(Agency Name)

SAMPLE Standing order for COCs

**This standing order may be implemented by**:

Registered Nurses who have the required orientation and training.

**This standing order may be implemented for clients who meet the following inclusion criteria:**

1. Meet the U.S. Medical Eligibility Criteria for Contraceptive Use Category 1 (no restriction) or Category 2 (advantages generally outweigh theoretical or proven risks) for this method.
2. Are initially starting the method.

**This standing order *must not be implemented* for clients with the following exclusion criteria:**

1. Any Category 3 or Category 4 medical condition according to the U.S. Medical Eligibility Criteria for Contraceptive Use.

**Plan of Care**:

1. Follow the [*Combination Oral Contraceptive Clinical Practice Standard*](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-COC.docx)

2. Follow state pharmacy rules and regulations for dispensing contraception.

3. Dispense: ethinyl estradiol 30 mcg/levonorgestrel 0.15 mg 1 pill by mouth daily x \_\_\_\_cycles

(Brand names: Levlen, Nordette, Levora, Portia, Seasonale, Seasonique)

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Health Officer/medical designee (signature) Date

This standing order is in effect until it is replaced by a new standing order covering the same subject matter. The following RNs have read and agree to comply with the above standing order and have been approved by the health officer/medical designee listed above.

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(Agency Name)

SAMPLE Standing order for POPs

**This standing order may be implemented by**:

Registered Nurses who have the required orientation and training.

**This standing order may be implemented for clients who meet the following inclusion criteria:**

1. Meet the U.S. Medical Eligibility Criteria for Contraceptive Use Category 1 (no restriction) or Category 2 (advantages generally outweigh theoretical or proven risks) for this method.
2. Are initially starting the method.

**This standing order *must not be implemented* for clients with the following exclusion criteria:**

1. Any Category 3 or Category 4 medical condition according to the U.S. Medical Eligibility Criteria for Contraceptive Use.

**Plan of Care**:

1. Follow the [*Progestin-Only Pills Clinical Practice Standard*](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-POP.docx)

2. Follow state pharmacy rules and regulations for dispensing contraception.

3. Dispense: norethindrone 0.35mg 1 pill by mouth daily at the same time x \_\_\_cycles

(Brand names: Lyza, Camila, Nora-BE)

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Health Officer/medical designee (signature) Date

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(Agency Name)

SAMPLE Standing order for the Hormonal Contraceptive Patch

**This standing order may be implemented by**:

Registered Nurses who have the required orientation and training.

**This standing order may be implemented for clients who meet the following inclusion criteria:**

1. Meet the U.S. Medical Eligibility Criteria for Contraceptive Use Category 1 (no restriction) or Category 2 (advantages generally outweigh theoretical or proven risks) for this method.
2. Are initially starting the method.

**This standing order *must not be implemented* for clients with the following exclusion criteria:**

1. Any Category 3 or Category 4 medical condition according to the U.S. Medical Eligibility Criteria for Contraceptive Use.

**Plan of Care**:

1. Follow the [*Hormonal Contraceptive Patch Clinical Practice Standard*](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-Patch.docx)

2. Follow state pharmacy rules and regulations for dispensing contraception.

3. Dispense: ethinyl estradiol 20 mcg/norelgestromin 150 mcg transdermal patch sig: Apply patch once weekly for 3 weeks, then 1 patch-free week x \_\_\_\_\_\_cycles

(Brand Name: Ortho Evra, Xulane)

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Health Officer/medical designee (signature) Date

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(Agency Name)

SAMPLE Standing order for the Vaginal Contraceptive Ring

**This standing order may be implemented by**:

Registered Nurses who have the required orientation and training.

**This standing order may be implemented for clients who meet the following inclusion criteria:**

1. Meet the U.S. Medical Eligibility Criteria for Contraceptive Use Category 1 (no restriction) or Category 2 (advantages generally outweigh theoretical or proven risks) for this method.
2. Are initially starting the method.

**This standing order *must not be implemented* for clients with the following exclusion criteria:**

1. Any Category 3 or Category 4 medical condition according to the U.S. Medical Eligibility Criteria for Contraceptive Use.

