# *Facility Name*

Implant Insertion Policy and Procedure

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 and basis of clinical judgement, a urine sample can be obtained for a pregnancy test. Routine pregnancy testing for every patient is not necessary.

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 obtain a detailed history, which provides the most accurate assessment of pregnancy risk in a patient who is about to start using a contraceptive method. The provider will counsel the patient on the available contraceptive options. Patients can have an implant placed at any time during their menstrual 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 menstrual period
- 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 breast/chestfeeding (exclusively breast/chest feeding or 85% or more of the feedings are breast/chest feeds), amenorrhea, and less than 6 months postpartum

The following are contraindications to Progestin Implant insertion:

- Known or suspected pregnancy
- Thrombotic disease
- Hepatic tumors or active liver disease
- Undiagnosed abnormal genital bleeding
- Breast cancer (current or personal history)

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 patterns. 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 or abstinence for 7 days post insertion. Patients are informed that the implant works for up to 5 years to prevent pregnancy. They can return for removal in five years or earlier if they decide to get pregnant or prefer a different contraception.