STANDARD PROCEDURES ALGORITHM FOR OREGON RPH PRESCRIBING OF CONTRACEPTIVES

1) Health and History Screen
Review Hormonal Contraceptive Self-Screening Questionnaire.
To evaluate health and history, refer to USMEC or Oregon MEC.
1 or 2 (green boxes) - Hormonal contraception is indicated, proceed to next step.
3 or 4 (red boxes) - Hormonal contraception is contraindicated --> Refer

Contraindicating Condition(s) → Refer

No Contraindicating Conditions ↓

2) Pregnancy Screen
a. Did you have a baby less than 6 months ago, are you fully or nearly-fully breast feeding, *AND* have you had no menstrual period since the delivery?
b. Have you had a baby in the last 4 weeks?
c. Did you have a miscarriage or abortion in the last 7 days?
d. Did your last menstrual period start within the past 7 days?
e. Have you abstained from sexual intercourse since your last menstrual period or delivery?
f. Have you been using a reliable contraceptive method consistently and correctly?

If YES to AT LEAST ONE <u>and</u> is free of pregnancy symptoms, proceed to next step.
If NO to ALL of these questions, pregnancy can NOT be ruled out --> Refer

Possible Pregnancy → Refer

Patient is not pregnant ↓

3) Medication Screen (Questionnaire #20)?
Caution: anticonvulsants, antiretrovirals, antimicrobials, barbiturates, herbs & supplements, including:

carbamazepine	oxcarbazepine	rifampin / rifabutin
felbamate	phenobarbital	ritonavir
griseofulvin	phenytoin	St. Johns Wort
lamotrigine	primidone	topiramate

Contraindicating Medications → Refer

No Contraindicating Medications ↓

4) Blood Pressure Screen:
Is blood pressure <140/90?
Note: RPH may choose to take a second reading, if initial is high.

BP >140/90 → Refer

BP < 140/90 ↓

5) Evaluate patient history, preference, and current therapy for selection of treatment.

Not currently on birth control →

5a) Choose Contraception
Initiate contraception based on patient preferences, adherence, and history for new therapy

-Prescribe up to 12 months of desired contraception and dispense product
(quantity based on professional judgment and patient preference)

Patient is currently on birth control →

5b) Choose Contraception
Continue current form of pills or patch, if no change is necessary
-or-
Alter therapy based on patient concerns, such as side effects patient may be experiencing; or refer, if appropriate

-Prescribe up to 12 months of desired contraception and dispense product. (quantity based on professional judgment and patient preference)

6) Discuss Initiation Strategy for Initial Treatment/Change in Treatment (as applicable)
a) Counseling - Quick start - Instruct patient she can begin contraceptive today; use backup method for 7 days.
b) Counseling - Discuss the management and expectations of side effects (bleeding irregularities, etc.)
c) Counseling - Discuss adherence and expectations for follow-up visits

7) Discuss and Provide Referral / Visit Summary to patient
Encourage: Routine health screenings, STD prevention, and notification to care provider