

Oral Contraception Standing Order

Issue date:		Review date:	
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This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

Standing Order Name	Oral Contraception
Rationale	To safely and appropriately supply oral contraception to women.
Scope (condition and patient group)	Women over the age of 18 years who are in <u>category one</u> of the UK Medical Eligibility Criteria for oral contraception. Available at: http://www.bpac.org.nz/BPJ/2008/April/contraceptive.aspx#ukmec Women must not have any contraindications to the oral contraceptive pill.
Red Flags	Refer to the UK Medical Eligibility Criteria for more information.
Assessment	<ol style="list-style-type: none"> 1. Check height, weight and BMI 2. Check BP 3. Exclude pregnancy 4. Check for contraindications 5. Assess for risk factors using the UK MEC category listings.
Indication	Oral contraception
Medicine	Levonorgestrel 150 microgram + ethinylestradiol 30 microgram tablet (Ava 30).
Dosage instructions	Take ONE tablet daily. Start with the first tablet from the blue section marked with that day of the week in accordance with the following: <ol style="list-style-type: none"> i. Preferably on day 1 of the woman's menstrual cycle ii. If starting on days 2-5 of the woman's menstrual cycle, then an additional form of barrier contraception is recommended for the first 7 days of tablet taking
Route of administration	Oral
Quantity to be given	3 months on initiation 6 months if continuation
Contraindications	Only <u>category one</u> patients can be treated under this standing order. See UK MEC list for those conditions that are included in <u>category one</u> .
Precautions	<ul style="list-style-type: none"> • See UK MEC for risk factors • If the woman is on enzyme inducing drugs, you will need to contact a Medical or Nurse Practitioner for advice.
Additional information	<p>Document in clinical notes the patients UK MEC category at each visit.</p> <p>Advise regarding the following:</p> <ul style="list-style-type: none"> • Tablets must be taken in the order directed on the package every day at about the same time. • Tablet-taking is continuous following the directional arrows • One tablet is to be taken daily for 28 consecutive days • Each subsequent pack is started the day after the last tablet of the previous pack • Withdrawal bleeding usually starts on day 2-3 after starting the yellow non-hormonal tablets <p>Advise regarding failure rate:</p> <ul style="list-style-type: none"> • 1% each year • Higher if taken incorrectly or tablets are missed

	<p>Advise regarding management of missed tablets:</p> <ul style="list-style-type: none"> ● If the woman is more than 12 hours late in taking any white active tablet, contraceptive protection may be reduced ● If vomiting or severe diarrhoea occurs within 3 - 4 hours after taking the white active tablet, absorption may not be complete ● Seven days of uninterrupted tablet taking are required to attain adequate suppression of the hypothalamic-pituitary-ovarian axis. ● Explain the '7 day rule': <ul style="list-style-type: none"> ○ They will not be protected from pregnancy until they have taken the daily white active Pill for the next 7 days in a row. ○ Use another method of contraception such as condoms or do not have sexual intercourse for these next 7 days. ○ If there are fewer than 7 white active tablets left in the pack, or before the yellow non-hormonal tablets in the pack, go straight on to the active tablets in the blue section of the next pack. This means that they miss out the yellow non-hormonal tablets. They may not have a period until the end of the next pack. This is not harmful. <p>Advise regarding common side effects:</p> <ul style="list-style-type: none"> ● Weight gain ● Increased risk of clots ● Nausea, abdominal discomfort ● Breast pain or tenderness ● Headaches or migraines (may need to discontinue) ● Altered mood <p>Offer condoms</p>
Follow-up	<p>Advise women to return immediately and that the OCP should be stopped (pending investigation and treatment), if any of the following occur:</p> <ul style="list-style-type: none"> ● sudden severe chest pain (even if not radiating to left arm); ● sudden breathlessness (or cough with blood-stained sputum); ● unexplained swelling or severe pain in calf of one leg; ● severe stomach pain; ● serious neurological effects including unusual severe, prolonged headache especially if first time or getting progressively worse or sudden partial or complete loss of vision or sudden disturbance of hearing or other perceptual disorders or dysphasia or bad fainting attack or collapse or first unexplained epileptic seizure or weakness, motor disturbances, very marked numbness suddenly affecting one side or one part of body; ● hepatitis, jaundice, liver enlargement; ● blood pressure above systolic 160 mmHg or diastolic 95 mmHg; ● prolonged immobility after surgery or leg injury; ● detection of a risk factor which contra-indicates treatment
Subsequent Visits	<ul style="list-style-type: none"> ● Check compliance and suitability- refer to prescriber if any concerns ● Check no new contraindications, review UKMEC category ● BP and weight check each visit ● Enquire if needs STD check and/or due cervical smear ● Check understanding of the '7-day rule' ● Issue 6 months supply
Countersigning and auditing	<p>Countersigning is not required. Audited monthly. OR Countersigning is required within XX days</p>
Competency/training requirements	<p>All nurses working under this standing order must be signed off as competent to do so by the issuer and have had specific training in this standing order.</p>

Supporting documentation	Healthpathways at www.healthpathways.org.nz Best Practice Journal at www.bpac.org.nz UK Medical Eligibility Criteria for Contraceptive use. 2009. At http://www.fsrh.org/pdfs/UKMEC2009.pdf New Zealand Formulary at www.nzf.org.nz Individual medicine data sheets at www.medsafe.govt.nz Standing Order Guidelines, Ministry of Health, 2012 Medicines (Standing Order) Regulations 2012 (Standing Order Regulations)
Definition of terms used in standing order	None

Medical Centre or Clinic:	
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Signed by issuers

Name: _____ Signature: _____
Title: _____ Date: _____

Nurses operating under this standing order

Only Registered nurses working within the above medical centre or clinic are authorised to administer medication under this standing order.

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: _____ Signature: _____ Date: _____
Name: _____ Signature: _____ Date: _____
Name: _____ Signature: _____ Date: _____
Name: _____ Signature: _____ Date: _____