



Emergency Contraception (EC) Nurse Run Protocol

Have the patient presenting for Emergency Contraception complete the form below. Based on responses, order appropriate Emergency Contraception option or refer to physician evaluation. See following slides for clinical provider resources for reference.

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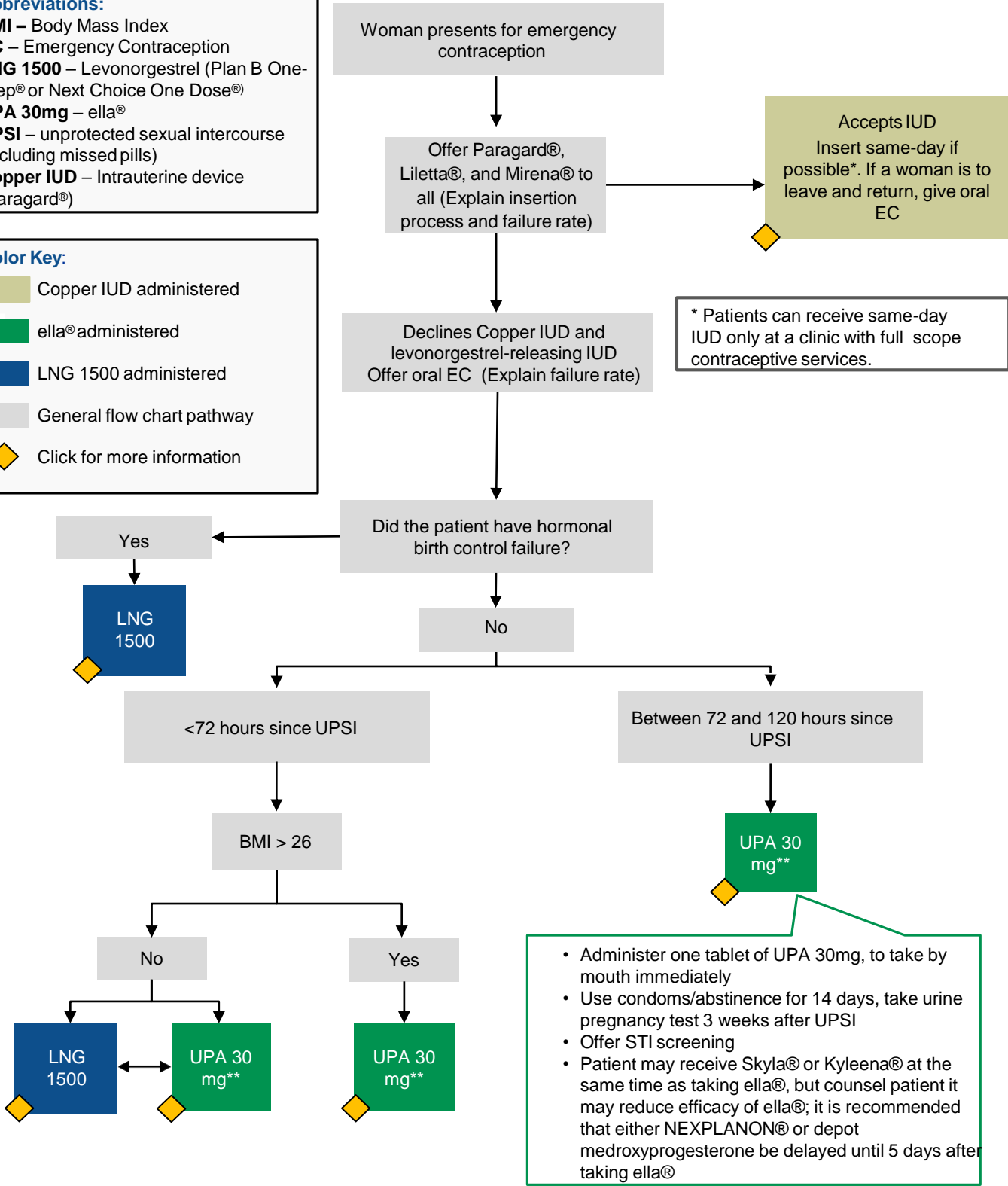
1	When was your last known menstrual period? (Please do urine HCG if greater than one month ago)		
	Answer:		
2	When did you have unprotected intercourse?		
	Answer:		
3	Have you used emergency contraception prior to this request?		
	No	Yes, Plan B® (insert date in comments)	Yes, ella® (insert date in comments)
4	Would you like to be screened for sexually transmitted infections today?		
	No	Yes	
5	Are you currently using any form of contraception?		
	No	Yes, oral contraception	Yes, condoms
6	If you are on oral contraception pills, when did you take your last pill?		
	Answer:		
7	If you are not on any form of contraception, would you like to schedule an appointment for contraception today, or attend the walk-in contraception clinic? (please specify in comments if appointment is booked.)		
	Yes	No	
8	Do you have any allergies? (if yes, please specify in comments)		
	Yes	No	
9	Are you on any medications? (if yes, please specify in comments)		
	Yes	No	
10	Treatment options: *Offer placement of Paragard®, Liletta®, or Mirena® if provider and appointment available. *Please use ella® as first line oral contraception unless oral birth control failure is reason for emergency contraception. ella® can be taken up to 5 days after unprotected intercourse.		
	Paragard®, Liletta®, or Mirena® if provider and appointment available	ella® 30mg tablet	Plan B® (use if patient is on oral contraception and unprotected intercourse occurred less than 72 hours prior)
11	Method specific education		
	<p>Copper IUD (Paragard®): Offers immediate contraceptive effect. Failure rate less than 1%. Offers continued birth control for up to 10 years. Your next period should be on time, if not, please take a pregnancy test. Screening for sexually transmitted infections available.