**Plan of Care**:

1. Follow the [*Vaginal Contraceptive Ring Clinical Practice Standard*](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-Ring.docx)

2. Follow state pharmacy rules and regulations for dispensing contraception.

3. Dispense either of the following 2 products, per client preference: 15 mcg ethinyl estradiol/0.120 mg etonogestrel per day vaginal ring sig: insert one ring vaginally for 3 weeks, then discard. Repeat after one ring-free week x \_\_\_ cycles (Brand name: NuvaRing, EluRyng)

OR

13 mcg ethinyl estradiol/0.15 mg of segesterone acetate per day vaginal ring sig: insert ring vaginally for 3 week, remove and store in foil for 1 week, then replace. Repeat x 13. #1 ring. (Brand name: Annovera)

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Health Officer/medical designee (signature) Date

This standing order is in effect until it is replaced by a new standing order covering the same subject matter. The following RNs have read and agree to comply with the above standing order and have been approved by the health officer/medical designee listed above.

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(Agency Name)

SAMPLE Standing order for Emergency Contraception

**This standing order may be implemented by**:

Registered Nurses who have the required orientation and training.

**This standing order may be implemented for clients who meet the following inclusion criteria:**

1. Request emergency contraception for immediate or future use

**This standing order *must not be implemented* for clients with the following exclusion criteria:**

1. Have a known, established pregnancy (as reported by the client)

**Plan of Care:**

1. Follow the [*Emergency Contraception Clinical Practice Standard*](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-EC.docx).

2. Follow state pharmacy rules and regulations for dispensing contraception.

3. Dispense either of the following 2 products, per client preference:levonorgestrel 1.5 mg tab by mouth within 120 hours of unprotected intercourse x \_\_\_boxes(Brand name: Plan B One-Step, Next Choice One Dose, My Choice)

OR

ulipristal acetate 30 mg tab by mouth within 120 hours of unprotected intercourse x \_\_\_ boxes

(Brand name: ella)

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Health Officer/medical designee (signature) Date

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(Agency Name)

SAMPLE Standing order for depot medroxyprogesterone acetate (DMPA)

**This standing order may be implemented by**:

Registered Nurses who have the required orientation and training.

**This standing order may be implemented for clients who meet the following inclusion criteria:**

1. Meet the U.S. Medical Eligibility Criteria for Contraceptive Use Category 1 (no restriction) or Category 2 (advantages generally outweigh theoretical or proven risks) for this method.
2. Are initially starting the method.

**This standing order *must not be implemented* for clients with the following exclusion criteria:**

1. Any Category 3 or Category 4 medical condition according to the U.S. Medical Eligibility Criteria for Contraceptive Use.

**Plan of Care**:

1. Follow the [*Depo Provera Clinical Practice Standard*](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-Depo.docx)
2. Follow state pharmacy rules and regulations for dispensing or administering contraception.
3. Administer medroxyprogesterone acetate 150 mg IM; repeat q 13 weeks x \_\_\_\_ injections

OR

dispense medroxyprogesterone acetate 104 mg SQ q 13 weeks x \_\_\_\_ pre-filled syringes and educate client on self-administration

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Health Officer/medical designee (signature) Date

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(Agency Name)

SAMPLE Standing order for the Vaginal pH Modulator

**This standing order may be implemented by**:

Registered Nurses who have the required orientation and training.

**This standing order may be implemented for clients who meet the following inclusion criteria:**

1. Are initially starting the vaginal pH modulator.

**This standing order *must not be implemented* for clients with the following exclusion criteria:**

1. History of recurrent UTI or urinary tract abnormalities.

**Plan of Care**:

1. Follow the [*Vaginal Spermicides and pH Modulators Clinical Practice Standard*](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/Clinical-Practice-Standards/CPS-Spermicides_pHmodulators.docx)
2. Follow state pharmacy rules and regulations for dispensing or administering contraception

3. Dispense: 90 mg lactic acid/50 mg citric acid/20 mg potassium bitartrate per 5g vaginal gel sig: insert one pre-filled applicator vaginally immediately (or up to one hour) before each episode of intercourse. Repeat PRN. Dispense \_\_ boxes. Each box contains #12 applicators pre-filled with 5g of gel. (Brand name: Phexxi)

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Health Officer/medical designee (signature) Date

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