EMERGENCY CONTRACEPTIVE PILLS (ECPs)

GENERAL INFORMATION

Emergency contraceptive pills can be provided to clients by deferred exam. It is essential that the PHN see General Information and Plan of Care for a Deferred Exam found in, “All Methods, Initial and/or Annual Family Planning Visit” before dispensing a method without a physical exam.

All clinics must have plans in place to provide ECPs on site to clients who request them.

See Family Planning Clinical Guidelines and the most current edition of Contraceptive Technology for method counseling details.

ECPs following rape and sexual abuse

The package label for ECPs recommends beginning ECPs within 72 hours of unprotected sexual intercourse. In instances of rape or sexual abuse that have occurred up to 120 hours ago, ECPS may still be effective. Giving ECPs after 72 hours is an off-label use but it is particularly important to make this use available to a woman in this difficult situation. Consult your health officer or NP for an order for this off-label use. Document the order in the chart. Please note that for progestin-only ECPs with two tablets, another off-label use is to take both tablets at once. This use (of these products) requires an order from a physician or NP because of package labeling. One tablet progestin only ECPs would require a separate order for 120 hour use.

If the victim is underage, refer to Health Services Administration (HSA) Policy Manual section 8.8 for direction regarding child abuse reporting. All citizens of Tennessee, including health care professionals, are required to report if they SUSPECT child abuse including child sexual abuse. The Department of Children’s Services (DCS) has established a central intake number: 1-877-237-0004 for reporting SUSPECTED child abuse or child sexual abuse. Tennessee citizens are required to report if they SUSPECT (child abuse or child sexual abuse), and it is the responsibility of DCS to decide whether or not the reported suspicion qualifies for investigation under Tennessee’s child abuse/child sexual abuse laws. DCS also has a website: at www.tennessee.gov/youth where the process for reporting SUSPECTED child abuse or child sexual abuse is described. The Child Protective Services section of the website provides the important reporting information. All nurses need to know the DCS central intake number for reporting SUSPECTED child abuse or child sexual abuse. Clinics are discouraged from defining what is or is not child abuse or child sexual abuse. Each individual citizen reports if they SUSPECT based on the situation as they observe it. DCS will decide if it qualifies for investigation under the law.

SUBJECTIVE FINDINGS

- Client reports unprotected sexual intercourse sometime in previous 72-120 hrs (note that beyond 72 hours will require consult)
- Record last menstrual period if known
**Contraindications:**

- A known established pregnancy (not that it is dangerous for the woman or the pregnancy but because ECPs cannot prevent an established pregnancy)
- Undiagnosed abnormal vaginal bleeding
- Allergy to the product

**Caution:**

According to the American College of Obstetricians and Gynecologists, there have been no reports of major cardiovascular or neurological side effects associated with estrogen containing ECPs; nevertheless, it may be preferable to choose a progestin-only ECP for clients with a history of the following:

- Heart attack
- Stroke
- Thrombophlebitis
- Blood clot in the brain, leg, lung, or eye

Instruct client to watch for **DANGER SIGNS** (“ACHES”) during the two weeks following the administration of ECPs:

- **A** Abdominal pain – severe (as might be seen with liver disease, gallbladder disease, ectopic pregnancy)
- **C** Chest pain - severe, (cough, shortness of breath or sharp pain on breathing in as might be seen with heart attack or pulmonary embolism)
- **H** Headache - severe, dizziness, weakness, or numbness, especially if one-sided (as might be seen with migraine or stroke especially with numbness or muscle weakness)
- **E** Eye disturbances vision loss or blurring, also speech problems (as might be seen with retinopathy or stroke)
- **S** Severe leg pain in calf or thigh (as might be seen with thrombophlebitis)

**OBJECTIVE FINDINGS**

- Client is already late for her menstrual period; advise a pregnancy test
- Client is not late for her menstrual period; no pregnancy test needed

**ASSESSMENT**

Client requests ECPs and has no contraindications

**PLAN OF CARE FOR PHN**

- Physical examination and pregnancy testing are not required.
- Provide ECPs and document in chart.
- Consult health officer or NP before providing ECPs in an off-label regimen.
- Offer Family Planning clinic services on same day or offer an appointment.
• Provide literature and counseling on contraceptive methods and the benefits of consistent use of a regular contraceptive method. Most methods can be supplied at time of ECP visit for immediate use after completion of the ECP regimen.
• Clients without contraindications to combined hormonal methods can be given 3-month supply of the method and an appointment to return for her family planning physical exam (see deferred exam protocol); the client begins her method the day after emergency treatment is completed and continues with her method, as if the ECP treatment had been the beginning of a new cycle (she should use a back-up method for the first seven days of her contraceptive method).
• Counsel and educate according to consent form; sign consent form.
• Encourage the client to eat or drink something with pills to prevent nausea and vomiting. **Nausea and vomiting is very unusual with progestin-only ECPs. Most women taking progestin-only ECPs will NOT require an anti-emetic.**
• Consult with health officers/local protocol for directives regarding care of client with emesis post ECP administration.
• Instruct client that nausea/ emesis may occur with estrogen/progestin ECPs (some sites may have systems for providing prescriptive anti-emetics). Instruct client on the availability of OTC anti-nausea treatment options including the following:

