

**EMERGENCY CONTRACEPTIVE PILLS (ECPs)**

DEFINITION	Emergency contraceptives are used after unprotected intercourse, known or suspected contraceptive failure to prevent pregnancy. A short course of high dose contraceptive pills may prevent ovulation or fertilization by altering tubal transport of sperm. In addition, it may inhibit implantation by altering the endometrium. It is not effective once implantation has begun and has no effect on fetal development if woman is already pregnant.
SUBJECTIVE	Must include: <ol style="list-style-type: none">1. LMP2. History of unprotected intercourse within last 72-120 hours3. See table attachments for Conditions in the provision of ECPs
OBJECTIVE	May include: <ol style="list-style-type: none">1. Blood pressure2. Focus exam, as indicated (i.e., pelvic exam, cervicitis/vaginitis, etc.)
LABORATORY	May include: <ol style="list-style-type: none">1. Sensitive urine pregnancy test
ASSESSMENT	Candidate for ECP.
PLAN	<ol style="list-style-type: none">1. Review and sign consent/education form2. Treatment options: (Progestin-only pill)<ol style="list-style-type: none">a. Plan B (levonorgestrel 0.75 mg) Take two tablets p.o. now in a single dose. (Alternative dosing: dosing, take one tablet now or as ordered, and repeat one tablet 12 hours later.b. Plan B One- Step (levonorgestrel 1.5mg) Take one tablet now p.o. as directed.c. Next Choice (levonorgestrel 0.75 mg). Take 2 tablets now in a single dose. (Alternative dosing: take 1 tablet now or as directed and directed, and repeat the second tablet in 12 hours).d. See Attachment A for additional options.3. If client vomits within 1 hour of taking either set of pills, advise her to take the additional tablets. If she vomits second set of pills, advise her to call the clinic. Less incidence of nausea /vomiting when using Progestin-only pill.4. Options for preventing or treating nausea include the following:<ol style="list-style-type: none">a. <u>Nonprescription Drugs</u>: (May cause drowsiness.)<ul style="list-style-type: none">• Dimenhydrinate (Dramamine) 50 mg tablets. Swallow 1 or 2 tablets 1 hour before taking Emergency Contraceptive Pills and repeat every 4 to 6 hours prn.• Cyclizine hydrochloride (Marezine) 50 mg tablets. Swallow 1 tablet 1 hour before taking Emergency Contraceptive Pills and repeat every 4-6 hours prn.• Diphenhydramine hydrochloride (Benadryl) 25 mg tablets. Swallow one or two tablets 1 hour before taking Emergency Contraceptive Pills and repeat every 4 to 6 hours prn.• Meclizine hydrochloride (Antivert) 25mg tablets. Swallow one or two tablets 1 hour before taking Emergency Contraceptive Pills. Repeat if needed in 24 hours.b. <u>Prescription Drugs</u> (Do not drive or use dangerous equipment.)

	<ul style="list-style-type: none"> • Trimethobenzamide hydrochloride (Tigan) 250 mg. tablets. Swallow 1 tablet 1 hour before taking Emergency Contraceptive Pills and every 8 hours prn or insert a 200 mg. rectal suppository a half hour before and every 8 hours prn. • Promethazine hydrochloride (Phenergan) 25 mg tablets. Swallow 1 tablet 1 hour before taking Emergency Contraceptive Pills and or insert a 25 mg. rectal suppository a half hour before and every 12 hours prn. <p>5. May provide an advance supply of emergency contraceptive pills.</p>
CLIENT EDUCATION	<ol style="list-style-type: none"> 1. Provide client education handout(s). Review manufacturer's inserts. Review symptoms, complications, and danger signs. 2. Review safer sex education, as appropriate. 3. Instruct client ECP may shorten cycle or may experience menstrual changes for 1 or 2 cycles. 4. Discuss contraceptive options with client. Remind her that ECP is intended as a back-up method only. Help her develop plans for birth control after ECP. 5. Recommend that client RTC PRN.
CONSULT / REFER TO PHYSICIAN	<ol style="list-style-type: none"> 1. Any client who cannot tolerate ECP dosing for consideration of other options (e.g., IUD insert, other medication regimens).

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Conditions in the provision of ECPs

<p>Pregnancy – Although this method is not indicated for a woman with a known or suspected pregnancy, no known harm to the woman, the course of her pregnancy, or the fetus if ECPs are inadvertently used is known to exist.</p> <p>Table 1: Can use ECPs without restriction (WHO category #1):</p> <p>Breastfeeding</p> <p>History of ectopic pregnancy</p> <p>Rheumatoid Arthritis</p> <p>Inflammatory bowel disease (ulcerative colitis, Crohn disease)</p> <p>Rape</p> <p>History of Bariatric surgery</p> <p>Solid organ transplantation</p> <p>Repeated ECP use. Frequently repeated ECP use may be harmful for women with conditions classified as 2, 3, or 4 for COC, CIC or POC use.</p>	<p>Table 2: Advantages generally outweigh theoretical or proven risks (WHO category #2):</p> <p>History of sever cardiovascular complications (ischemic heart disease, cerebrovascular attack, or other thromboembolic conditions)</p> <p>Angina Pectoris</p> <p>Migraine</p> <p>Severe liver disease (including jaundice)</p>
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References:

1. Hatcher, R. A., Trussell, J., Stewart, F., Nelson, A. L. Cates, W., Guest, F., Kowal, D. (2007). Contraceptive Technology. (19th revised ed.), pp. 87-116; Ardent Media, Inc, New York, NY.
2. Hatcher, R. A., Nelson, A., Ziemann, M., Watt, A., Darney, P.D., Creinin, M. A Pocket Guide to Managing Contraception. Fifth Edition 2003-2004. Bridging the Gap Foundation: Tiger, Georgia.
3. MMWR Morbidity and Mortality Weekly Report, June 18, 2010, U.S. Medical Eligibility Criteria for Contraceptive Use, 2010; Classifications for Emergency Contraceptive Pill, 2010 pp. 50-51. Website: <http://ec.princeton.edu/questions/dose.html>