**Emergency Contraceptive Pills (ECP’s)**

<table>
<thead>
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<th>DEFINITION</th>
<th>Emergency contraceptives are used after unprotected/under-protected intercourse or known or suspected contraceptive failure to prevent pregnancy. A short course of high dose contraceptive pills may prevent pregnancy primarily by delaying or inhibiting ovulation and inhibiting fertilization and may, at times inhibit implantation. It is not effective once implantation has begun and has no effect on fetal development if woman is already pregnant.</th>
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</table>
| SUBJECTIVE | May include:  
1. LMP  
2. History of unprotected intercourse within last 72-120 hours. (It is less effective if > than 120 hours, but it still can be given.)  
3. History of all unprotected intercourse since last menses |
| OBJECTIVE | May include:  
1. Blood pressure  
2. Focus exam, as indicated (i.e., pelvic exam, cervicitis/vaginitis, etc.)  
Should exclude:  
1. Pregnancy |
| LABORATORY | May include:  
1. Sensitive urine pregnancy test |
| ASSESSMENT | Candidate for ECP |
| PLAN | 1. Treatment option:  
a. Progestin-only pills: Levonorgestrel 0.75mg. Take two tablets (PO) now in a single dose. (Alternative dosing: take one tablet now and repeat one tablet 12 hours later)  
b. Levonorgestrel 1.5mg. Take one tablet now (PO), as directed.  
c. Ulipristal 30mg. Take one pill (PO), as directed (prescription only).  
d. Certain combined OC’s may be used for emergency contraception. (See table page 115 in Contraceptive Technology 20th Edition).  
2. The use of an antiemetic should be considered with the use of combined pills. There are fewer incidences of nausea/vomiting when using the progestin-only pill.  
a. Options for preventing or treating nausea (for combined pills) include:  
i. Nonprescription drugs (may cause drowsiness):  
   1) Dimenhydrinate (Dramamine) 50mg tablets. Swallow 1-2 tablets one hour before taking ECP’s and repeat every 4-6 hours prn.  
   2) Cyclizine hydrochloride (Marezine) 50mg tablets. Swallow 1 tablet one hour before taking ECP’s and repeat every 4-6 hours prn.  
   3) Diphenhydramine hydrochloride (Benadryl) 25 mg tablets. Swallow 1-2 tablets one hour before taking ECP’s and repeat every 4-6 hours prn.  
   4) Meclizine hydrochloride (Antivert) 25mg tablets. Swallow 1-2 tablets one hour before taking Emergency Contraceptive Pills. Repeat if needed in 24 hours.  
ii. Prescription drugs (do not drive or use dangerous equipment):  
   1) Zofran 4-8mg. Swallow pills or use rapid dissolving tablets one hour prior to ECP’s.  
   2) Promethazide hydrochloride (Phenergan) 12.5-25mg tablets. Swallow 1 tablet one hour before taking ECP’s or insert a 12.5-25mg rectal suppository ½ hour before and every 12 hours prn.  
   3) Trimethobenzamide hydrochloride (Tigan) 300mg tablets. Swallow 1 tablet one hour before taking ECP’s and every 8 hours prn.  
3. May provide an advance supply of emergency contraceptive pills. |

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4. CLIENT EDUCATION

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. Help the client develop plans for birth control after ECP. Contraceptive methods may be started immediately after use of ECP, or after 5 days of taking Ulipristal 30 mg.
5. Advise pregnancy test if no menses within 3 weeks
6. Recommend that client RTC PRN

CONSULT/ REFER TO PHYSICIAN

1. Any client who cannot tolerate ECP dosing for consideration of other options (i.e. IUD insert, other medication regimens).

References:


*Add addendum from Contraceptive Technology (Page 115)