<table>
<thead>
<tr>
<th>Choices of Non-prescriptive Anti-emetic Drugs</th>
<th>Dose</th>
<th>Timing of Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meclizine hydrochloride (Dramamine II, Bonine) [the only 24 hour choice]</td>
<td>One or two 25 mg tablets</td>
<td>1 hour before first ECP dose; repeat as needed in 24 hours</td>
</tr>
<tr>
<td>Diphenhydramine hydrochloride (Benadryl)</td>
<td>One or two 25 mg tablets</td>
<td>1 hr before first ECP dose; repeat as needed q 4-6 hours</td>
</tr>
<tr>
<td>Dimenhydrinate (Dramamine)</td>
<td>One to two 50 mg tablets or 4 to 8 teaspoons liquid</td>
<td>30 minutes to 1 hour before first ECP dose; repeat as needed every 4 to 6 hours</td>
</tr>
<tr>
<td>Cyclizine hydrochloride (Marezine)</td>
<td>One 50 mg tablet</td>
<td>30 minutes before the first ECP dose; repeat as needed every 4 to 6 hours</td>
</tr>
</tbody>
</table>
Provide emergency contraceptive pills (ECPs) from one of the following regimens:

<table>
<thead>
<tr>
<th>Brand</th>
<th>Pills per Dose</th>
<th>Dosage schedule</th>
<th>Estrogen/dose (mcg)</th>
<th>Progestin/dose (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alesse 5 (20 mcg EE/0.1 mg levonorgestrel)</td>
<td>5 pink pills</td>
<td>Take 5 tablets within 72 hrs of unprotected sex and repeat in 12 hours</td>
<td>100</td>
<td>0.50</td>
</tr>
<tr>
<td>Leven (30 mcg EE/0.15 mg levonorgestrel)</td>
<td>4 light-orange pills</td>
<td>Take 4 tablets within 72 hrs of unprotected sex and repeat in 12 hours</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Levite (20 mcg EE/0.1 mg levonorgestrel)</td>
<td>5 pink pills</td>
<td>Take 5 tablets within 72 hrs of unprotected sex and repeat in 12 hours</td>
<td>100</td>
<td>0.50</td>
</tr>
<tr>
<td>Levora (30 mcg EE/0.15 levonorgestrel)</td>
<td>4 white pills</td>
<td>Take 4 tablets within 72 hrs of unprotected sex and repeat in 12 hours</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Lo/Ovral (30 mcg EE/0.3 mg norgestrel)</td>
<td>4 white pills</td>
<td>Take 4 tablets within 72 hrs of unprotected sex and repeat in 12 hours</td>
<td>120</td>
<td>1.20</td>
</tr>
<tr>
<td>Low-Orgestrel (30 mcg EE/0.15 mg levonorgestrel)</td>
<td>4 white pills</td>
<td>Take 4 tablets within 72 hrs of unprotected sex and repeat in 12 hours</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Next Choice (0.75 mg levonorgestrel)</td>
<td>1 pill</td>
<td>Take 1 tablet within 72 hrs of unprotected sex and repeat in 12 hours</td>
<td>0</td>
<td>0.75</td>
</tr>
<tr>
<td>Nordette (30 mcg EE/0.15 mg levonorgestrel)</td>
<td>4 light-orange pills</td>
<td>Take 4 tablets within 72 hrs of unprotected sex and repeat in 12 hours</td>
<td>120</td>
<td>0.60</td>
</tr>
<tr>
<td>Ovral (50 mcg EE/0.5 mg norgestrel)</td>
<td>2 white pills</td>
<td>Take 2 tablets within 72 hrs of unprotected sex and repeat in 12 hours</td>
<td>100</td>
<td>1.00</td>
</tr>
<tr>
<td>Ovrette (0.075 mg norgestrel)</td>
<td>20 yellow pills</td>
<td>Take 20 tablets within 72 hrs of unprotected sex</td>
<td>0</td>
<td>1.50</td>
</tr>
<tr>
<td>Plan B (0.75 mg levonorgestrel)*</td>
<td>1 white pill</td>
<td>Take 1 tablet within 72 hrs of unprotected sex and repeat in 12 hours</td>
<td>0</td>
<td>0.75</td>
</tr>
<tr>
<td>Plan B One-Step 1.5 mg</td>
<td>1 off white round pill</td>
<td>Take 1 tablet within 72 hrs of unprotected sex</td>
<td>0</td>
<td>1.50</td>
</tr>
<tr>
<td>Tri-Levlen (30 mcg EE/0.125 levonorgestrel)</td>
<td>4 yellow pills</td>
<td>Take 4 tablets within 72 hrs of unprotected sex and repeat in 12 hours</td>
<td>120</td>
<td>0.50</td>
</tr>
<tr>
<td>Triphasil (30 mcg EE/0.125 mg levonorgestrel)</td>
<td>4 yellow pills</td>
<td>Take 4 tablets within 72 hrs of unprotected sex and repeat in 12 hours</td>
<td>120</td>
<td>0.50</td>
</tr>
<tr>
<td>Trivora (30 mcg EE/0.125 mg levonorgestrel)</td>
<td>4 pink pills</td>
<td>Take 4 tablets within 72 hrs of unprotected sex and repeat in 12 hours</td>
<td>120</td>
<td>0.50</td>
</tr>
</tbody>
</table>
HEALTH TEACHING:

Through the Title X Program Guidelines, the federal Office of Population Affairs requires that counseling about certain topics occur with family planning clients. These required topics should be discussed with the client at least once during the time the client is under the care of the family planning program. Ideally, the client will receive instruction on 3-4 of the required topics at each visit until all topics are covered. Review past client counseling at each visit and base current counseling/education on client needs and program requirements.

There is a detailed list of the REQUIRED counseling/education topics in the Family Planning Program Clinical Guidelines, under Visit Guidelines. Other counseling topics are detailed there also. Or, you may review a brief list of counseling/education topics in the All Methods, Initial and/or Annual Family Planning Visit section of the PHN Protocol.

REFERENCES

Package Insert Plan B®
Package Insert Plan B One-Step®
Package Insert Next Choice®