

<<Clinic Name>>
Emergency Contraceptive Standing Order

Who can implement standing order:

Registered Nurses who have been approved by the Medical Director and have the required orientation and training.

The order: Approved staff may dispense prepackaged emergency contraceptives according to state pharmacy rules and regulations:

Levonorgestrel 0.75 mg _____ tabs p.o. OR Ulipristal acetate 30 mg tab p.o.

Client population served:

For women who

1. Had unprotected or underprotected intercourse in the last 120 hours (5 days).

Approved Staff Will:

1. Refer to Montana Title X Family Planning Clinical Protocol Manual, Policy 4.3 *Emergency Contraceptives*.
2. Document the LMP and date of last unprotected or underprotected intercourse.
3. Perform a pregnancy test if the client reports other acts of intercourse since her LMP.
4. Counsel clients on the mechanisms of emergency contraception – that it inhibits ovulation and is not an abortifacient.
5. Counsel clients that emergency contraception can be used up to 120 hours (5 days) past unprotected or underprotected intercourse but taking it sooner is better.
6. Advise clients that emergency contraception is not meant to be used as a contraceptive method.
7. Counsel and start clients on their desired method of birth control. Review the appropriate Method Specific Client Information Sheet for the desired birth control method with the client if applicable.
8. Advise client if no menses within 3 weeks (21 days) of taking ECPs, a pregnancy test should be done.
9. Review the method specific client information sheet – INFORMATION FOR EMERGENCY CONTRACEPTIVE PILLS (ECPs) with the client. Document in client’s chart method specific client information sheet was provided.
10. Assure client has verbalized clear understanding of all information and counseling provided. Document understanding in her medical record.
11. Document dispensing in appropriate inventory log and in client record.

Medical Director (signature)

Date

The chart will be reviewed and co-signed by the Medical Director, or by other health care provider(s) with prescriptive authority, within 2 weeks of the date of implementation of the standing order.

This standing order is in effect until it is replaced by a new standing order covering the same subject matter.

The following RNs have read and agree to comply with the above standing order and have been approved by the Medical Director.

| Name & Title (Print) | Signature | Date |
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<<Clinic Name>>

Depot Medroxyprogesterone Acetate Standing Order

Who can implement standing order:

Registered Nurses who have been approved by the Medical Director and have the required orientation and training.

The order: Approved staff may administer Medroxyprogesterone Acetate according to state pharmacy rules and regulations:

Medroxyprogesterone Acetate 150 mg IM OR Medroxyprogesterone Acetate 104 mg SQ
Brand name: Depo Provera (DMPA)

Client population served:

For women who

1. Who do not require a physical examination per the Montana Title X Family Planning Clinical Protocol Manual.
2. Meet the U.S. Medical Eligibility Criteria for Contraceptive Use category 1 (no restriction) or category 2 (advantages generally outweigh theoretical or proven risks) as indicated in the Montana Title X Family Planning Clinical Protocol Manual.
3. Are initially starting DMPA.

Approved Staff Will:

1. Review the comprehensive medical history for any contraindications to DMPA use.
2. Not dispense DMPA if Category 3 or Category 4 contraceptive method according to the U.S. Medical Eligibility Criteria for Contraceptive Use.
3. Refer to Montana Title X Family Planning Clinical Protocol Manual, Policy 4.1 *Depo Provera*.
4. Review any abnormal findings prior to dispensing and report them to appropriate provider.
5. Review the Method Specific Client Information Sheet – INFORMATION FOR DEPO-PROVERA with the client. Document in client's chart method specific client information sheet was provided.
6. Assure client has verbalized clear understanding of all information and counseling provided. Document understanding in her medical record.
7. Document administration in appropriate inventory log and in client record.
8. If client has not had unprotected intercourse (UPI) after the first day of last menses, may start DMPA.
9. If client has had UPI, do a pregnancy test:
 - a. If test is negative, give DMPA.
 - i. If UPI \leq 5 days ago, offer Plan B.
 - ii. If UPI $>$ 5 days ago, advise negative pregnancy test is not conclusive. Use clinical judgment about starting DMPA (See Quick Start Protocol in the Montana Title X Family Planning Clinical Protocol Manual).
 - b. If test is positive, refer for options counseling.

