



IDENTIFICATION OF A HORMONAL IMPLANT CANDIDATE

DEFINITION	The Hormonal Implant is a rod-like progestin-only implant used as a long acting, reversible contraceptive method. It is inserted into the subdermal tissue of the upper arm and slowly releases the hormone Etonogestrel for up to three years. Failure rates are fewer than 1 pregnancy per one hundred women per year. Currently, women who weighed > 130% of IBW, are taking medications that induce liver enzymes, or are less than 18 years old were excluded in the studies of use of the Hormonal Implant. It may be possible that over time, the Hormonal Implant may be less effective for obese women, or women using medication which interferes with absorption of the Hormonal Implant.
SUBJECTIVE	Must include: 1. LMP 2. Medical, sexual and contraceptive history, as appropriate. 3. Documentation of no unprotected intercourse in the last 14 days. 4. No allergy to the anesthesia used. 5. Must meet eligibility criteria for WHO guidelines. See Tables 6 and 7 for exclusions/ precautions.
OBJECTIVE	Must include 1. Meet criteria for use of the Hormonal Implant 2. Clients may not be a good candidate for the Hormonal Implant if unable to tolerate irregular bleeding pattern. 3. Documentation of complete physical exam in the last 12 months.
LABORATORY	May include: 1. STD screening, as appropriate. 2. Sensitive pregnancy test. Other lab work, as indicated.
ASSESSMENT	Hormonal Implant Candidate
PLAN	1. Provide pre insertion counseling, as listed, per informed consent. 2. Insert the Hormonal Implant per manufacturer instructions.
CLIENT EDUCATION	1. Patients greater than 130% of ideal body weight may have less efficacy of the Hormonal Implant over time. 2. Reinforce safe sex, as indicated. 3. Recommend RTC as appropriate, or prn, for problems. 4. Instruct patient on proper care and inspection of insertion site area. 5. Review consent form, per manufacturer's instructions and provide a copy of consent to patient.

**CONSULT /
REFER TO
PHYSICIAN**

1. Refer if any difficulty with insertion of the Hormonal Implant rod.
2. Any client with development of precautions from Tables 6 and 7

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Table 6
Refrain from providing Implanon for women with the following diagnosis:
<ol style="list-style-type: none">1. Known or suspected pregnancy.2. Unexplained abnormal vaginal bleeding.3. Active or history of thrombophlebitis or pulmonary emboli.4. Known or strongly suspected breast cancer or a history of breast cancer.5. Hepatic tumors or active liver disease.6. Hypersensitivity to any components of the Implanon7. Active hepatitis, hepatic failure, jaundice8. Medications that increase hepatic clearance

Table 7
Exercise precaution and carefully monitor for adverse effects:
<ol style="list-style-type: none">1. Intolerance of irregular bleeding due to cultural or personal reasons.2. Diabetes3. Client that is on medication that may interfere with the absorption of Implanon.(See package insert)4. High cholesterol or triglycerides.5. Headaches6. Seizures or epilepsy7. Active gall bladder or kidney disease8. Depression9. Hypertension10. Allergic reaction to the anesthetic or antiseptic

References:

1. <http://www.nexplanon.com/en/consumer/main/prescribing-information/3/2014>
2. Implanon Clinical Training Guide. Organon USA, Roseland, NJ; 2007
3. Hatcher, R. A. Trussell, J., Nelson, A.L., Cates, W., Kowal, D., Policar, M. (2011) *Contraceptive Technology*. (20th revised ed.). pp. 193-203. Ardent Media New York.