</p> <p>Clinical research demonstrates that levonorgestrel-releasing 52 mg intrauterine devices (Liletta® and Mirena®) are a safe and effective choice for emergency contraception. Using Liletta® or Mirena® as emergency contraception provides protection against pregnancy beyond a one-time use, for up to seven years. In addition, some people prefer a hormonal IUD over the copper IUD (Paragard®) because it can reduce menstrual bleeding and discomfort. Patients should continue to use condoms for the first 7 days after their IUD is inserted.</p>	<p>ella®: It is recommended that either NEXPLANON® or medroxyprogesterone be delayed until 5 days after taking ella®.</p> <p>If receiving Kyleena® or Skyla® at the same time as ella®, counsel patient it may reduce efficacy of ella®. It is recommended that either NEXPLANON® or medroxyprogesterone be delayed until 5 days after taking ella®.</p> <p>Please use condoms or abstain from any intercourse for 14 days after starting a new birth control. You should take a pregnancy test 3 weeks from the incident of unprotected intercourse. Screening for sexually transmitted infections is available.</p>	<p>Levonorgestrel (Plan B One-Step®): You may start a new birth control immediately. Your next period should occur on time, if not, please take a pregnancy test. You may also take a pregnancy test 3 weeks after the incident of unprotected sex. Screening for sexually transmitted infections is available. Plan B® may be also purchased over the counter.</p>
12	Patient education:		
	Emergency Contraception will not terminate an existing pregnancy, and it is still possible to become pregnant with emergency contraception. You should get your period within a week of when you expect it. If you do not get your period within 3-4 weeks of using emergency contraception, take a pregnancy test.	If you have unprotected sex again after you take the pill, you can still become pregnant. Use a condom or another type of birth control if you have sex again after you take the emergency contraception.	Take the pill as soon as you pick it up. If you throw up less than 3 hours after you take the pill, you will need to take it again. Please contact the clinic, so that a nausea medication can be ordered for you.
		Contact the clinic if you have heavy bleeding or pain in your belly.	



