



# PELLET INSERTION DOCUMENTATION

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Provider: \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_

Last Pellet Date: \_\_\_\_\_ Dose: Estradiol \_\_\_\_\_ mg Testosterone \_\_\_\_\_ mg Insertion Side:  Left  Right

Last Lab (Annual): \_\_\_\_\_ Last pap \_\_\_\_\_ Last Mammogram: \_\_\_\_\_ Waiver? Y/N LMP: \_\_\_\_\_ Last PSA: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Vitals Signs: B/P \_\_\_\_\_ HR: \_\_\_\_\_ Temp: \_\_\_\_\_ Weight: \_\_\_\_\_ lb

**General Appearance:** Appears well, in no acute distress.

**Respiratory:** On visual observation, patient is in no respiratory distress.

**Cardiovascular:** Rhythm is regular. There is no peripheral edema, cyanosis or pallor.

**Neurological:** Alert and oriented x 3.

**Subjective/Objective Data:**

\_\_\_\_\_  
\_\_\_\_\_

**PLAN:** Pertinent information and H&P reviewed. Subcutaneous hormone pellet insertion today. Insertion and proctor consent, wound care, and follow-up instructions were reviewed with the patient.

**Procedure Note:** Insertion site was prepped with chloraprep. Local anesthetic of 1% Lidocaine with epinephrine and sodium bicarbonate was injected and infiltrated into insertion site. 3 mm incision was made using a sterile #11 blade. The hormone implants were inserted using a sterile trocar insertion tool. Site closed with steri-strip tape. Gauze pressure bandages applied. The patient tolerated procedure well with no adverse reactions. Questions were answered to patients satisfaction. Patient voices understanding of post insertion instructions. **Treated with:**

Estradiol _____ mg	LOT # _____	N/A _____
Testosterone _____ mg	LOT # _____	
Testosterone _____ mg	LOT # _____	
Testosterone _____ mg	LOT # _____	

Insertion Side:  Left  Right

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications Prescribed Today:**  Progesterone \_\_\_\_\_ mg  Dessicated Thyroid \_\_\_\_\_ mg  Other \_\_\_\_\_

**LABS NEEDED:**  Post labs in \_\_\_\_\_ weeks/months  Annual labs in \_\_\_\_\_ weeks/months  Other Labs: \_\_\_\_\_

**NEXT STEPS:**  Office Visit in \_\_\_\_\_ weeks/months (reason): \_\_\_\_\_

Practitioner (Signature): \_\_\_\_\_ Date: \_\_\_\_\_