 **Emergency Contraception Standing Order**

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| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

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| **Standing Order Name** | Emergency Contraception |
| **Rationale** | To enable women who have had unprotected sexual intercourse and who may be at risk of pregnancy access to treatment in a timely manner. |
| **Scope (condition and patient group)** | Women older than 16 years, who have had unprotected sexual intercourse within the last 72 hours and may be at risk of unplanned pregnancy. |
| **Red Flags** | Medical consultation or advice is required if:* unprotected sexual intercourse > 72 hours ago
* last menstrual period was > 4 weeks ago or was lighter, shorter, or unusual, and a pregnancy test is negative
* on enzyme-inducing medication
* venous thromboembolism (on anticoagulants)
* current or past breast cancer
* inflammatory bowel disease
* acute intermittent porphyria
* active trophoblastic disease
* pregnancy test is positive
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| **Assessment** | When assessing a woman’s need for emergency contraception consider:* check if client has had unprotected sexual intercourse in previous 72 hrs
* the timing of all episodes of unprotected sexual intercourse in the current cycle.
* the most likely date of ovulation based on the date of the last menstrual period and the usual cycle length.
* details of potential contraceptive failure e.g., how many pills were missed and when.
* discuss possible need for sexually transmitted infection screen and cervical smear. (Smear only if age over 20 years)
* Offer self administered vaginal swab or First pass urine (FPU) for Chlamydia and Gonorrhoea screening if symptoms
* ask about the possibility of non-consenting sexual activity. Explore further if necessary.
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| **Indication** | **Emergency contraception** |
| **Medicine** | **Levonorgestrel** 1.5mg tablet |
| **Dosage instructions** | Take ONE as a single dose as soon as possible after unprotected sex, preferably within 12 hours but no later than after 72 hours |
| **Route of administration** | Oral |
| **Quantity to be given** | 1 tablet |
| **Contraindications** | Pregnancy or suspected pregnancyUndiagnosed vaginal bleeding |
| **Precautions** | * Past ectopic pregnancy
* Severe malabsorption syndromes
* Vomiting or diarrhoea
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| **Additional information** | There is some evidence that women weighing more than 70 kg experience higher failure rates after taking the emergency contraceptive pill containing levonorgestrel.If vomiting occurs within 3 hours of taking levonorgestrel, a replacement dose should be advised (seek advice from medical or nurse practitioner)All women should be informed of the risk of treatment failure at the time of consultation.When prescribing or supplying hormonal emergency contraception, women should be advised:* that their next period may be early or late;
* that a barrier method of contraception needs to be used until the next period;
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| **Follow-up** | Seek medical attention promptly if any lower abdominal pain occurs because this could signify an ectopic pregnancy.To return in 3 to 4 weeks if the subsequent menstrual bleed is abnormally light, heavy or brief, or is absent, or the patient is otherwise concerned * if there is any doubt as to whether menstruation has occurred, a pregnancy test should be performed at least 3 weeks after unprotected intercourse.
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| **Countersigning and auditing** | Countersigning is not required. Audited monthly.**OR** Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order. |
| **Supporting documentation** | Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz) Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz) New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz) Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz) Standing Order Guidelines, Ministry of Health, 2012Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | Coitus- sexual intercourse |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Nurses operating under this standing order** |

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_