

Today, this nursing student observed the nurse taking the patient to the room, taking her blood pressure, weighing her, verifying any allergies, and doing her medication reconciliation. The nurse also confirmed that the patient's last period was around Thanksgiving and confirmed she is G3P3. The patient was there to remove and reinsert an implantable contraceptive device. Family-centered care includes a partnership with the patient, family, and caregivers (Ricci et al., 2021). One of the goals of family-centered care is to promote self-efficacy and enhance empowerment (Ricci et al., 2021). She has had three children, and through a partnership with her spouse and her provider, she had decided that Nexplanon was the right choice for her. Before leaving the room, the nurse went over the consent form and had the patient sign it before the provider came in to start the procedure. When the nurse works with a different doctor, he prefers the nurse remain in the room, open supplies, and hand him whatever he needs to complete his procedure.

This nursing student remained in the room with the Nurse Practitioner to observe the removal and reinsertion of Nexplanon. Nexplanon is a long-acting reversible contraceptive implanted subdermally in the upper arm non-dominant arm (Dr. Jasmine Shaikh, 2020). The small rod releases progestin that inhibits ovulation and can remain in place for three years (Ricci et al., 2021). The Nurse Practitioner explained the procedure to the patient and cleaned the area she would cut to remove the Nexplanon. First, the Nurse Practitioner inspected and palpated the upper arm, then cleaned the upper arm with betadine swabs. After the area dried, she gave the patient an injection of numbing medicine which consisted of lidocaine and epinephrine. The Nurse Practitioner explained that lidocaine numbs, and epinephrine constricts blood vessels. She used the scalpel tip to gently poke and confirmed with the patient that she could not feel the poke. Next, the Nurse Practitioner marked the location for the new contraceptive device. She

measured 8-10 cm in and 3-5 cm down to insert the new device. The device was inserted in this area to avoid nerves and veins. She used a scalpel to make a small incision to remove the original Nexplanon. Since the patient has had two devices implanted over the last six years, there was some scar tissue. The Nurse Practitioner used the scalpel to gently break up the scar tissue before she could take the Nexplanon out. After removing the Nexplanon, the Nurse Practitioner applied Steri-strips to the incision site. The last step was the insertion of the new long-acting contraceptive device. The provider numbed the insertion site then inserted the new Nexplanon.

After the Nurse Practitioner inspected and palpated the insertion site and confirmed the placement of the device, she wrapped the patient's arm with Coban wrap. The Nurse Practitioner recommended the patient keep the Steri-strips in place for 24-48 hours and avoid heavy lifting. She advised that the area of insertion and removal would be bruised and sore but would be better in a few days (Dr. Jasmine Shaikh, 2020). The Nurse Practitioner had demo skin and Nexplanon samples she used to teach me and allowed me to practice. I enjoyed and appreciated the hands-on experience.

## References

Dr. Jasmine Shaikh, M. D. (2020, November 3). *Where should Nexplanon be placed?* MedicineNet. Retrieved from

[http://www.medicinenet.com/where\\_should\\_nexplanon\\_be\\_placed/article.htm](http://www.medicinenet.com/where_should_nexplanon_be_placed/article.htm)

Ricci, S. S., Kyle, T., & Carman, S. (2021). *Maternity and pediatric nursing*. Wolters Kluwer.