

Implant Insertion Record

Date:

Patient details

Client assessment

- Consents to long-acting reversible contraception (LARC)
- Counselling about alternative methods and chooses Nexplanon®

Medical History

Parity: +

LMP: or Days post-pregnancy.....

Pregnancy risk assessed: Yes

Current medication:

Allergies:.....

BMI: or weight..... BP:/.....mmHg

Contraindications

UKMEC 4

Current breast cancer	Yes	No
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UKMEC 3

Past breast cancer	Yes	No
History of ischaemic heart disease or stroke	Yes	No
Malignant liver tumour	Yes	No
Severe (decompensated) liver cirrhosis	Yes	No
Enzyme inducing/interacting medication	Yes	No
Unexplained vaginal bleeding	Yes	No

Advice checklist

- Mode of action (prevents ovulation, thickens cervical mucus)
- Long-acting - 3 years, low dose progestogen
- Very effective: 1:1000 women /year
- Benefits (rapidly reversible, may reduce period pain)
- Side effects / Risks (small increased risk of breast cancer)
- Discussed possible bleeding pattern changes
- Possible drug interactions
- Off licence before day 21 post-natal
- Minor surgical procedure – insertion / removal / change described
- Probable bruising
- Deep implant / lost implant
- Link or information leaflets given



NHS Inform - implant

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Prescription:

1. 2 mls LIDOCAINE 1% w/v injection, subcutaneous to implant site
2. 1 x 68 mg ETONORGESTREL (Nexplanon®) implant subcutaneous as per manufacturers instruction

Signature Designation..... Date

Insertion:

Procedure performed by: Designation

Verbal consent obtained: **Yes** **No**

Procedure

- Patient positioned on back, non-dominant **left/right*** arm abducted to 90°, elbow flexed and hand behind head. Skin cleaned. Aseptic technique used throughout
- Local anaestheticml 1% plain lidocaine given subcutaneously
- LOT No..... Expiry date.....
- Nexplanon® lot no. Expiry date.....
- Insertion site to pierce skin with the device identified over triceps by choosing a point 3-5cm posterior and perpendicular to the sulcal line (the groove between brachialis/biceps anteriorly and triceps posteriorly), where the sulcal line is 8-10 cm from the medial epicondyle.
- Inserter advanced proximally, parallel to the sulcal line keeping skin tented, Implant released as per manufacturer instruction, inserter withdrawn. Dressing applied
- Implant palpated by **clinician / patient***
- Wound care instructions given **Yes**
- Date card and pack insert given **Yes**
- Contraception for first 7 days discussed **Yes**

(*delete as required)

Signature.....

Designation.....

Date.....

Implant Removal Record

Patient details

Client assessment

Reason for removal.....

- Implant palpated prior to removal
- Counselling about removal procedure
- Counselling about alternative methods if ongoing contraception needed

Medical History

Allergies:

Prescription:

1-2 mls LIDOCAINE 1% w/v injection, subcutaneous to implant removal site

Signature Designation..... Date

Removal:

Procedure performed by: Designation

Verbal consent obtained: Yes No

Procedure

- Patient positioned on back, non-dominant **left/right*** arm abducted to 90°, elbow flexed and hand behind head. Skin cleaned. Aseptic technique used throughout
- Local anaestheticml 1% plain lidocaine given subcutaneously
- LOT No..... Expiry date.....
- Incision made through skin and implant removed with pop-out technique Yes No
- Follow-up plan if no.....
- Sterile instruments used Yes No
- Implant complete Yes No N/A
- Wound care instructions given Yes
- Plan for future contraception discussed Yes N/A

(*delete as required)

Signature.....

Designation..... Date.....

Pack sticker