

SAMPLE TELEPHONE TRIAGE PROTOCOL FOR EMERGENCY CONTRACEPTION (EC)

Procedure:

Patient calls, “Can I have a prescription for the morning after pill called in to my pharmacy?” Or “The condom broke and I don’t want to get pregnant, what should I do?”

If the call comes to a clerk or other non-medical staff person, it should be immediately transferred to a nurse or sent as a high priority phone note to the Nurse Triage Desktop.

The nurse asks the following questions:

Q1: Was your last period within the past 30 days?

- If yes – go on to Q2
- If no – encourage patient to come in for a pregnancy test. If not interested, screen for oral EC (skip to Q3, copper or levonorgestrel 52 mg IUD is not an option)

Q2: Since your last period, have you only had unprotected sex in the past 5 days (or 120 hours)?

- If yes – counsel that IUD is an option, continue on to Q3 to determine oral EC options
- If no – go on to Q3 (IUD is not an option)
- If unclear – (missed oral contraceptive pills, etc.), route to provider for consultation

Q3: What is your height and weight (or check their BMI in the EMR)?

- If BMI is less than 26 – go on to Q4
- If BMI is between 26 and 35 – candidate for Ella and IUD (*if counseled on IUD in Q2*)
- If BMI is more than 35 – counsel that oral EC may be less effective (Ella better option) and IUD may be best option (*if counseled on IUD in Q2*), or route to a provider

Q4: Since your past period, have you only had unprotected sex in the past 72 hours?

- If yes – candidate for Plan B, Ella, and IUD (*if counseled on IUD in Q2*)
- If no – candidate for Ella and IUD (*if counseled on IUD in Q2*)

Patient Counseling:

ORAL EC ONLY: They’re eligible for two kinds of EC pills, Plan B and Ella, and you can call their pharmacy to see which one is in stock. Ella is at least as effective (or more effective) than Plan B. Efficacy can be affected by BMI (see above or below). Both pills are effective up to 120 hours after sex, but Plan B becomes less effective in hours 72-120. Offer to have a provider send a prescription to their pharmacy. Plan B is available over the counter, but it is cheaper with a prescription and insurance. Ella requires a prescription. Plan B comes in generic forms.

Consistent with the recommendation of the InfantRisk Center, PICCK recommends that all forms of emergency contraception are compatible with breastfeeding and breastmilk does not need to be discarded after taking Ella. This recommendation is based on the limited infant safety data available. Out of caution with the limited evidence base, the CDC recommends that breastfeeding persons discard pumped milk for 24 hours after taking Ella.



ORAL EC or IUD: They are eligible for two kinds of EC, a pill form or an IUD. Both the copper and levonorgestrel 52 mg IUDs (Mirena or Liletta) work for EC with the same efficacy and timeframe. The IUD is more effective than the oral EC, but requires them to come in for an IUD insertion today/in the first 5 days after unprotected intercourse. They can only get an IUD if their only unprotected sex was in the past 5 days; if they have had other episodes of unprotected intercourse since their LMP, they are not eligible for an IUD. The IUD efficacy is not affected by BMI. The IUD can stay in—to provide ongoing contraception—or can be removed at the time of their next period.

Patient Instructions for Oral EC:

- Fill the prescription immediately and take the tablet as soon as you can.
- The box may say to take it within 3 days of sex (if it's a Plan B product), but you can take it up to 5 days after sex.
- Your next period may be a few days early or late, and you may have spotting before then.
- Other side effects include nausea and headache, but these shouldn't last more than a day or two.
- If your next period is not normal, or is more than a week late, you should call for a pregnancy test appointment or take a pregnancy test at home.
- If you want an ongoing method of contraception, you can be given an appointment in Family Planning as soon as possible.

Procedures and Documentation:

Documentation should be done as for all other telephone encounters.

For an IUD visit that same day, nurses should first call the scheduling coordinator to assess the appointment availability in the clinic.

For a prescription, nurses should first approach the on-call or clinic provider (depending on clinic protocol) and discuss the patient.

Prescription should be called into pharmacy as soon as possible after the conversation with the patient and after it has been ordered and documented in the patient's chart by a provider. Send the prescription with 11 refills.

For Ella, the nurse should call the patient's pharmacy to ensure that the medication is in stock, or can be procured within 24 hours. Reassure the patient that as long as Ella is taken within 5 days of unprotected intercourse, it remains effective.

It is also permitted to call in a prescription for EC if requested by a patient because they want to have it on hand in case of an emergency, i.e. an "advance prescription." The same instructions for when to use it should be given to them, as written above.



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CONSIDERATIONS WHEN SELECTING A METHOD OF EMERGENCY CONTRACEPTION