Flow Chart to Aid Emergency Contraception (EC) Decision-Making Process Clinical Provider Resources

Abbreviations:
BMI – Body Mass Index
EC – Emergency Contraception
LNG 1500 – Levonorgestrel (Plan B One-Step® or Next Choice One Dose®)
UPA 30mg – ella®
UPSI – unprotected sexual intercourse (including missed pills)
Copper IUD – Intrauterine device (Paragard®)

Color Key:
 Copper IUD administered
 ella® administered
 LNG 1500 administered
 General flow chart pathway
 Click for more information



* Patients can receive same-day IUD only at a clinic with full scope contraceptive services.

- Administer one tablet of UPA 30mg, to take by mouth immediately
- Use condoms/abstinence for 14 days, take urine pregnancy test 3 weeks after UPSI
- Offer STI screening
- Patient may receive Skyla® or Kyleena® at the same time as taking ella®, but counsel patient it may reduce efficacy of ella®; it is recommended that either NEXPLANON® or depot medroxyprogesterone be delayed until 5 days after taking ella®

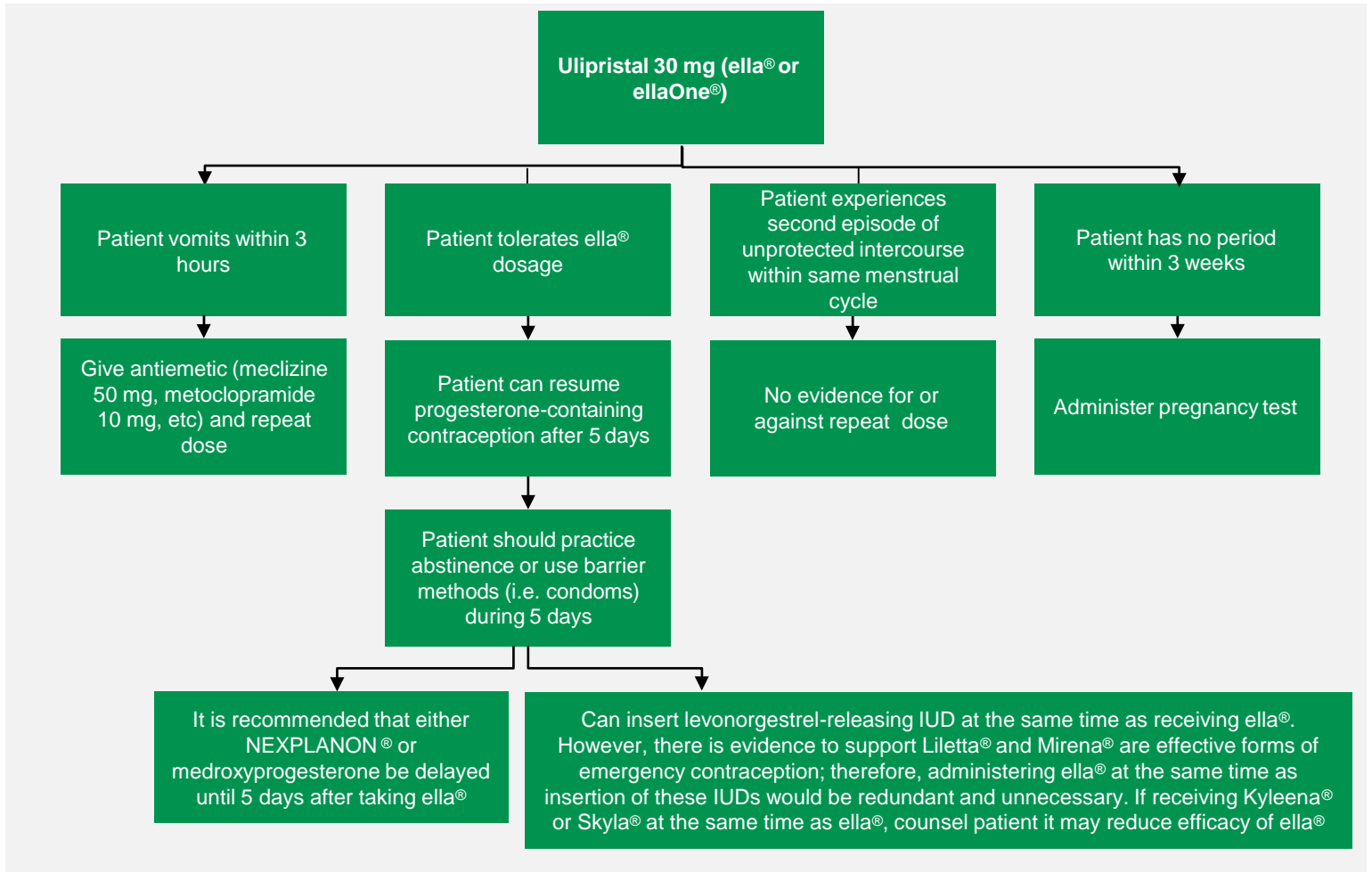
**If ella® is unavailable, administer oral Levonorgestrel



