Progestin Implant Insertion Note

(PATIENT NAME) comes in today for contraception. They have reviewed their contraceptive options and have chosen the subdermal progestin implant (Etonogestrel with the trade name Nexplanon). Pregnancy has been reliably excluded. LMP (date). They (HAVE/HAVE NOT) had unprotected sex since their last menstrual cycle. Last unprotected sex was (date).

We reviewed the contraindications to this method. They (DO/ DO NOT) have any of the following: known or suspected pregnancy, thrombotic disease, hepatic tumors or active liver disease. They (DO/ DO NOT) have undiagnosed abnormal genital bleeding. They (DO/ DO NOT) have breast cancer.

They (ARE/ARE NOT) aware that drugs such as barbiturates, ulipristal, rifampin, phenytoin, carbamazepine, and topiramate may lower the efficacy of the implant. St. John's Wort may also have this effect. They (ARE/ARE NOT) taking any of these medications.

The patient has been asked to sign a consent form and it is to be scanned into the Electronic Health Record. Changes in bleeding pattern are common with the implant. Possible complications of this procedure include infection and hematoma at the insertion site. Placement below the subdermal level could require a more complicated procedure at removal.

Procedure Note:
Time out taken: (TIME)
Team: (NAME[s])
(PATIENT NAME) (DATE OF BIRTH) confirmed (YES/NO)
Procedure: (RIGHT/ LEFT) Arm Subdermal Contraceptive Implant Insertion
Confirmed by *patient* and *team* (YES/NO)
Position correct for procedure (YES/NO)
Equipment for procedure available (YES/NO)

The patient took a supine position. The non-dominant arm was flexed at the elbow and externally rotated so that their wrist was parallel to them and their hand was positioned next to their head. The insertion site was marked 8-10 cm proximal to the medical epicondyle, avoiding the groove between the triceps and biceps. The insertion site was cleaned with an antiseptic. (NUMBER) mLs of anesthetic was place along the insertion track. The skin was stretched and the wide bore needle on the inserter entered the skin at a 30-degree angle. The inserter was lowered along the plane of the skin and then lifted and tented as the needle was inserted to its full length. The device was deployed and removed. Placement of the rod was confirmed by palpation. A small adhesive bandage was placed over the insertion site. The patient (DID/DID NOT} tolerate the procedure well. They were informed to use a back-up contraceptive method for one week (YES/NO).

(PROVIDER NAME AND TITLE)