ASSESSMENT

**Indications**
Assess for ECP indications:
- ECP is indicated for known or suspected unprotected or inadequately protected sex, which may include:
  - Sexual assault
  - Failure to use a contraceptive method
  - Condom breakage, leakage, or slippage
  - Missed or late hormonal contraceptives
  - Late Depo-Provera re-injection
  - Ejaculation on external genitalia
- ECP is also indicated to have on hand in advance of unprotected or inadequately protected intercourse.

**Informed Consent**
Assess client’s ability to provide consent for progestin-only ECP (in person or by telephone).
- Informed consent includes discussion about:
  - Risks, benefits, side effects of method
  - Advantages and disadvantages of method
  - Contraindications
  - Meets indications for ECP use
  - Opportunity for client to ask questions
  - Client demonstrates competency to consent.
    - Clients under 19 years of age demonstrate competency as per the Infant’s Act.

**Health History**
- Assess for current contraceptive use.
- Assess for pregnancy - determine date of last normal menstrual period (LNMP) and or other signs and symptoms of pregnancy (fatigue, breast tenderness, nausea)
  - ECP is not indicated in known or suspected pregnancy; however there is no known harm to the woman, the course of her pregnancy,
or the fetus if ECPs are accidentally used. (Hatcher et al, 2011, p.129; Dunn & Guilbert, 2003, p. 4).

- Assess need for STI/HIV screening

**Sexual Health History**
- Assess date and time of most recent unprotected intercourse – progestin-only ECP must be taken within 120 hours (5 days) of indicated incident for method to have an effect (see special considerations).
- Assess for unprotected intercourse prior to most recent and since LNMP that may result in pregnancy

**Medication History**
- Assess for liver enzyme inducing medications (such as anticonvulsants or medications used for tuberculosis).
  - Liver enzyme inducing medications (such as Rifampin and Phenytoin) theoretically may reduce the effectiveness of ECP. “There are incomplete data regarding interactions of these medications with levonorgestrel, but available information suggests that there is increased clearance of the drug, and a reasonable course would be to double the dose of levonorgestrel in the presence of liver enzyme-inducing drugs.” (CPS, 2003, p. 3). The Canadian Pediatric Society recommends that these clients receive double the dose of Plan B. Due to the lack of current evidence, in these cases, the RN will provide the standard dose of progestin-only ECP and then will consult or refer to a Primary Health Care Provider or specialist for further instructions. (Canadian Contraception Consensus, 2004, JOGC p. 15; Hatcher et al, 2011 page 130)
- Assess for any reactions to previous ECP use, such as anaphylaxis

**Allergies**
- Assess for contraindications or allergies to progestin-only ECP components
- Do not provide progestin-only ECP if client has an anaphylactic allergy to any component of ECP. Consult or refer to primary health care provider for immediate advice.

**Physical Assessment**
- Perform or recommend urine pregnancy test only if indicated
  - A urine pregnancy test is not routinely required for provision of progestin-only ECP. A urine pregnancy test is recommended if the client has had a previous episode of unprotected or inadequately protected intercourse more than 120 hours (5 days) ago and since
her last normal menstrual period (Hatcher et al, 2011, p. 129; Zieman et al, 2007, p. 77). ¹
- If pregnancy test is done and is positive do not give ECP. Provide follow-up or refer to health care provider for pregnancy options counselling.
- Refer for or provide contraception as appropriate and within scope of practice.
- Perform or recommend STI testing
  - Refer for or provide STI/HIV testing as appropriate and within scope of practice.

