STANDARD NURSE PROTOCOL FOR EMERGENCY CONTRACEPTIVE PILLS (ECPs)

DEFINITION

For the average fertile couple, the probability of conception is about 20% each cycle, which means there is an 80% probability that conception will not occur.

There are many steps in the process of reproduction that potentially could be affected by emergency contraception:

- Follicle maturation, egg maturation and the ovulatory process.
- Sperm migration and function.
- Fertilization.
- Zygote, morula, and blastocyst development, and transport in the fallopian tube and uterine cavity.
- Development of receptive uterine lining.
- Maintenance of necessary hormone levels by the corpus luteum.

The effect of treatment depends on when in the woman's cycle emergency contraception is used.

SUBJECTIVE

1. Patient requests postcoital contraception as an emergency measure only (not as ongoing routine contraception). Patient has had unprotected intercourse within the last 120 hours.
   NOTE: Emergency Contraceptive is most effective if given within 72 hours of unprotected intercourse. The sooner ECPs are initiated, the more effective treatment is.

2. Precautions:
   When dispensing Plan B®:
   a. History of hypersensitivity to any component of progestin only pills.
   b. Undiagnosed vaginal bleeding.
   c. Known or suspected pregnancy.

   Contraindications when dispensing combined OCs:
   a. Known or suspected pregnancy.
   b. Hypersensitivity to any component of combined OCs.
   c. Acute migraine headaches at the time patient plans to take the OCs.
   d. History of thromboembolic disease or pulmonary embolus (Use Plan B®).

3. Availability of Plan B:

a. 17 years of age or older - Over the counter (OTC).

b. 16 years of age or younger – Prescription only for females.

OBJECTIVE

1. Negative pregnancy test.
2. Pelvic exam, if indicated.

ASSESSMENT Patient requests emergency contraception: no contraindications.

PLAN **THERAPEUTIC**

PHARMACOLOGIC

1. Plan B® - one single dose of 1.5 mg levonorgestrel (2 white pills – 0.75 mg each) as soon as possible within 120 hours after unprotected intercourse.

2. If the patient has difficulty swallowing or tolerating the administration of two (2) pills in one dosage, a single dose of 0.75 mg levonorgestrel (1 white pill) may be given, and a second dose of 0.75 mg levonorgestrel (1 white pill) given 12 hours later.

Brand	Manufacturer	Number of Pills per Dose	Ethinyl Estradiol per Dose (µg)	Levo-norgestrel per Dose (mg)	Anti-nausea Rx Recom-mended
Plan B® (dedicated product)	Barr/Duramed	2 white pills (0.75 mg each)	0	1.5	No

3. For preventing or treating nausea:

   NOTE: Antiemetics not needed with Plan B.®

4. Emergency contraceptive pills, one dose as soon as possible within 120 hours after unprotected intercourse, and another dose 12 hours later.

Brand	Manufacturer	Number of Pills per Dose	Ethinyl Estradiol per Dose (µg)	Levo-norgestrel per Dose (mg)	Anti-nausea Rx Recom-mended
Plan B® (dedicated product)	**Barr/Duramed**	**1 white pill**	**0**	**0.75**	**No**
Alesse®	Wyeth-Ayerst	5 pink pills	100	0.50	Yes
Aviane™	**Barr**/Duramed	5 orange pills	100	0.50	Yes
Levlen®	Burlex	4 light orange pills	120	0.60	Yes
Levlite™	Burlex	5 pink pills	100	0.50	Yes
Levora®	Watson	4 white pills	120	0.60	Yes
Low-Ogestrel®	Watson	4 white pills	120	0.60	Yes
Lo/Ovral®	Wyeth-Ayerst	4 white pills	120	0.60	Yes
Nordette®	Wyeth-Ayerst	4 light orange pills	120	0.60	Yes
Ogestrel®	Watson	2 white pills	100	0.50	Yes
Ovral®	Wyeth-Ayerst	2 white pills	100	0.50	Yes
Seasonale	Barr/**Duramed**	4 pink pills	120	0.60	Yes
Tri-Levlen®	Berlex	4 yellow pills	120	0.50	Yes
Triphasil®	Wyeth-Ayerst	4 yellow pills	120	0.50	Yes

5. For preventing or treating nausea:

Non-prescription (Adult Dose)

a. Meclizine HCl 25mg (OTC available as Dramamine® or Bonine® , by prescription Antivert® 25mg and 50mg), 25-50mg PO taken one hour prior to dose. Meclizine HCl has a 24 hour duration.