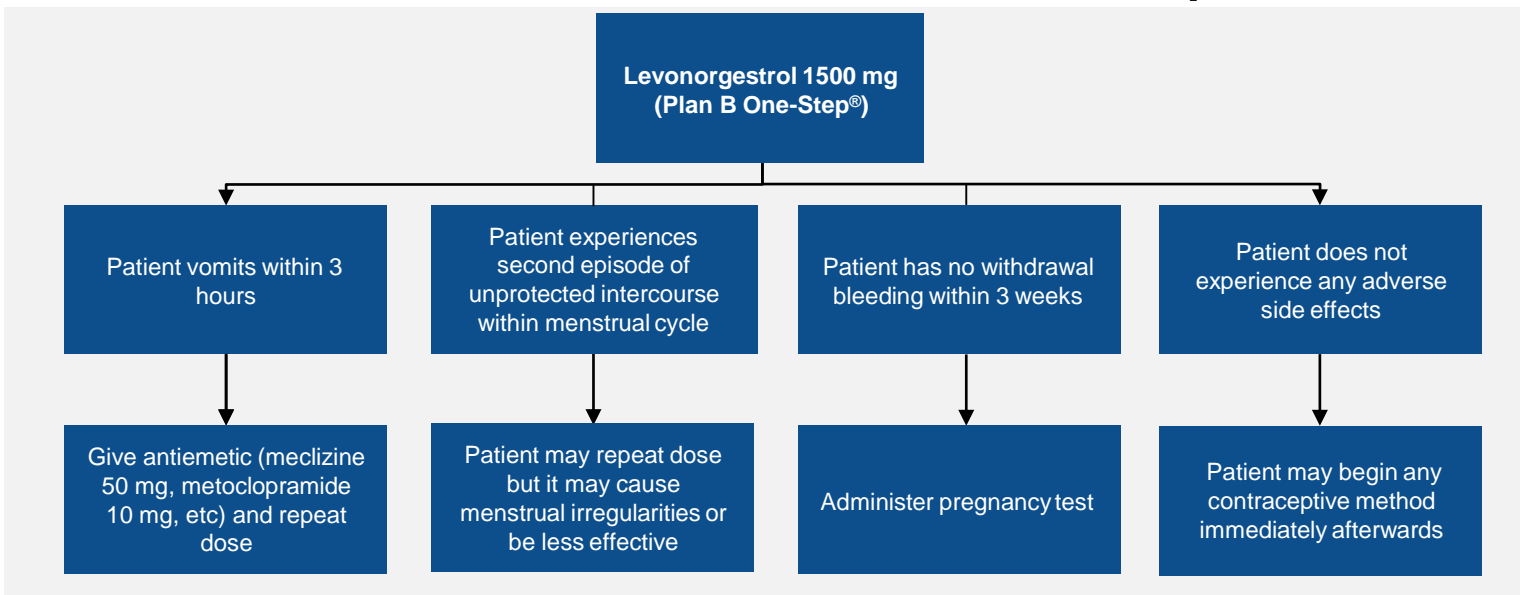
Flow Chart to Aid Emergency Contraception (EC) Decision-Making Process Clinical Provider Resources



