Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU

This Protocol must only be used by registered health professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the Protocol should be used. Health professionals should always access the Protocol via the PTHB internet to ensure that they are always working to the most up to date version

Protocol

for the administration of

lidocaine 10mg/ metered dose spray

by registered Nurses or Midwives

to

facilitate intrauterine contraception (IUC) insertion or removal

in Powys Teaching Health Board Sexual Health Service

Version number: MMP400

Do not print this document. The latest version will be accessible via the internet. If the review date has passed please contact the Author for advice.

Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys
Powys Teaching Health Board is the operational name of Powys Teaching Health Board

Change history

Version number	Change details	Date
MMP400	New protocol – SPS template v1.0 adopted	16/10/2023

For advice on protocol use in practice/advised supporting governance please refer to When Patient Group Directions are not required and About the SPS Medicines Governance Do Once Programme.

See local infection control/PPE guidance relevant to the use of this product.

This Powys Teaching Health Board (PTHB) protocol is based on a template developed on behalf of the Specialist Pharmacy Service (SPS) which had been peer reviewed by the Reproductive Health PGD/protocols Short Life Working Group in accordance with their Terms of Reference. It was approved by the Faculty for Sexual and Reproductive Health (FSRH) in November 2022.

Acknowledgements:

Name	Designation
Dr Cindy Farmer	Vice President, General Training Faculty of Sexual and Reproductive Healthcare (FSRH)
Michelle Jenkins	Advanced Nurse Practitioner, Clinical Standards Committee Faculty of Sexual and Reproductive Healthcare (FSRH)
Vicky Garner	Deputy Chief Midwife British Pregnancy Advisory Service (BPAS)
Gail Rowley	Quality Matron British Pregnancy Advisory Service (BPAS)
Katie Girling	British Pregnancy Advisory Service (BPAS)
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Kate Devonport	National Unplanned Pregnancy Advisory Service (NUPAS)
Chetna Parmar	Pharmacist adviser Umbrella
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Dr Kathy French	Specialist Nurse
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Bola Sotubo	NHS North East London ICB pharmacist
Tracy Rogers	Director, Medicines Use and Safety, Specialist Pharmacy Service
Sandra Wolper	Associate Director Specialist Pharmacy Service
Jo Jenkins (Working Group Co-ordinator)	Lead Pharmacist PGDs and Medicine Mechanisms Specialist Pharmacy Service

Protocol authorisation

Name	Job title and organisation	Signature	Date
Senior doctor Dr Kate Wright	**Lead doctor for PTHB**	DocuSigned by: Kate Wright 1F267952823F473...	10/19/2023
Chief Pharmacist Jacqui Seaton	**Chief Pharmacist for PTHB**	DocuSigned by: Jacqui Seaton 71E8089DE3634C4...	10/18/2023
Senior representative of professional group using the PGD Claire Roche	**Executive Director of Nursing and Midwifery for PTHB**	DocuSigned by: claire roche FC9C4C63FC374A7...	10/19/2023
Clinical Governance Lead Amanda Edwards	**Clinical Governance Lead for PTHB – Assistant Director for Innovation and Improvement**	DocuSigned by: Amanda Edwards 74A4E51A42E9473...	10/19/2023

Appendix A provides a Staff permitted to use Protocol Signature Sheet. Individual practitioners must be authorised by name to work to this Protocol.

The final authorised copy of this Protocol should be kept by PTHB for 25 years after the Protocol expires.

