



Prescribing Tool for Emergency Contraception (In-person or Telephone)

Created by the Massachusetts Emergency Contraception Network

Patient Name: _____ **Date:** _____ **Time:** _____

Client Interview:

1. When did you have unprotected intercourse? _____
 2. When was the first day of your last menstrual period? _____
 3. Have you had any other acts of unprotected intercourse since your last normal menstrual period? _____
- ? If there is suspicion of pregnancy (more than 4 weeks since the last menstrual period, unprotected intercourse occurred more than 120 hours ago, or there have been other acts of unprotected intercourse since the last menstrual period) then consider pregnancy testing. If the pregnancy test is negative, she is eligible for emergency contraception.
- ? If there is no suspicion of pregnancy, then she is eligible for emergency contraception

Directions for use:

- ✍ Take 1st dose as soon as possible within 120 hours of unprotected intercourse (FDA approved up to 72 hours, but studies show efficacy up to 120 hours)
- ✍ Take 2nd dose 12 hours after 1st dose (for Plan B, research shows equal efficacy if both doses taken simultaneously)
- ✍ Prescribe one of the following regimens (please circle):

Emergency Contraception Regimen	Pills for 1 st dose	Pills for 2 nd dose
Dedicated progestin-only product: Plan B	1 white pill	1 white pill
Estrogen-progestin oral contraceptives FDA approved for use as emergency contraception: Ovral or Ogestrel Levlen or Nordette Levora, Lo/Ovral, or LowOgestrel Alesse or Levlite Triphasil or Tri-Levlen Trivora	2 white pills 4 light-orange pills 4 white pills 5 pink pills 4 yellow pills 4 pink pills	2 white pills 4 light-orange pills 4 white pills 5 pink pills 4 yellow pills 4 pink pills
Progestin-only oral contraceptive FDA approved for use as emergency contraception: Ovrette	20 yellow pills	20 yellow pills

- ✍ Recommend prophylactic antiemetic with combined regimens (not necessary with progestin-only regimens) such as Meclizine 50 mg PO 1 hours prior to each dose. Inform patient that anti-emetic may cause drowsiness.

Counseling:

- ✍ Reduces pregnancy risk by 89% with progestin-only method and by 75% with combined method (not as effective as regular forms of contraception)
- ✍ Provides no protection from STDs including HIV
- ✍ Works by preventing pregnancy from starting (will not interrupt an already established pregnancy)
- ✍ Is not harmful to the woman or fetus if already pregnant or pregnancy ensues
- ✍ Discuss long-term contraception:
 - ✍ Barrier methods should be initiated immediately
 - ✍ Oral contraceptives may be initiated 2 ways:
 - ✍ Start new pack with the beginning of the next menstrual period. Abstain or use barrier method for the remainder of the current cycle.
 - ✍ Start oral contraceptives the day after using emergency contraception. May begin new pack of pills or resume the pack she was using previously (unless on placebo pills, then recommend starting new pack). Use a back-up barrier method for at least 7 days. May have irregular bleeding prior to the onset of next menses.
 - ✍ Transdermal contraceptive should be started within 5 days of next menstrual period. Abstain or use barrier method for the remainder of the current cycle.
 - ✍ Progestin-only or combined injectables should be started within 5 days after the beginning of the next menstrual period. Abstain or use barrier method for the remainder of the current cycle.

Side effects:

- ✍ Nausea/vomiting—significantly lower with progestin-only method. Prophylactic anti-emetic taken prior to each dose if using combined regimen (may cause drowsiness)
- ✍ Altered next menses—may occur earlier or later than expected, but if doesn't occur within 3 weeks of taking emergency contraception, requires pregnancy testing
- ✍ Abdominal cramping, breast tenderness, dizziness, fatigue, headache, irregular vaginal spotting or bleeding (non-prescription pain relievers such as acetaminophen or ibuprofen may provide relief for some symptoms)
- ✍ Side effects may last for a few days, but generally resolve within 24 hours

Instruct patient to follow-up if:

- ✍ Needs further contraceptive counseling
- ✍ Needs pregnancy testing: No menses within 3 weeks of taking emergency contraception, or has symptoms of pregnancy or ectopic pregnancy
- ✍ Needs STD screening (should be delayed until 7-14 days after episode unless symptomatic)
- ✍ Needs referrals for other medical services (e.g. mental health domestic violence, drug/alcohol dependency)
- ✍ Has other reasons for concern