

Telephone Triage Protocol for Emergency Contraception

Procedure: Patient calls, “Can I please 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

The Nurse explains EC to the patient and asks the following questions.

Q1: Did you have unprotected sex within the past 5 days or 120 hours? (If “yes” – go on to Q2)

If no, have patient come in for a pregnancy test as soon as possible.

Q2: Was your last period within the past 30 days? (if “yes” – OK for EC script).

If LMP was more than one month ago – have patient come in for a urine pregnancy test as soon as possible and route call to provider for decision on EC.

Patient Instructions:

- EC is most effective if taken as soon as possible after unprotected sex.
- Efficacy decreases as time goes by.
- Fill the prescription immediately take both tablets together, (even though the box might say to take them 12 hours apart and up to 3 days – it works better to take them both together and up to 5 days, ASAP).
- If her next period is not normal, she should call for a pregnancy test appointment.
- If she wants an ongoing method of contraception, she should be given an appointment as soon as possible.

Documentation

For new patients, the nurse (or for after hours – the provider) must take down the following information.

- Name, first and last
- Phone number
- DOB
- Gender

For established patients, documentation should be done as for all other telephone encounters.

It is also permitted to call in a prescription for EC if requested by a patient because she wants 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 her, as written in the previous paragraph.

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.

Prescriptions are called in as written in chart by provider.