Competencies of registered health professionals working under the Protocol	
Qualifications and professional registration	Practitioners must only work under this Protocol where they are competent to do so. Practitioners working under this Protocol must also be a registered professional with one of the following bodies: • nurses and midwives currently registered with the Nursing and Midwifery Council (NMC) All registered health professionals should have a current contract of employment with Powys Teaching Health Board, be providing Sexual Health Services and holding a Letter of Competence in Intrauterine Techniques (LoC IUT). The practitioners must also fulfil the training and additional requirements detailed below. Check Appendix A: Staff permitted to use the Protocol.
Initial training	• The administration of lidocaine 10 mg/metered dose spray during Intrauterine Contraception insertion (Refer to PGD 0160 for the administration of levonorgestrel releasing intrauterine system (LNG-IUD) where appropriate or the CU-IUD SOP) and knowledge of its uses, contraindications and adverse effects. • Be alert to changes in the BNF/ Summary of Product Characteristics • Must be competent in the recognition, management and reporting of recognised adverse reactions, including anaphylaxis. Must be competent in the administration of adrenaline and have up to date Basic Life Support skills. Additionally, practitioners: • must be authorised by name as an approved practitioner under the current terms of this Protocol before working to it • must have undertaken appropriate training for working under Protocols for supply/administration of medicines

	• must have access to the Protocol and associated online resources • must have undertaken and completed at least level 2 Safeguarding of Children, Young people and Vulnerable adults – Training and Competency passport, as applicable to the role • must work within PTHB guidelines, PGDs/protocols, SOPs and departmental policies that they have been accredited to work to. Recommended requirement for training would be successful completion of a relevant contraception module/course accredited or endorsed by the FSRH (sign in with your Athens account, then search for Contraception), HEIW or a university or as advised in the RCN training directory. Individuals working under this Protocol should hold an in date FSRH Letter of Competence Intrauterine Techniques (LoC IUT) which has been achieved or recertified within the last 5 years. Protocol users should have read thoroughly and be familiar with the FSRH IUC guidance. **THE PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PROTOCOL BEFORE WORKING ACCORDING TO IT.**
Competency assessment	Evidence of ongoing Protocol training to be submitted to Line Manager annually. Practitioners must be competent, recognise their own limitations and personal accountability and act accordingly. Practitioners must make a self-declaration of competency on PADR.
Ongoing training and competency	Updating at least every 2 years on the use of Protocols and lidocaine 10 mg/metered dose spray. FSRH LoC IUT must be recertified every 5 years (refer to FSRH LoC IUT Training).

	Practitioners must ensure they are up to date with relevant issues and clinical skills and management of anaphylaxis, Basic Life Support Skills, a minimum of level 2 safeguarding, with evidence of appropriate Continued Professional Development (CPD). Compliance with all mandatory NHS training. Practitioners should be constantly alert to any sources of medicines information. **It is the responsibility of the healthcare professional to maintain their own competency to practice within this Protocol. If any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the protocol and further training provided as required.**

Clinical condition or situation to which this Protocol applies	
Clinical condition or situation	Administration of lidocaine 10 mg/metered dose spray to facilitate intrauterine contraception (IUC) insertion or removal. **It is the responsibility of the administering healthcare professional to ensure that the individual is within the inclusion criteria, and that there are no reasons for exclusion before proceeding with the treatment. If there is any reason for concern, seek medical advice. These tasks cannot be delegated and so the registered nurse/ midwife making the decision to administer a medicine under this protocol must carry out the administration to the client.**

Inclusion criteria	• Individual with childbearing potential (age from 13 to 55 years). • Informed consent obtained. NB Refer to PTHB Consent to Treatment and Examination Policy • Planned/emergency insertion or removal of an intrauterine contraceptive (IUC) device. • Medical and drug history taken, no reason for exclusion • If the client is known or believed to be less than 16 years of age, competence has been assessed based on Fraser Guidelines and documented accordingly. • For all clients aged 13 to 17 years a CESERQ 4/15 must be completed. If any safeguarding concerns or significant risk factors are identified, then a safeguarding referral to Powys Children's Services must be raised and PTHB safeguarding procedures followed. Advice can be sought from PTHB Safeguarding Team. • In case of any doubt, contact medical team
Exclusion criteria (Exclusion under this Protocol does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required)	• Conditions outside of the clinical situations criteria • Consent not given. Individuals for whom valid consent, or 'best-interests' decision, in accordance with the Mental Capacity Act 2005, has not been obtained or received. Refer to sections "action to be taken if the individual is excluded" and "action to be taken if the individual or carer declines treatment". • Contraindications identified via the Powys Teaching Health Board Sexual Health Service IUD (Cu-IUD)/LNG-IUD checklist (Appendix B). • Individuals under 16 years of age and assessed as not competent using Fraser Guidelines, or any individual who has been assessed as not having the capacity to understand the nature and purpose of the treatment. • Clients who do not agree to share the relevant clinical information. • Hypersensitivity to any of the ingredients of the preparation (see SPC www.medicines.org.uk) • Severe cervical ectropion