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Medical Director (signature)

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SAMPLE

<<Clinic Name>>
Transdermal Patch Standing Order

Who can implement standing order:

Registered Nurses who have been approved by the Medical Director and have the required orientation and training.

The order: Approved staff may dispense prepackaged hormonal contraceptives according to state pharmacy rules and regulations:

Norelgestromin 150 mcg/Ethinyl Estradiol 20 mcg transdermal patch sig: Apply patch once weekly for 3 weeks, then 1 patch-free week x _____ cycles

Brand Name: Ortho Evra, Xulane

Client population served:

For women who

1. Who do not require a physical examination per the Montana Title X Family Planning Clinical Protocol Manual.
2. Meet the “U.S. Medical Eligibility Criteria for Contraceptive Use” category 1 (no restriction) or category 2 (advantages generally outweigh theoretical or proven risks) as indicated in the Montana Title X Family Planning Clinical Protocol Manual.
3. Are initially starting CHC transdermal patch.

Approved Staff Will:

1. Review the comprehensive medical history for any contraindications to CHC use.
2. Not dispense the patch if Category 3 or Category 4 contraceptive method according to the U.S. Medical Eligibility Criteria for Contraceptive Use.
3. Refer to Montana Title X Family Planning Clinical Protocol Manual, Policy 3.0 *Combined Hormonal Contraceptives*.
4. Review any abnormal findings prior to dispensing and report them to appropriate provider.
5. Review the Method Specific Client Information Sheet – INFORMATION FOR CONTRACEPTIVE TRANSDERMAL PATCH with the client. Document in client’s chart method specific client information sheet was provided.
6. Assure client has verbalized clear understanding of all information and counseling provided. Document understanding in her medical record.
7. Document administration in appropriate inventory log and in client record.
8. If client has not had unprotected intercourse (UPI) after the first day of last menses, may start CHC.
9. If client has had UPI, do a pregnancy test:
 - a. If test is negative, give CHC.
 - i. If UPI \leq 5 days ago, offer Plan B.
 - ii. If UPI $>$ 5 days ago, advise negative pregnancy test is not conclusive. Use clinical judgment about starting CHC (See Quick Start Protocol in the Montana Title X Family Planning Clinical Protocol Manual).
 - b. If test is positive, refer for options counseling.

Medical Director (signature)

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SAMPLE

<<Clinic Name>>

Oral Combined Hormonal Contraceptives (CHC) Standing Order

Who can implement standing order:

Registered Nurses who have been approved by the Medical Director and have the required orientation and training.

The order: Approved staff may dispense prepackaged hormonal contraceptives according to state pharmacy rules and regulations:

Levonorgestrel 0.15 mg/Ethinyl Estradiol 30 mcg 1 pill by mouth daily x _____cycles
Brand names: Levlen, Nordette, Levora, Portia, Seasonale, Seasonique

Client population served:

For women who

1. Who do not require a physical examination per the Montana Title X Family Planning Clinical Protocol Manual.
2. Meet the “U.S. Medical Eligibility Criteria for Contraceptive Use” category 1 (no restriction) or category 2 (advantages generally outweigh theoretical or proven risks) as indicated in the Montana Title X Family Planning Clinical Protocol Manual.
3. Are initially starting oral CHCs.