CONSIDERATIONS, PRECAUTIONS AND CONTRAINDICATIONS

Considerations
- Progestin-only ECP should be provided to any woman requesting emergency contraception.
- It is appropriate to provide progestin-only ECP to clients in advance of need (Hatcher et al, 2011, p 116; SOGC, 2004, p. 156).
- Progestin-only ECP demonstrates greater efficacy and less side effects than estrogen-progestin ECP and should be offered as the treatment of choice for ECP (Hatcher et al, 2011, p. 113).
- ECP are not abortifacients and work prior to implantation (Dunn & Guilbert, 2003, p. 2).
- There are two brand name ECP medications currently available for use in Canada - Plan B™ and Norlevo™. Both are levonorgestrel-only ECP.
- ECP can be given up to 120 hours (5 days) post unprotected intercourse. ECP is most effective in the first 24-72 hours after unprotected intercourse; clients should be advised that although there is a decline in efficacy ECP remains moderately effective between 72 and 120 hours (Hatcher et al, 2011, p. 124; Trussell and Raymond, 2008, p. 4).
- If a client presents greater than 120 hours and up to 7 days post unprotected intercourse, they may be referred to another health care provider for assessment/consideration of use of a copper IUD depending on local availability (ref. SOGC, 2004, p. 249).
- Providing ECP is an opportunity to initiate discussions with clients about ongoing contraception needs and STI testing.

¹ Clinical Practice Guidance when Pregnancy Testing is Not Immediately Available: If immediate pregnancy testing is unavailable or if pregnancy cannot be ruled out, provide progestin-only ECP and recommend pregnancy testing. Provide pregnancy testing options/resources. Discuss the possibility of pregnancy with the client and the risks of a delayed diagnosis of pregnancy which may limit options and delay prenatal care. Advise pregnancy testing if the client does not have a period in 3 weeks after ECP or in 3 weeks if Depo Provera is given concurrently with ECP.
Precautions
A number of general precautions are to be assessed as well as specific precautions for progestin-only emergency contraceptive pills.

- Timing of administration is important for effective contraception
- Expense and accessibility
- No protection from STIs
- Discuss use of back-up method(s)

Relative and Absolute Contraindications
At this time, other than known pregnancy, there are no relative or absolute contraindications to levonorgestrel only ECP as per U.S. Medical Eligibility Criteria, 2010.

CLIENT EDUCATION

The following information may be provided in verbal or written form according to the client needs:

- How progestin-only ECP works to prevent pregnancy and that there still is a chance of pregnancy occurring (not 100% effective).
  - ECP is not an abortifacient (Hatcher et al, 2011, p. 121). There is no known harm to the woman, the course of her pregnancy, or the fetus if progestin-only ECP is used accidentally by a woman who is currently pregnant. (Hatcher et al, 2011, p.121; Dunn & Guilbert, 2003, p. 4).
- Drug efficacy.
  - “…ECP is more effective than doing nothing.” (Hatcher et al, 2011, p. 124).
  - ECP is most effective when taken within 24 hours of unprotected intercourse.
  - Efficacy decreases with time.
  - Estimates of efficacy of ECP are varied and dependent upon many factors including when in the cycle the woman has unprotected intercourse, how many acts of intercourse occurred and how quickly she takes the progestin-only ECP (Hatcher et al, 2011, p.124; Novikova, 2007).
  - Progestin-Only ECP can reduce the chance that pregnancy will happen after a single act of intercourse by between 75-99% percent (Association of Reproductive Health Professionals, 2008). It is approximately 95% effective within 24 hours, 85% effective within 25 to 48 hours and 58% effective between 49 and 72 hours. (avg 79% effective). (Canadian Contraception Consensus, 2004).

- How to take the medication.
- Progestin-only ECP will not prevent pregnancy from future acts of intercourse.
- Recognize and take appropriate action for side effects.