	• Individual concurrently receiving/using any other local anaesthetic or agents structurally related to amide-type local anaesthetic e.g. antiarrhythmic drugs such as mexiletine • Any open wounds affecting the application area or the immediate vicinity • Known or risk of pregnancy • Individuals under the age of 13 years. If a child is under 13 years of age and is known to have engaged in sexual activity this must be referred to Powys Children Service or CEOP Safety Centre, advice from the local Safeguarding lead should be sought and the local safeguarding policy should be followed. See Action to be taken if individual is excluded for further information.
Cautions /reasons for seeking further advice from a prescriber	• Known epilepsy. • Known cardiovascular disease and/or heart failure. • Known impaired cardiac conduction or bradycardia. • Known severe renal impairment. • Known hepatic impairment. • Known porphyria. • Individuals currently taking antiarrhythmic drugs class III (e.g. amiodarone) • Check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic products. A detailed list of drug interactions is available in the SPC , which is available from the electronic Medicines Compendium website: www.medicines.org.uk • Individuals with complex multiple pathologies, polypharmacy or multiple allergies. Under Section 128 and 130 of the Social Services and Wellbeing (Wales) Act 2014, staff have a duty to inform the Local Authority if they have reasonable cause to suspect that an adult or child is at risk. Any vulnerable adult or child protection concerns should be referred to Safeguarding and the PTHB safeguarding policies followed. Consider discussing with GP.

	Any safeguarding concerns need to be directed to Safeguarding Hub: • To generic email address: PowysTHB.Safeguarding@wales.nhs.uk And • Central Safeguarding number: 01686 252806 • Out of hours: 0345 0544847 Advice can also be sought from local Safeguarding leads
Arrangements for referral for medical advice	Contact GP via the surgery or the emergency on-call service. Where required, refer the individual to gynaecologist/ GUM consultant /level 3 Sexual Health services for advice, if applicable. Document advice given.
Action to be taken if individual excluded	Record reason for exclusion and any action taken. Explain reason to individual / carer. Where required refer the individual to a suitable health service provider (GP/ gynaecologist/ GUM consultant/ level 3 Sexual Health services) if appropriate and/or provide them with information about further options. If a child under 13 years of age is known to have engaged in sexual activity this must be referred to Powys Children Service and the PTHB Safeguarding Team notified. See Cautions section for further details.
Action to be taken if individual declines treatment	Explain consequences of refusing treatment. Record reason for decline, and any action taken in the consultation record. Where required refer the individual to a suitable health service provider (GP/ gynaecologist/ GUM consultant/ level 3 sexual health services for advice) if appropriate and/or provide them with information about further options.

Details of the medicine	
Name, form and strength of medicine	Lidocaine 10 mg/metered dose per spray The contents of each 50ml spray bottles are sufficient to provide approximately 500 sprays with a metering spray pump. **Each depression of the metered spray pump delivers 10 mg lidocaine base.**
Legal category	Pharmacy Only (P) medicine
Dose and frequency, route/method of administration	Apply 4 metered dose sprays (total dose 40mg) to the surface of the cervix and external os and wait 3 minutes after application. As with any local anaesthetic, reactions and complications are best averted by employing the minimal effective dosage (see Overdose section below). It is unnecessary to dry the site prior to application. Lidocaine spray is administered using the supplied nozzles. The spray nozzle is bent to ensure correct spray function. Do not try to alter the shape as this could affect its performance. The nozzle must not be shortened, as it will affect the spray function. Nozzles are non-sterile single patient single use and local infection control procedures should be adhered to in order to prevent cross contamination – refer to the product's Risk Minimisation Materials to help reduce the risks associated with using this medicine. The bottle should be covered in a sterile cover for each use. The nozzles should be handled using gloves and the box of 50 should be kept closed between procedures. **Nozzles should not be reused and should be discarded immediately after use.**