Approved Staff Will:

1. Review the comprehensive medical history for any contraindications to CHC use.
2. Not dispense oral CHC if Category 3 or Category 4 contraceptive method according to the U.S. Medical Eligibility Criteria for Contraceptive Use.
3. Refer to Montana Title X Family Planning Clinical Protocol Manual, Policy 3.0 *Combined Hormonal Contraceptives*.
4. Review any abnormal findings prior to dispensing and report them to appropriate provider.
5. Review the Method Specific Client Information Sheet – INFORMATION FOR COMBINED ORAL CONTRACEPTIVE with the client. Document in client’s chart method specific client information sheet was provided.
6. Assure client has verbalized clear understanding of all information and counseling provided. Document understanding in her medical record.
7. Document administration in appropriate inventory log and in client record.
8. If client has not had unprotected intercourse (UPI) after the first day of last menses, may start CHC.
9. If client has had UPI, do a pregnancy test:
 - a. If test is negative, give CHC.
 - i. If UPI \leq 5 days ago, offer Plan B.
 - ii. If UPI $>$ 5 days ago, advise negative pregnancy test is not conclusive. Use clinical judgment about starting CHC (See Quick Start Protocol in the Montana Title X Family Planning Clinical Protocol Manual).
 - b. If test is positive, refer for options counseling.

Medical Director (signature)

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SAMPLE

<<Clinic Name>>

Standing Orders for Laboratory Testing for Chlamydia and Gonorrhea

Who can implement standing order:

Registered Nurses who have been approved by the Medical Director and have the required orientation and training.

Client Eligibility:

The following clients are recommended by the Centers for Disease Control and Prevention (CDC) to be screened asymptotically for chlamydia and gonorrhea:

- Annual chlamydia screening of all sexually active women younger than 25 years, as well as older women with risk factors (e.g., those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection).
- Annual gonorrhea screening for all sexually active women younger than 25 years, as well as older women with risk factors (e.g., those who have a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection).
- Screening at least once a year at sites of contact (urethra, rectum, pharynx) regardless of condom use for chlamydia, and gonorrhea for **all sexually active gay, bisexual, and other men who have sex with men (MSM)**. MSM who have multiple or anonymous partners should be screened more frequently for STDs (e.g., at 3-to-6 month intervals).

All clients eligible for testing must provide consent for services. Consent is to be documented in the client's medical record.

Client Exclusion:

- If ANY signs or symptoms of genital/pelvic infection, must refer to healthcare provider.

Client Education:

Clients must be educated on the following:

1. How STI testing is performed (i.e. specimen collection, testing processes, expected time to results, how results are reported to the client).
2. What the expectation and timeline is to return for treatment if result is positive.
3. To abstain from all sexual activity until test results are complete.
4. Safe sex education on how to prevent future STI infections (i.e. condom use, abstinence, monogamous partners who know STI status).
5. Signs and symptoms of infection. Clients must be informed that if any signs or symptoms present of genital/pelvic infection post evaluation, they must seek care of a healthcare provider.

Nursing Action:

1. Clients must be assessed for symptoms indicative of an infection or serious medical problem. All clients who present symptomatically will be referred for examination by a clinician. This may include referral to urgent care/emergency department for severe symptoms if no clinician is available on site.
2. Sexual history to include the 5 P's (as stated in the CDC MMWR STD Treatment Guidelines, 2015): types of sexual partners, types of sexual practices, how are they preventing pregnancy, how are they protecting themselves from STD's, and past history of STD's).
3. Based on the client's sexual practices, below are the recommended sites for specimen collection. These may include one or all sites:
 - a. For receptive vaginal sex – Self-collected Vaginal swab
 - b. For insertive or receptive vaginal sex or insertive rectal sex – Urine
 - c. For receptive oral sex – Oropharynx
 - d. For receptive rectal sex – Self-collected Rectal swabClients who are to self-collect specimens will be educated on how to perform the specimen collection and may be provided an illustrated guide on the appropriate technique.
4. The Registered Nurse may provide testing or instruction on specimen collection for one or more of the following laboratory tests:
 - a. Gonorrhea and Chlamydia testing by urine

- b. Gonorrhea and Chlamydia testing by oropharyngeal swab
- c. Gonorrhea and Chlamydia testing by self-collection rectal or vaginal swab

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SAMPLE

<<Clinic Name>>

Standing Orders for the treatment of Chlamydia

Who can implement standing order:

Registered Nurses who have been approved by the Medical Director and have the required orientation and training.