Potential Outcomes for ella[®]



Potential Outcomes for Plan B One-Step[®]

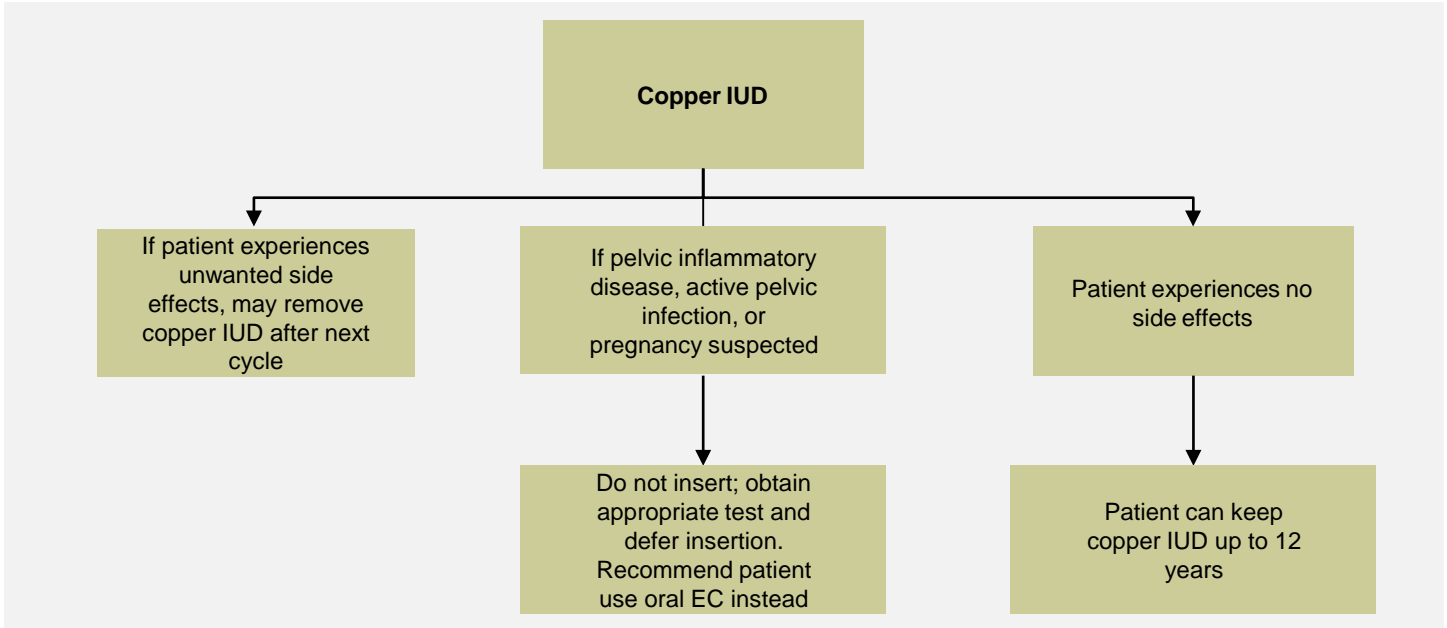




Flow Chart to Aid Emergency Contraception (EC) Decision-Making Process Clinical Provider Resources