Maximum dose to be administered under this protocol	A maximum of 4 sprays (total 40mg) applications per episode of care may be administered.
Off-label use	The use of lidocaine spray for the indications detailed within this protocol are outside the product license but are supported by national guidance from the FSRH.
Storage	Do not store above 25°C.

Identification, management and reporting of adverse reactions	**Extremely rare:**
	Amide-type local anaesthetic preparations have been associated with allergic reactions (in the most severe instances anaphylactic shock). In case of an acute anaphylactic reaction occurring, adequate treatment provision must be available for immediate use:
	
	Anaphylaxis and resuscitation equipment including adrenaline (1 in 1000) injection and a working telephone to summon assistance if required.
	In case of anaphylaxis:-
	• Refer to adrenaline (epinephrine) PGD0017 and anaphylaxis policy
	  • Request medical assistance urgently. If the GP is not immediately available dial 999 to transfer to A&E
	  • Ensure reaction is fully documented in individual's notes
	  • Ensure all patient records are marked **ALLERGIC TO Lidocaine 10 mg/metered dose per spray**
	  • The individual may be advised to wear a MedicAlert or similar device to alert other healthcare providers

	Report via Once for Wales Reporting System. **Rare:** Systemic adverse reactions may result from high plasma levels due to excessive dosage or rapid absorption or from hypersensitivity, idiosyncrasy or reduced tolerance on the part of the individual (see cautions section above). CNS reactions are excitatory and/or depressant and may be characterised by nervousness, dizziness, convulsions, unconsciousness and possibly respiratory arrest. The excitatory reactions may be very brief or may not occur at all, in which case the first manifestations of toxicity may be drowsiness, merging into unconsciousness and respiratory arrest. Cardiovascular reactions are depressant and may be characterised by hypotension, myocardial depression, bradycardia and possibly cardiac arrest. **Unknown frequency:** Local irritation at the application site. Vaginal irritation. This list is not exhaustive. Refer to BNF or SPC via medicines.org.uk for complete list. Report any suspected adverse reactions to a doctor and record in the individual's medical record. Healthcare professionals and individuals/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme at: http://yellowcard.mhra.gov.uk or search for MHRA Yellow Card in the Google Play or Apple App Store. For established medicines, serious adverse events in adults or all suspected adverse reactions in children that may be attributable to the medication/ vaccine should be reported. Guidance on the yellow card system is available at the back of the BNF, or using the above link.

	All significant adverse drug reactions and any administration errors must be recorded via the Once for Wales Reporting System.
Overdose	Toxic reactions originate mainly in the central nervous and the cardiovascular systems. Central nervous system toxicity is a graded response with symptoms and signs of escalating severity. The first symptoms are circumoral paraesthesia, numbness of the tongue, light-headedness, hyperacusis and tinnitus. Visual disturbance and muscular tremors are more serious and precede the onset of generalised convulsions. Unconsciousness and grand mal convulsions may follow, which may last from a few seconds to several minutes. Hypoxia and hypercarbia occur rapidly following convulsions due to the increased muscular activity, together with the interference with normal respiration. In severe cases, apnoea may occur. Acidosis increases the toxic effects of local anaesthetics. Cardiovascular effects are only seen in cases with high systemic concentrations. Severe hypotension, bradycardia, arrhythmia and cardiovascular collapse may be the result in such cases. Recovery is due to redistribution and metabolism of the local anaesthetic drug from the central nervous system. Recovery may be rapid unless large amounts of the drug have been administered. Request medical assistance urgently. If the GP is not immediately available dial 999 to transfer to A&E.