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- if vomiting occurs within 1 hour, progestin-only ECP may be ineffective and dose should be repeated.
- Discuss STI testing as appropriate.
- Discuss ongoing and or future contraceptive needs.
  - Instruct client on starting or continuing hormonal contraception after taking ECP if appropriate.
    - Can begin contraception immediately and or continue the same day or the day after she takes the ECP. There is no need to wait for her next monthly bleeding.
    - Recommend seven days use of a backup method.
    - The following are general instructions for starting and or continuing contraception. Exceptions will occur and clinical judgment should always be applied on a case by case basis and consultation or referral may be necessary:
      - **Oral Contraceptives (CHC or POHC):** new users should begin a new pill package the next day. A continuing user who needed ECP due to error can resume use as before. If the client has already taken her pill that day, she can continue on her normal schedule (Hatcher et al, 2011, p.134; Zieman et al, 2007, P 77)
      - **Patch:** all users should begin a new patch the next day. (Hatcher et al, 2011, p.134)
      - **Ring:** new users should begin a new ring the next day. A continuing user who needed ECP due to error can resume use as before. (Hatcher et al, 2011, p. 134; Zieman et al, 2007, p. 78)
      - **Depo-Provera:** injections can begin immediately, have client return to a clinic in 3 weeks for pregnancy test (Hatcher et al 2011, p. 134).
- Follow-up plan – need to return to clinic or health care provider to rule out pregnancy if no menses or abnormal menses within 3 weeks of taking ECP (unless started on Depo-Provera injections as above).

**DISPENSING AND DOCUMENTATION**

**Provide 1.5 mg progestin-only (levonorgestrel) ECP (0.75 mg/tablet).**
  - Instruct and offer written information to client to take 2 tablets of 0.75 mg levonorgestrel as one dose of progestin-only ECP as soon as possible; no further pills are necessary.
  - Apply a patient specific label to the medication if client is not taking in the presence of the RN.
    - The patient specific label should include:
      - dispensing date

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- name of client
- name and quantity of medication
- directions for use (dosing interval, route)
- name or initials of provider
- address and telephone number of clinic
- expiry date and lot number (if not already on the packaging)
- Document care on the client’s record using appropriate agency form(s).
- Document ECP given to a third party after assessment of the client by phone on the client’s record and only in the record of the third party if a nurse-client relationship was established with the third party.
  - The following should be included in the documentation regarding the intended user:
    - Date
    - Client’s name (intended user)
    - The relationship of the person for who the medication was given to (if different from above)
    - ECP health assessment data (as per above)
    - Client education provided (as per above)
    - Name of medication
    - Dosing regime (medication quantity and directions for use)

FOLLOW-UP

Client Needs Assessment
Routine follow-up after progestin-only ECP administration is not required.
- Follow-up is indicated if there has not been a normal menstrual period within 3 weeks of taking ECP, there is a suspected pregnancy, or the client has other concerns (Hatcher, et al, 2011, p.135)
  - Assess menstrual history
  - Assess client’s experience with ECP
  - Pregnancy test is indicated if no or abnormal menses since taking ECP
  - If pregnancy test is positive provide or refer to appropriate health care provider for pregnancy options counselling or follow-up
  - Assess need for ongoing contraception and provide or refer to appropriate health care provider to review contraceptive options

EXPECTED CLIENT OUTCOMES

Intended Outcomes
- Client receives safe and effective emergency contraception.
- Unintended pregnancies are prevented through the provision of emergency contraception.

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• Sexual health counseling and education is provided to enhance the client’s capacity to control her sexual health care.

**Unintended Outcomes**

• Client does not experience a therapeutic effect from ECP use (e.g. unintended pregnancy).
• Client experiences adverse effects from ECP use.

**RELATED DOCUMENTS**

U.S. Medical Eligibility Criteria for Contraceptive Use, 2010; page 50

**REFERENCES**

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ADDITIONAL INFORMATION

Decision Support Tools
Are evidence-based documents used to guide the assessment, diagnosis and treatment of specific clinical problems or conditions. When practice support tools are used to direct practice, they are used in conjunction with clinical judgment, available evidence, and following discussion with colleagues. Nurses also consider client needs and preferences when using decision support tools to make clinical decisions.

Applicability
• Registered Nurses in Opt clinics provincially who provide progestin-only Emergency Contraceptive Pills (ECP) without an order as a Registered Nurse Initiated Activity following use of DST

CRNBC Limit/Condition
• Registered Nurses who administer/dispense progestin-only ECP for the purposes of preventing a potential unplanned pregnancy need to follow the established decision support tool.

