

3.12 CHC & Progestin only Emergency Contraceptive Pills (ECPS) by Phone

To provide ECPs by phone when the client is unable to be seen in the clinic the following criteria must be fulfilled:

- 1) The client is an established Title X family planning client.
- 2) The ECP protocol 4.4 (p. 4.4-1) is adhered to with the following adaptations made for telephone contact:
 - a. Subjective information is obtained by telephone per protocol and documented.
 - b. Pregnancy test is obtained when appropriate. A pregnancy test may be performed by the patient and results phoned to the clinic and documented.
 - c. Assessment and Plan are documented per protocol.
 - d. Patient Education per protocol is performed and documented with the following adaptations:

Review the consent form with the client and obtain a verbal consent and document signature of staff who obtained verbal consent.

Review patient instructions per phone with documented signature of staff who reviewed patient instructions.

Optional: If possible, fax the consent form and instruction sheet to the patient, and have the patient return by fax the consent form with her signature.

- 3) The name and location of the pharmacy to which the prescription is called are documented in the chart.

* A sample form for implementing the ECP phone protocol is included on p.3.12-2. A consent form is required in addition to this form.

Agency Name, Address, Telephone Number

Provision of Emergency Contraceptive Pills by Phone

Client Name _____ DOB _____ Date _____ Ph. # _____

History:

1. When was the first day of your last menstrual period? Date _____
2. Did that period come on time? Yes _____ No _____
Was it the usual number of days and the usual amount of bleeding?
Yes _____ No _____
3. Have you had unprotected sex (intercourse) during the last 120 hours (5 days)?
Yes _____ No _____ Date(s): _____ Time(s) _____
4. Have you had any other unprotected sex (intercourse) since your last normal menstrual period? Yes _____ No _____ If yes, when _____
5. Are you sick to your stomach, really tired, or do you have sore/tender breasts?
Yes _____ No _____ If yes, specify _____
6. Is pregnancy test indicated? Yes _____ No _____ If yes, result _____

Education/Counseling:

Consent form was (check one):

- _____ reviewed in detail over the phone and client informed that her consent would be recorded in her chart. Performed by _____
- _____ faxed to patient and faxed back to clinic with the patient=s signature and signature of staff obtaining consent.

Instruction sheet was (check one):

- _____ reviewed in detail over the phone and client informed that this review would be documented in her chart. Performed by _____
- _____ faxed to the patient. Performed by _____

Plan:

Prescription(s)

Name of Pharmacy called _____ Location _____
Return to clinic for pregnancy test if no normal menses within 3-4 weeks
Plans for Future Contraception _____
Other _____

Clinician Signature/Title _____ **Date** _____