Records to be kept	Record consultation details as required by local procedures, either in the individual's sexual health records or on the IUS checklist. Administration of any medication must be clearly recorded on the Powys Teaching Health Board Sexual Health Service IUD (Cu-IUD)/LNG-IUD checklist (Appendix B) or the patients sexual health records, which should be stored in the medical records. All safeguarding concerns and appropriate actions should be clearly documented in the notes section of Appendix B. In addition, record: • Name, address and date of birth of individual • Name and address of GP • Medical and drug history taken, including any allergies and previous adverse events. • Any reasons for exclusion or referral, including actions taken. • Criteria under which the individual fits the protocol. • Any advice received from medical cover and advice given to individual/carer. • If the individual has refused treatment, and any advice given in this circumstance. • That valid informed patient consent to treatment was obtained, or a decision to treat made in the individual's best interests in accordance with the Mental Capacity Act 2005. Record name of representative who gave consent if appropriate. Where the client is under 16 years of age Fraser competency must be documented in the medical records. • That the drug is being supplied/ administered in accordance with a Protocol- record title and version. For administration, record: • Date and time of administration. • Name, form, strength and dose of drug administered.

	• Batch number and expiry date • Route of administration • Details of any adverse reactions and actions taken. • If the client is 13-17 years the CSERQ 4/15 should be completed The record must include the printed name and signature (which may be electronic) of the healthcare professional responsible for administration/supply. All records should be clear, legible and contemporaneous. A record of all individuals receiving treatment under this Protocol should be kept for audit purposes in accordance with local policy.

Patient information	
Written/verbal information to be given to individual or carer	Provide patient information leaflet. Give appropriate advice if medication is used off-label. Inform individual that they are being treated within a protocol. Lidocaine spray has minor influence on the ability to drive and use machines. The individual must not drive or use machinery if affected.
Follow-up advice to be given to individual or carer	Inform individual of possible side effects and their management. Advise them to seek medical advice immediately if they have any unexpected reaction or other cause for concern. Contact GP via surgery or emergency on call service.

Key references

1. FSRH Guideline Intrauterine Contraception https://www.fsrh.org/standards-and-guidance/documents/ceuguidanceintrauterinecontraception/
2. Summary of Product Characteristics: www.medicines.org.uk. Xylocaine spray, Aspen Pharma, last updated 30/10/2018.
3. BNF accessed 14/7/23

Appendix A Staff Permitted to use the Protocol Signature sheet

Authorising Manager: I confirm that the practitioners named below have declared themselves suitably trained and competent to work under this Protocol. I give authorisation on behalf of Powys Teaching Health Board for the named healthcare professionals below who have signed the Protocol to work under it.
The authorising manager may wish to use the competency checklist (below).

Practitioner: *By signing this Protocol you are indicating that you agree to its contents and that you will work within it. Protocols do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct*.
I confirm that I have read and understood the content of this Protocol and that I am willing and competent to work to it within my professional code of conduct.

Printed name of health professional	**Signature of health professional**	**Printed name of senior representative authorising health professional (Authorising Manager)**	**Signature of senior representative authorising health professional (Authorising Manager)**	**Date**

The authorising manager should retain a copy of the list and a copy must be sent to the Medicines Management Team, PTHB, Bronllys Hospital, Powys LD3 0LU (info.medicinesmanagement.powys@wales.nhs.uk) for audit purposes.
The healthcare professional should retain a copy of the document after signing.

Competency check list for manager or senior team lead to use as part of the authorising process for health professionals to work to a Protocol. Review of authorisation will take place on each Protocol update and at the individual's annual PADR.

