3.11 CHC Emergency Contraceptive Pills (ECPs)
Use only when Progestin only ECPS are not available

DEFINITION

Women who have had unprotected intercourse or who have experienced a failure of their contraceptives (e.g. condom breakage) may reduce their risk of becoming pregnant by taking hormonal methods of emergency contraception (EC) with high doses of specific contraceptive hormones post coitally. The earlier EC is used, the more effective it is. Current product labeling indicates that EC should be initiated within 72 hours of exposure but more recent studies have shown efficacy if treatment initiated within 120 hours.

SUBJECTIVE

Must include:

1. History of unprotected intercourse within the last 120 hours (5 days).
2. Date of last normal menses.

OBJECTIVE

LABORATORY

Must include:

1. Negative sensitive urine pregnancy test for women with:
   - Signs or symptoms of pregnancy
   - Delayed menses
   - Any other episode of unprotected intercourse which occurred in this menstrual cycle more than 120 hours prior to presentation

ASSESSMENT

Patient who is at risk for unintended pregnancy and is candidate for hormonal EC

PLAN

1. Obtain informed consent for EC, witness and date.
2. Prescribe:

Combined OCs	1st Dose (Stat)	2nd Dose (12 hours later)
Cryselle	4 white pills	4 white pills
Levora	4 while pills	4 white pills
Lo Ovral	4 white pills	4 white pills
Low-Ogestrol	4 white pills	4 white pills
Levlen	4 light-orange pills	4 light-orange pills
Nordette	4 light-orange pills	4 light-orange pills
Portia	4 pink pills	4 pink pills
Seasonale	4 pink pills	4 pink pills
Trivora	4 pink pills	4 pink pills
Tri-Levlen	4 yellow pills	4 yellow pills
Triphasil	4 yellow pills	4 yellow pills
Enpresse	4 orange pills	4 orange pills
Alesse	5 pink pills	5 pink pills
Lessina	5 pink pills	5 pink pills
Levlite	5 pink pills	5 pink pills
Aviane	5 orange pills	5 orange pills

3. If patient vomits within 1 hour of taking first dose of ECPs and pills are

PLAN (CONT)

seen in emesis, patient should take additional dose of ECPs immediately (thus replacing vomited ECPs). If patient vomits second dose of ECPs, advise her to call clinic (nausea is usually side effect of absorbed estrogen).

4. Prescribe antiemetic (OTC or Rx as determined locally).
5. Return to clinic for pregnancy test if no normal menses within 3-4 weeks of taking ECPs.
6. Discuss and develop future contraceptive plans with patient.
7. Re-evaluate contraceptive method with frequent patient requests for EC.

CLIENT EDUCATION

1. Counsel patient as to the use, risks, benefits, side effects and effectiveness of EC and provide instructions for use.
2. Advise patient that EC will not work if she is already pregnant.
3. Reinforce concept that hormonal EC is for emergency use only and should **not** be considered a primary method of contraception.
4. Advise patient to take medication with food and liquid to reduce nausea.
5. Provide emergency contact information.