



QUICK START/SAME DAY START METHOD

DEFINITION	The immediate initiation of combined contraceptives (pills, patches, ring) or progestin-only (pills, injectables) before the start of the next menses for clients in which pregnancy is unlikely. Quick Start is an off-label practice supported by good clinical research, avoiding the time gap between the time the client is prescribed her method and the time she is intended to start her method. The WHO endorses the Quick Start method.
SUBJECTIVE	Must include: <ol style="list-style-type: none">1. LMP2. Medical, sexual, and contraceptive use history (initial or update) as appropriate.3. Thorough history of sexual intercourse since LMP to determine need for pregnancy testing.
OBJECTIVE	Must include: <ol style="list-style-type: none">1. Complete physical exam per policy within 6-12 months.2. Blood pressure.3. Negative pregnancy test if indicated.4. Emergency contraception as indicated.
LABORATORY	May include: <ol style="list-style-type: none">1. Lab work, per policy. (Combined Contraceptive protocol – Con 6-1; Progestin-Only protocol Con 6-2)
ASSESSMENT	Quick start candidate
PLAN	Must include: <ol style="list-style-type: none">1. Method specific informed consent.2. Quick Start including OCP, POP, contraceptive ring, contraceptive patch, or DMPA.<ol style="list-style-type: none">a. If the client is within 5 days of the beginning of her last menses, take the first pill today. No backup method needed.b. If later in the menstrual cycle, initiation depends upon whether she has had any unprotected coitus.<ol style="list-style-type: none">1. If protected coitus in the last 5 days, she should take her first pill today. Use abstinence or backup method for the next 7 days.2. If unprotected coitus in the last 5 days, offer emergency contraceptive, take EC today and take the first pill in her pill pack today. Advise her to use abstinence or backup method for the first 7 days of pill use.3. Recommend urine pregnancy test as indicated – if used emergency contraception, signs & symptoms of pregnancy, or if scheduled bleeding is delayed or abnormal.
CLIENT EDUCATION	<ol style="list-style-type: none">1. Reinforce contraception education, as appropriate.2. Reinforce safe sex education, if appropriate.3. Recommend client RTC as appropriate, annually, or prn for problems.
CONSULT / REFER TO MD	<ol style="list-style-type: none">1. Any client with prescribing precautions for combined or progestin-only contraceptives: See U.S. Medical Eligibility Criteria for Contraceptive Use, 2010.

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References:

1. Hatcher RA, Trussell J. Nelson A. et al. Contraceptive Technology: 20th revised edition. New York City: Ardent Media:2011, pp.289-291, 320.
2. Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use, 2010: The WHO Guidelines