Name: **Role:**		Sign / Initial	Further training identified (Y/N) Specify in "comments"	Comments
1	The Protocol sign off is for the following Protocol:(document the exact title and Protocol number) _____			
2	We have discussed the expiry of the Protocol and are using a version accessed electronically			
3	The member of staff has the appropriate qualifications and professional registration as outlined in the Protocol			
4	The Protocol has been read in full by the staff member			
5	The identified training has been completed as specified in the Protocol and is in date			
6	We have discussed some examples of inclusion criteria and exclusion criteria			
7	The staff member is confident in the administration method and doses			

Staff member print & sign name		Date
Manager or senior team lead to print & sign name		Date

Please send a copy of this completed form to individual's line manager, to the staff member, and to medicines management department (info.medicinesmanagement.powys@wales.nhs.uk), in conjunction with the Protocol Appendix A authorisation sheet. A copy of this form should also be kept by service lead in the training file.

Appendix B: POWYS TEACHING HEALTH BOARD SEXUAL HEALTH SERVICE IUD (Cu-IUD)/LNG-IUD CHECKLIST

Name: _____ **D.O.B.:** _____

Address: _____

GP contact details: _____

Risk Factors

UK MEC 4 /WHO 4: Absolute contraindications. Note the presence of **ONE (or more)** risk factors in this group contraindicates IUD usage

Condition	Present	Absent
Unexplained vaginal bleeding before evaluation if initiating IUD		
Gestational Trophoblastic Disease with persistently elevated hCG levels or malignant disease		
Post abortion sepsis, postpartum sepsis		
Pelvic Tuberculosis if initiating IUD		
Current PID, current symptomatic Chlamydia or purulent cervicitis or gonorrhoea (current) (if initiating IUD)		
Current Cervical cancer (awaiting treatment) if IUD is to be initiated		
LNG-IUD: Current breast cancer		
Endometrial cancer if IUD is to be initiated		

NB. Other absolute contraindications are current pregnancy or true allergy to the active ingredient or to any constituent (including Progesterone for LNG-IUD or copper for Cu-IUD, eg Wilson's disease).

UK MEC 3/ WHO 3: Conditions requiring careful consideration where risks generally outweigh advantages and where IUD should generally not be used.

Note: **These are all PGD/protocol exclusions.** Alternative contraceptive methods should be recommended and the potential risk of IUDs should be explained to women with **ANY** of these conditions. IUD should be the method of last choice for them, and careful monitoring required.

Condition	Present	Absent
48 hours to 4 weeks post partum		
Current asymptomatic Chlamydia (if initiating IUD)		
Developed Pelvic TB whilst on IUD		
Organ transplant with complications if IUD is to be initiated		
Long QT syndrome if IUD is to be initiated		
Uterine fibroids or other anatomical abnormalities causing distortion of uterine cavity		
Radical trachelectomy for cervical cancer		
Gestational Trophoblastic disease with decreasing hCG levels		
HIV with CD4 count less than 200 if initiating IUD		
LNG-IUD - Liver tumours (benign hepatocellular adenoma & malignant), severe decompensated liver cirrhosis		
LNG-IUD - Past history of breast cancer		
LNG-IUD - Developed IHD, stroke, TIA whilst on LNG-IUD		

NB CHECK DRUG INTERACTIONS FOR LNG-IUD

UK MEC 2/ WHO 2: Other conditions requiring caution but where advantages of IUD generally outweigh the theoretical or proven risks.
Note: For women with any of these problems, careful medical follow up is important.