Development
• Original created by: BC Contraceptive Management RN Certification Working Group 2009
• Revised by: Contraceptive Community of Practice 2012
• Adapted for Options for Sexual Health

Note: Where there were gaps or inconsistencies in the evidence for dispensing progestin-only emergency contraceptive pills expert opinion was obtained. While every effort has been made to ensure the accuracy of the information, data or material contained in this tool, the developers assume no legal liability or responsibility for the completeness, accuracy or usefulness of any of the information.

Definitions and Abbreviations

Consult – conferring with a health care provider (physician, nurse practitioner or pharmacist) for information and direction without transferring care.

Combined Hormonal Contraception (CHC) - hormonal contraception that contains both estrogen and progestin

Emergency Contraception (EC) – refers to all methods of contraception that are used after sexual intercourse and before implantation of a fertilized egg (Dunn, S., Guilbert, E., 2003, p. 1).

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Emergency Contraceptive Pills (ECP) – hormonal methods of contraception can be used to prevent pregnancy after an unprotected or an inadequately protected act of sexual intercourse.

Intercourse – in this document intercourse refers to all forms of sexual activity including vaginal, anal and outercourse that may lead to a possible pregnancy.

Progestin-only Emergency Contraceptive Pills – ECP that only contains progestin and can be used to prevent pregnancy after an unprotected or an inadequately protected act of intercourse (Hatcher et al, 2011; International Consortium, 2004).

Progestin-only hormonal contraception (POHC) – hormonal contraception that contains only progestin and no estrogen.

Referral – transferring care to another appropriate health care provider.

STI – sexually transmitted infection.

U.S. Medical Eligibility Criteria for Contraceptive Use, 2010
CDC created U.S. Medical Eligibility Criteria for Contraceptive Use, 2010, from guidance developed by the World Health Organization (WHO) and finalized the recommendations after consultation with a group of health professionals who met in Atlanta, Georgia, during February 2009. This guidance comprises recommendations for the use of specific contraceptive methods by women and men who have certain characteristics or medical conditions. The majority of the U.S. guidance does not differ from the WHO guidance and covers >60 characteristics or medical conditions.

Categories of medical eligibility criteria for contraceptive use:
1 = A condition for which there is no restriction for the use of the contraceptive method.
2 = A condition for which the advantages of using the method generally outweigh the theoretical or proven risks.
3 = A condition for which the theoretical or proven risks usually outweigh the advantages of using the method.
4 = A condition that represents an unacceptable health risk if the contraceptive method is used.

WHO – World Health Organization.

Yuzpe Method - the use of oral contraceptive pills that contain both estrogen and progestin when used to prevent pregnancy after an unprotected or an inadequately protected act of intercourse.

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Algorithm for Client Requesting Emergency Contraception for known or suspected unprotected or inadequately protected sex since last menstrual period

Within the past 120 hours only and not more than 120 hours ago

- Does the client have any allergies to ECP?
  - Yes
    - Do not give ECP
    - Refer to appropriate HCP
  - No
    - Is the client taking anti-convulsant medications (seizure disorder) or taking medications for tuberculosis?
      - Yes
        - Do not give ECP
        - Refer to appropriate HCP
      - No
        - Provide education as per 'no'
          - Provide ECP as per below
          - Refer to HCP for further instructions

Within the past 120 hours and also more than 120 hour ago (assess for the possibility of pregnancy)

- Perform or advise urine βHCG pregnancy test if indicated
  - Positive urine βHCG pregnancy test
    - Do not give ECP
    - Refer to HCP for assessment/considerations of use of copper IUD depending on local availability.
    - Advise to have follow-up pregnancy test if period is more than 1 week late
  - Test not indicated or Negative
    - Do not give ECP
    - Provide pregnancy options counseling and/or refer to appropriate HCP

More than 120 hours ago but within the past 7 days (not eligible for progestin-only ECP)

- Do not give ECP
- Refer to HCP for assessment/considerations of use of copper IUD depending on local availability.
- Advise to have follow-up pregnancy test if period is more than 1 week late

More than 7 days ago (not eligible for ECP or IUD)

- Do not give ECP
- Assess the possibility of pregnancy.
- Perform or advise urine βHCG pregnancy test if indicated
- Counsel and/or refer to appropriate HCP

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