The order: Approved staff may dispense prepackaged medication according to state pharmacy rules and regulations:

Azithromycin 1 gram orally in a single dose (this medication can be taken with or without food).

Client Eligibility:

1. Indicated for clients with a positive test for chlamydia (*C.trachomatis*), or
2. Recent exposure (within 60 days) to a known positive case of chlamydia
 - a. Client provides the name of sexual partner and the Registered Nurse verifies diagnosis of the named sexual partner with MT DPHHS or local public health department, or by calling the medical provider of the sexual partner.
3. No allergies to medications

Client Exclusion:

1. If ANY allergies to medications, must call healthcare provider to receive a verbal or written order for treatment.
2. If ANY signs or symptoms of genital/pelvic infection, must refer to healthcare provider.
3. If client is pregnant or breastfeeding, must refer to healthcare provider.

Approved Staff Will:

1. Review the comprehensive medical history for any contraindications.
2. Review any abnormal findings prior to dispensing and report them to appropriate provider.
3. Refer to Montana Title X Family Planning Clinical Protocol Manual, Policy 10.4 *Chlamydia*.
4. Observe the client taking this medication (cannot be sent home for later use).
5. Provide and review with the client information on Chlamydia.
6. Provide education on prevention of future STIs and risks of untreated STIs.
7. Provide instructions on the medication (to include benefits, risks, side effects, warning signs).
8. Instruct client to **abstain from sexual activity for seven days after treatment and for seven days after all sex partners have completed their treatment.**
9. Provide client with condoms for correct and consistent use post treatment.
10. Obtain names of all sexual contacts from the last sixty days and report to MT DPHHS or local public health department.
11. Document administration in appropriate inventory log and in client record.
12. Retest 3 months after treatment. If retesting at 3 months is not possible, the client should be retested whenever they present for medical care in the 12-month period following initial treatment.

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SAMPLE

<<Clinic Name>>

Standing Orders for the treatment of Gonorrhea

Who can implement standing order:

Registered Nurses who have been approved by the Medical Director and have the required orientation and training.

The order: Approved staff may dispense prepackaged medication according to state pharmacy rules and regulations:

Ceftriaxone 250 mg IM in a single dose PLUS Azithromycin 1 gram orally in a single dose
(This medication can be taken with or without food)

Client Eligibility:

1. Indicated for clients with a positive test for gonorrhea (*N. gonorrhoeae*), or
2. Recent exposure (within 60 days) to a known positive case of gonorrhea
 - a. Client provides the name of sexual partner and the Registered Nurse verifies diagnosis of the named sexual partner with MT DPHHS or local public health department, or by calling the medical provider of the sexual partner
3. No allergies to medications

Client Exclusion:

1. If ANY allergies to medications, must call healthcare provider to receive a verbal or written order for treatment.
2. If ANY signs or symptoms of genital/pelvic infection, must refer to healthcare provider.
3. If client is pregnant or breastfeeding, must refer to healthcare provider.

Approved Staff Will:

1. Review the comprehensive medical history for any contraindications.
2. Review any abnormal findings prior to dispensing and report them to appropriate provider.
3. Refer to Montana Title X Family Planning Clinical Protocol Manual, Policy 10.6 *Gonococcal Infection*.
4. Observe the client taking this medication (cannot be sent home for later use).
5. Provide and review with the client information on gonorrhea.
6. Provide education on prevention of future STIs and risks of untreated STIs.
7. Provide instructions on the medication (to include benefits, risks, side effects, warning signs).
8. Instruct client to **abstain from sexual activity for seven days after treatment and for seven days after all sex partners have completed their treatment.**
9. Provide client with condoms for correct and consistent use post treatment.
10. Obtain names of all sexual contacts from the last sixty days and report to MT DPHHS or local public health department.
11. Document administration in appropriate inventory log and in client record.
12. Return for test of cure 14 days after treatment if positive for **pharyngeal** gonorrhea.
13. Retest 3 months after treatment. If retesting at 3 months is not possible, the client should be retested whenever they present for medical care in the 12-month period following initial treatment.

Medical Director (signature)

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