

4.1 Progestin Only Contraceptives - DMPA - Initial

SUBJECTIVE	<p><u>Must Include:</u></p> <ol style="list-style-type: none"> 1. Comprehensive health history according to Title X Guidelines. 2. Comprehensive health history should identify precautions for the use of progestin only contraceptives (U.S. Medical Eligibility Criteria for Contraceptive Use, 2010 - Appendix A)
OBJECTIVE	<p><u>Must include:</u></p> <ol style="list-style-type: none"> 1. Blood pressure. 2. Height/Weight/BMI. 3. Physical examination as required by Title X.
LABORATORY	<p><u>Must include:</u></p> <p>Pap test according to Title X guidelines.</p> <p><u>May include:</u></p> <ol style="list-style-type: none"> 1. Hgb/Hct-prn per protocol.
ASSESSMENT	Candidate for Contraceptive Injection
PLAN	<ol style="list-style-type: none"> 1. Provide information sheet and manufacturer's insert for DMPA 1. Give DMPA according to procedure and flow sheet for initiation injection 2. Consult with physician as appropriate.
PROCEDURE	DMPA injection 150mg/1mL. Shake vial vigorously prior to use. Give a deep IM injection in the upper outer quadrant of the buttocks or in the deltoid, using a 21-23 gauge needle. Do NOT massage the area.
OR	
	DMPA Injection 104mg/0.65m l pre-filled syringe (shake pre-filled syringe vigorously prior to use). Give injection subcutaneously into the anterior thigh or abdomen. Insert needle at a 45 degree angle, using a 26 gauge x 3/8 inch needle. Do NOT massage the area.
TIME	See flow sheet initial injection or late injection (p. 4.2-3)
CLIENT EDUCATION	<ol style="list-style-type: none"> 1. Provide written information specific to DMPA including use, effectiveness, benefits, risks, and danger signs as documented in the FDA approved manufacturer's package inserts. 2. Provide information regarding sexually transmitted infections (STIs), including counseling that DMPA offers no protection against STIs. 3. Instruct clients about: the danger signs and symptoms that need to be reported to the clinic, the 11-13 week timing of injections and the need for back-up method. 4. Advise as to discontinuation of method and use of other/backup method. 5. Educate clients on daily exercise as well as daily intake of 700-1300 mg calcium carbonate plus 600 IU vitamin D. 6. Advise patient baseline fertility may be delayed upon discontinuation – average is 10 months after last injection. 7. If patient experiences BTB, advise Ibuprofen 800 mg TID for 5 days or provide one cycle of monophasic combined hormonal oral contraceptive. 8. Advise patient to get weight bearing and muscle strengthening exercises at least 3 times per week (preferably 20 minutes daily). 9. Discuss the potential issues of weight changes associated with DMPA.
CONSULT/REFER TO PHYSICIAN	Patients evaluated as category 3 according to the U.S. Medical Eligibility Criteria for Contraceptive Use, 2010. (Appendix A)