIENS ET GYNÉCOLOGUES DU CANADA

IUC Preceptorship – IUC Insertion Checklist
(To be completed for each insertion)

Trainee's name:
Preceptor's name:
Patient Initials :
Case Number (e.g. 1 = first insertion, 5 = fifth patient of day) :

CRITERIA	**Not applicable**	**PRESENT**	**ABSENT**
Reviewed History before inserting an IUD/IUS			
Completed verbal/written consent			
Ruled out pregnancy before insertion an IUD/IUS			
Bimanual exam			
Insertion of the speculum			
Optional: STI screening			
Optional: Cleansing of the cervix with an antiseptic			
Optional : Cervical anesthesia			
Application of the tenaculum			
Sounding of the uterus			
Correctly opens and loads IUD or IUS			
Insertion of the IUD or IUS			
Cutting of threads at least 3 cm from the external os			
« No touch » technique			
Vocal local (reassures patient, explains steps)			
Management of side effects or complications			

Comments and Egregious Errors: _____

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