Facility Name

Implant Policy and Procedures

Procedure: **Progestin Implant Insertion**
Policy: It is the policy of the *Facility Name* to provide Progestin Implant Contraception

1. Nursing triage: Depending on a patient's history, a urine sample is obtained for a pregnancy test, and the medical assistant or nurse completes the test. The test and the control results are documented in the chart. Vital signs are obtained by the medical assistant and noted in the chart.

2. Counseling and patient selection: The provider will counsel the patient on the available contraceptive options. Patients can have an implant placed at any time during their cycle as long as pregnancy is reliably excluded. Pregnancy can be reliably excluded in people without signs and symptoms of pregnancy who also meet one or more of the following criteria:

- It has been 7 days or less since the start of their last menstrual period
- They have not had penile/vaginal intercourse since the start of their last menses
- They have been correctly and consistently using a reliable method of contraception
- It has been 7 days or less since a spontaneous or induced abortion
- They are within 4 weeks postpartum
- They are fully or near fully chestfeeding (exclusively chest feeding or 85% or more of the feedings are chest feeds), amenorrhea, and less than 6 months postpartum

The follow are contraindications to Progestin Implant insertion .
·known or suspected pregnancy
·thrombotic disease
·hepatic tumors or active liver disease
·undiagnosed abnormal genital bleeding
·breast cancer

Patients on medications such as barbituates, griseofulvin, rifampin, phenytoin, carbamazepine, felbamate, topiramate and modafinil along with other drugs that induce hepatic enzymes, will be counseled that these drugs may lower the efficacy of the implant. St. John's Wort may also have this effect.

3. **Consent**: The patient will sign a consent form; it is to be scanned into the Electronic Health Record. Counseling on side effects will include the expected irregular bleeding pattern. Possible complications of this procedure include infection at the insertion site. Placement below the subdermal level requires a more complicated procedure at removal.

4. Procedure:
The patient is placed in a supine position and the nondominant arm is marked with a pen at the insertion site 6-8 cm above the elbow avoiding the groove between the triceps and biceps. The

insertion site is cleaned with an antiseptic. 2 cc of lidocaine is placed along the insertion canal. The progestin implant rod is confirmed to be in the progestin implant inserter. The skin is stretched and the cannula is inserted into the skin at a 20 degree angle. The skin is then lifted and tented and the needle inserted to its full length. Once the needle has been fully inserted, the purple flange on the implant inserter is pulled back releasing the implant. Placement is confirmed by palpation. A small adhesive bandage followed by a pressure bandage are placed over the insertion site. Patients are instructed to use condoms for 7 days post insertion and to return for rod removal in five years.