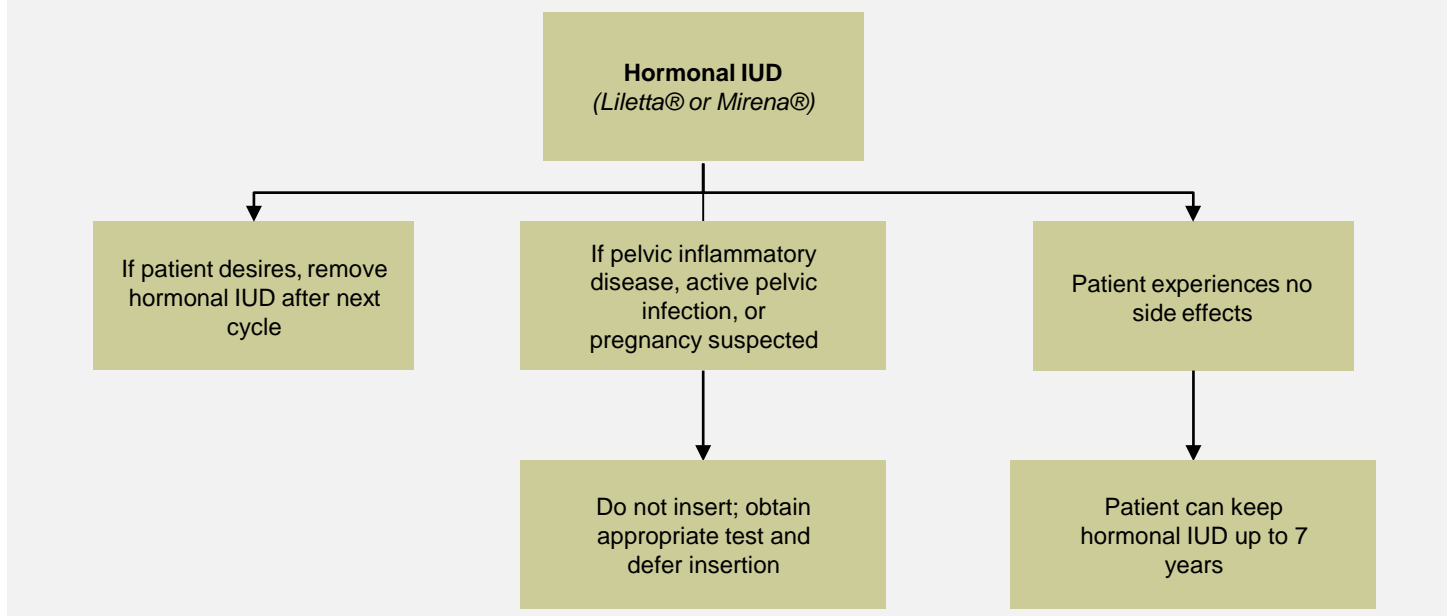


Potential Outcomes for Paragard®



Potential Outcomes for Liletta® and Mirena®

Clinical research demonstrates that levonorgestrel-releasing 52 mg intrauterine devices (Liletta® and Mirena®) are a safe and effective choice for emergency contraception. Using Liletta® or Mirena® as emergency contraception provides protection against pregnancy beyond a one-time use, for up to seven years. In addition, some people prefer a hormonal IUD over the copper IUD (Paragard®) because it can reduce menstrual bleeding and discomfort. Patients should continue to use condoms for the first 7 days after their IUD is inserted.