OR

b. Cyclizine hydrochloride (Marezine®) 50 mg tablets, one tablet PO a half hour before taking ECPs; repeat every 4 to 6 hours prn, up to 200 mg/day.

OR

c. Diphenhydramine hydrochloride (e.g., Benadryl®) 25 mg tablets, 1-2 tablets PO 1 hour before taking ECPs; repeat every 4-6 hours prn. Maximum dose 300 mg/day.

OR

To order and/or dispense (Adult Dose)

d. Trimethobenzamide hydrochloride (Tigan®) 300 mg capsule, one capsule PO one hour before taking ECPs; repeat every 6 to 8 hours prn.

OR

e. Promethazine hydrochloride (Phenergan®) 25 mg tablets, one tablet PO a half hour before taking ECPs; repeat every 4 hours prn.

OR

f. Promethazine hydrochloride (Phenergan®) 25 mg rectal suppository inserted a half hour before taking ECPs; repeat every 4 hours prn.

NOTE: Medication used to prevent or treat nausea may cause drowsiness. Therefore, caution the patient who is driving or operating dangerous equipment. Caution on alcohol use. (Medication is not as likely to be effective if already nauseated.)

6. If patient wants to use OCs as an ongoing method, initiate a new pack of OCs according to manufacturer's directions at the next menstrual cycle, or begin taking OCs one tablet daily the day after ECP treatment is complete. If taking Levlen, Lo/Ovral, Low-Ogestrel, Nordette or Portia for ECPs, continue taking one pill per day from the same pack. If using other OC brands, begin a new pack the day after ECP treatment is complete. Use condoms as back-up for 7 days if OCs started immediately.

PATIENT EDUCATION/COUNSELING

1. Exact directions for taking medication.

2. Risks of nausea and emesis.
   a. The nausea is usually mild and should stop within a day or so after treatment.
   b. If severe gastrointestinal side effects occur after the first dose of combined ECPs, patient may need additional medication.
   c. If patient vomits within one hour after either dose, take an additional dose.
   d. If patient vomits more than two hours after taking the pills, additional pills are not recommended.

3. The next menstrual period should begin sometime within next 2 or 3 weeks. If no menses in 3 weeks advise patient to return to clinic for pregnancy test.

4. Strongly encourage patient to choose an acceptable, ongoing method of birth control.

5. Counsel on the use of condoms to reduce the risk of STDs/HIV.

6. Extensive information about emergency contraception is available in English/Spanish by calling 1-888-NOT-2-LATE.

7. If smoker or tobacco user, refer to local cessation program and/or Georgia Tobacco Quit Line, 1-877-270-STOP (7867).

FOLLOW-UP

1. If period has not started in 3 weeks, or if next menses is unusually light or unusually painful, return to clinic.

2. Return to clinic for long-term birth control method if not provided at visit.

CONSULTATION/REFERRAL

1. Immediately, if nausea/vomiting cannot be controlled.

2. Development of any serious side effects of combined OCs.

REFERENCES

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3. Joellen Hawkins, et al., *Protocols for Nurse Practitioners in Gynecological Settings,* **9th ed.**, Springer Publishing Co., New York, 200**7**.
4. Leon Speroff, et al., *Clinical Gynecologic Endocrinology and Infertility,* 7th ed., Lippincott Williams and Wilkins, Baltimore, MD, 2005. **(Current)**
5. “Facts and Comparisons,” *Facts and Comparisons 4.0 Online*, Wolters Kluwer Health, Inc., 200**9**, <http://online.factsandcomparisons.com>.
6. **Jonathan S. Berek, Berek & Novak’s Gynecology, 14th ed., Lippincott Williams & Wilkins, Hagerstown, MD, 2007, p. 284.**