Condition	Present	Absent
Under 20 years old		
Vaginitis, other current STI's (excluding HIV and hepatitis)		
Chlamydia, purulent cervicitis or Gonorrhoea developed while on IUD		
Lifestyle increased risk of STIs		
Unexplained vaginal bleeding or PID developed while on IUD		
Cervical cancer awaiting treatment if developed while on IUD		
Endometrial cancer developed while on IUD		
Anatomical abnormalities including cervical stenosis or cervical lacerations not distorting the uterine cavity or interfering with IUC insertion.		
Post Second trimester Termination		
HIV with CD4 count ≥ 200, or CD4 count < 200 whilst on IUD		
Complicated valvular & congenital heart disease (pulmonary hypertension, history of subacute bacterial endocarditis)		
Cardiomyopathy with impaired cardiac function		
Uncomplicated organ transplant or complicated transplant whilst on IUD		
Cu-IUD: Endometriosis		
CU-IUD: severe dysmenorrhoea		
Cu-IUD: Thalassaemia, sickle cell disease or iron deficiency anaemia		
LNG-IUD: SLE with or without antibodies, positive antiphospholipid antibodies		
LNG-IUD: Rheumatoid arthritis		
LNG-IUD: Symptomatic (including if treated by cholecystectomy, medically treated or current) or asymptomatic gallbladder disease		
LNG-IUD: History of cholestasis (past COC-related)		
LNG-IUD: Liver tumour: benign focal nodular hyperplasia		
LNG-IUD: Cervical intraepithelial neoplasia (CIN)		
LNG-IUD: Atrial fibrillation		
LNG-IUD: Hypertension with vascular disease		
If initiating LNG-IUD: Current and history of Ischaemic Heart Disease, History of stroke/TIA		
LNG-IUD: Dyslipidaemias		
LNG-IUD: Multiple risk factors for cardiovascular disease (such as smoking, diabetes, hypertension, obesity and dyslipidaemias)		
LNG-IUD: Non-insulin dependent Diabetes, insulin dependent diabetes, individuals with Nephropathy/retinopathy/neuropathy or other vascular disease		
LNG-IUD: History of VTE, or current VTE		
LNG-IUD: Major surgery with prolonged immobilisation		
Condition	**Present**	**Absent**

LNG-IUD: Known thrombotic mutation (eg. Factor V Leiden, prothrombin mutation, protein S, protein C and antithrombin deficiencies).		
LNG-IUD: Migraine with or without aura, or past history of migraine		
LNG-IUD: Breast conditions – undiagnosed mass/ breast symptoms, carriers of known gene Mutations associated with breast cancer (eg. BRCA1/BRCA2)		
Heavy or prolonged bleeding developed while on **IUD**, or Heavy or prolonged bleeding if considering initiating Cu-IUD		

Counselling (if at booking clinic)	**Discussed**
Mode of action	
Shown IUD	
Failure rate discussed	
Menorrhagia (IUD)	
Menstrual irregularity / hormonal effects (**LNG-IUD**)	
Chlamydia screen	
Interim contraception until insertion – **please state**	

COUNSELLING IUD CLINIC					
LMP		AGE		BP	
Current Day of Cycle		PARITY		PULSE	
Method used since					
Consent obtained (record who provided consent):					
If 13-16 years document capacity using Fraser guidelines:					
If under 13 or not competent to consent, record action taken:					
Shown IUD					
FAILURE RATE 1in 450		Ectopic risk			
Complications Failure to fit					
Risk of perforation					
Expulsion		Tampon use			
Infection		3/52 condoms			
Cu-**IUD** Lifespan					
Mennorhagia					
Lifespan					

LNG-IUD	Menstrual Irregularity	
	Hormonal problems	
	Contraception after	
Chlamydia result		

Reason for coil.			
Contraception		Emergency coil	
Menorrhagia		Other	

INSERTION DETAILS						
UTERINE POSITION					VAGINA CLEANED Y / N	
ABNORMALITIES						
UTERUS SOUND/ SIZE						
Local Anaesthetic	None / Gel / block /spray Route: Name/form/strength/dose: Batch: Expiry date: If administered via a protocol, record protocol title and version number:					
CERVICAL FIXATION	NONE	loose	closed	I toothed	2 toothed	other
Cervical canal checked						
DEGREE OF BLEEDING						
DEGREE OF PAIN	/ 10					
EASE OF INSERTION						
COIL USED Batch no & expiry date						
Coil fitted by						

POST COIL INSERTION PROBLEMS	
FURTHER ANALGESIA	
PROLONGED RECOVERY	
RESUSCITATION	

Thread teach by:	
Chaperone / person assisting:	
Practitioner's signature:	
Print name:	
Date and time:	
If administration is via PGD, record PGD title, version and number	

NOTES