Flow Chart to Aid Emergency Contraception (EC) Decision-Making Process Clinical Provider Resources



If recommended EC methods are not available and the patient desires to use their Oral Contraception Pills (OCP) as EC, the following doses are recommended:

Names of OCPs and Recommended Doses for EC Effect			
4 Pills for First and Second Dose		5 Pills for First and Second Dose	6 Pills for First and Second Dose
Altavera	Levora	Afirmelle	Amethyst
Amethia	Low-Ogestrel	Amethia Lo	
Ayuna	Marlissa Myzilra	Aubra	
Camrese	Nordette Portia	Aviane	
Chateal	Quasense	CamreseLo	
Cryselle	Seasonale	Falmina	
Elinest	Seasonique	Lessina	
Enpresse	Setlakin Triphasil	LoSeasonique	
Introvale	Trivora	Lutera	
Jolessa		Orsythia	
Kurvelo		Sronyx	
Levonest		Vienna	

Important Notes:

1. Second dose of OCP should be taken 12 hours after the first dose
2. If using high dose OCPs for EC, it is recommended to provide an anti-emetic to take with the OCPs as nausea/vomiting is common with these regimens



EC Methods Quick Reference Guide



IUD Name	Additional Details
Copper IUD (Paragard®)	<ul style="list-style-type: none">Offers an immediate contraceptive effect.Failure rate of approximately of 1 in 2000 or 0.0005%.The patient's next period should be on-time. If not, conduct a pregnancy test.Offer STI screening if patient reports exposure, if active infection is suspected or if no test within the last 12 months.May be used up to 5 days after unprotected intercourseThis method requires an appointment with a credentialed provider.
Hormonal IUD (Liletta® and Mirena®)	<ul style="list-style-type: none">Clinical research demonstrates that levonorgestrel-releasing 52 mg intrauterine devices (Liletta® and Mirena®) are a safe and effective choice for emergency contraception.Using Liletta® or Mirena® as emergency contraception provides protection against pregnancy beyond a one-time use, for up to seven years.Some people prefer a hormonal IUD over the copper IUD (Paragard®) because it can reduce menstrual bleeding and discomfort. Patients should continue to use condoms for the first 7 days after their IUD is inserted.Please note that Kyleena® and Skyla® have not been researched for use as emergency contraception.
ella®	<ul style="list-style-type: none">Patients can receive levonorgestrel-releasing IUD at the same time as receiving ella®. However, there is evidence to support Liletta® and Mirena® are effective forms of emergency contraception; therefore, administering ella® at the same time as insertion of these IUDs would be redundant and unnecessary. If receiving Kyleena® or Skyla® at the same time as ella®, counsel patient it may reduce efficacy of ella®.It is recommended that either NEXPLANON® or medroxyprogesterone be delayed until 5 days after taking ella®.Patients must use condoms or abstain for 14 days while starting new contraception.Patients should take pregnancy test 3 weeks from incident of unprotected sex.Offer STI screening to all patients. Consider treatment with antibiotics if patient's STI status is unknown.ella® can be used for up to 5 days after UPIPreferred method of oral EC for women with BMI > 26
Levonorgestrel (Plan B One-Step® or Next Choice®)	<ul style="list-style-type: none">Conducive to immediately starting another form of contraception.Patients should take pregnancy test 3 weeks from incident of unprotected sex.The patient's next period should be on-time. if not, conduct a pregnancy test.Offer STI screening to all patients. Consider treatment with antibiotics if patient's STI status is unknown.Core formulary located at each MTF. Patients may receive Plan B® from the pharmacy without a doctor's prescription at any MTF pharmacy.May be used up to 3 days after unprotected intercourse.Plan B® is 85% effective when taken correctly.

Providers should work with patients using a shared decision-making model to determine which emergency contraceptive method they prefer, which should involve:

1. Ensuring patients understand their options and the associated risks and benefits
2. Assisting patients in evaluating their options based on their family planning goals and concerns
3. Facilitating decision making
4. Supporting patients in their decisions

ADDITIONAL RESOURCES

- **For Patients:** Additional information on contraceptive options, visit: www.bedsider.org
- **For Providers:**
 - www.bedsider.org, www.reproductiveaccess.org, www.cdc.gov
- **For MTF-Specific Resources:** Full scope contraceptive services are available at your nearest MTF; call the MTF for specific details on hours of operation and availability of walk-in services.

Click for more information