

## Nexplanon Insertion Progress Note

Date: \_\_\_\_\_

Label / Name
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**Subjective:**

Current BCM \_\_\_\_\_ LMP \_\_\_\_\_ Date of last intercourse \_\_\_\_\_ Allergies \_\_\_\_\_

\_\_\_\_\_ Nexplanon brochure given to and read by client or given and discussed with client

\_\_\_\_\_ Completed Nexplanon counseling and client questions answered by clinician

\_\_\_\_\_ Nexplanon consent signed by client and copy given to client

**Objective:**

Nexplanon Lot # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

BP: \_\_\_\_\_ WT \_\_\_\_\_ BMI \_\_\_\_\_ Urine pregnancy test result: \_\_\_\_\_

Upper inner (circle) left / right arm prepped with (circle) Betadine / Hibiclens

and anesthetized with 1% xylocaine \_\_\_\_\_

\_\_\_\_\_ Nexplanon inserted according to instructions

\_\_\_\_\_ Presence of Nexplanon rod verified with client after insertion    Provider initial \_\_\_\_\_  
Client initial \_\_\_\_\_

**Assessment:**

Nexplanon inserted without difficulty? (circle) Yes / No Comment \_\_\_\_\_

Procedure well tolerated? (circle) Yes / No Comment: \_\_\_\_\_

**Plan:**

1. Use a backup form of birth control for 7 days (if indicated)
2. Keep the little bandage on for 3 days and keep it dry. Keep the gauze bandage on for 24-48 hours
3. Client may return to clinic for site check if she has concerns
4. If indicated, client to return to clinic in 3 months for method evaluation
5. Reviewed danger signs and symptoms. Client to call clinic or return to clinic with any danger signs and symptoms (pain, pus or bleeding at site, expulsion of rod, heavy abnormal vaginal bleeding, concern re pregnancy, severe abdominal pain, onset or worsening of headaches)
6. RTC for annual visit \_\_\_\_\_

**Comments:**

Signature \_\_\_\_\_

MD Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_