



IMPLANON REMOVAL

DEFINITION	This protocol covers the removal of the Implanon implant.
SUBJECTIVE	Must include: 1. LMP. 2. Medical, sexual, and contraceptive history update, as appropriate. 3. Determine reason for removal. 4. No allergies to antiseptics or local anesthesia used for removal.
OBJECTIVE	Must include: 1. Palpate Implanon rod. May include: 2. Physical examination, if indicated.
LABORATORY	No specific lab required.
ASSESSMENT	Client who desires Implanon removal.
PLAN	1. Document in the chart the reason she requests removal of Implanon. 2. Documentation that the risks associated with the removal (infection, bleeding, or inability to remove the rod at this time) have been explained. 3. Remove Implanon per manufacturer's instructions.
CLIENT EDUCATION	1. Counsel client on choosing a different method of birth control, if she is not having a new Implanon inserted and does not desire a pregnancy. (Refer to chosen method protocol.) 2. Review safer sex education, if appropriate. 3. Recommend client RTC for annual exam and PRN for problems.
CONSULT / REFER TO PHYSICIAN	1. Any client with an allergic reaction to local anesthetic. 2. Any client with difficult Implanon removal.

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References:

1. www.IMPLANON-USA.com :3/2009
2. Implanon Clinical Training Guide. Organon USA, Roseland NJ; 2007