

*Patient Information and  
Consent Forms  
to Accompany*

**Guidelines for Nurse  
Practitioners in  
Gynecologic Settings**

10th Edition

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# *Patient Information and Consent Forms*

*Hormonal Contraceptives*

*Injectable Contraception*

*Diaphragm*

*Intrauterine Device*

*Information Handout for Emergency  
Contraception*

(May also be used as an informational handout)

### I. MECHANISM OF ACTION

- A. A systemic method of preventing conception that acts by:
  - 1. Suppressing ovulation
  - 2. Producing changes in the endometrium that make it unreceptive to implantation
  - 3. Producing a thickened cervical mucus; interference with sperm reaching the egg

### II. BENEFITS OF THE METHOD

- A. Highly effective: 99.66% for combination hormonal contraceptives (0.1 pregnancy/year); 97% for progestin-only hormonal contraceptives
- B. Sexual spontaneity
- C. Regulated menstrual flow
- D. Lighter flow and less cramping
- E. Decreased incidence of uterine and ovarian cancers
- F. Relief of symptoms associated with perimenopause

### III. RISK OF METHOD

Applies to combination oral contraceptives (OCs), patch, and ring

- A. Minor side effects (these are rare and usually subside after several months of method use; may be alleviated by changing type of hormonal contraception or by discontinuing). Listed are a few more common, although rare, side effects:
  - 1. Nausea (if using OC, try taking pill with a meal or with milk; with severe nausea/vomiting, use backup method of birth control such as condoms)
  - 2. Spotting
  - 3. Decreased menstrual flow and sometimes missed periods
  - 4. May have more problems with yeast infections or vaginal discharges
  - 5. Depression or mood changes
  - 6. Acne or increase in acne
  - 7. Headaches (not severe)
- B. Major side effects (rare in women younger than 40 years old who are nonsmokers)
  - 1. Blood clots in legs, lungs; stroke
  - 2. Hypertension (high blood pressure)
  - 3. Gallbladder disease
  - 4. Heart attack (smokers age 35 years and older)
  - 5. Smoking doubles risk factors associated with hormone use. These side effects are characterized by the following danger signals (if they occur, seek medical care *immediately*): pain, redness, or swelling of the legs or a localized tender red spot

warm to the touch may indicate a blood clot in a vein; persistent and severe headaches; chest pain and/or difficulty breathing; blurred vision, flashing vision; blindness; abdominal pain.

#### **IV. CONTRAINDICATIONS**

Women with a history of any of the following conditions may not be able to use hormonal contraceptives containing estrogen:

- A. Thromboembolic disorders (blood clot) in legs, lungs
- B. Impaired liver function at present time; liver problems
- C. Cancer of breast or reproductive system (uterus, ovaries, cervix)
- D. Hypertension (high blood pressure); uncontrolled, or smoking and high blood pressure
- E. Hyperlipidemia (high cholesterol)
- F. Stroke
- G. Coronary artery disease
- H. Major surgery on legs or with prolonged immobility
  - I. Age 35 years or older and currently a smoker
  - J. Pregnancy—known or suspected
- K. Undiagnosed genital bleeding
- L. Taking certain prescription drugs
- M. Diabetes with vascular (blood vessel) disease
- N. Headaches, migraines with neurologic symptoms

#### **V. ALTERNATE METHODS OF BIRTH CONTROL**

- A. Abstinence
- B. Sterilization; natural family planning
- C. Condom used with contraceptive cream, jelly or foam, contraceptive suppositories or tablets, vaginal film, contraceptive gel, sponge
- D. Intrauterine device (IUD)
- E. Diaphragm with contraceptive cream or jelly, FemCap, Lea's Shield
- F. Female condom
- G. Contraceptive patch, ring (if estrogen is not a problem)
- H. Progestin-only methods: progestin-only pill, Mirena IUD, etonogestrel implant (Implanon), Depo-Provera

#### **VI. INQUIRIES ARE ENCOURAGED**

Please ask us questions; a change in decision does not create a problem

#### **VII. EXPLANATION OF METHOD**

- A. Ways in which hormonal contraceptives are prescribed
  1. A complete physical examination is done, including blood pressure, weight, urinalysis, and gynecologic examination with Pap smear (unless one was done within the past year)
  2. Review side effects and dangers of use; review pill packet if using OCs

3. If requested to do so by your clinician, review and sign an informed consent for hormonal contraceptives
  4. You may transfer your records from another clinic or clinician's office
- B. Ways in which OCs are taken
1. Start taking your first package of pills as directed by your clinician
  2. OC pills are *usually* started initially at the same time as your period; you begin the Sunday of the week your period starts, even if you are still bleeding
  3. Swallow one pill at the *same time* daily
  4. A second form of contraception is recommended for the first 7 days after starting the pill (unless specified differently)
  5. Some medications can decrease effectiveness or cause other pill-related problems (e.g., spotting). Always mention to your clinician and pharmacist that you are on OCs and the type prior to starting any other medication. Also, tell us if you are on any medications prior to starting OCs. Use a backup method of birth control if you have any doubts about the possibility of a drug interaction.
  6. If you are taking prescribed antibiotics for an illness, you should continue your pill but use a backup method
  7. Breakthrough bleeding (spotting) is common during the first few months a woman is on an OC; do not be alarmed if the following occurs:
    - a. If you experience spotting after several months of using pill, make sure that you are taking the pill correctly, as directed in the subsequent text. But make sure that you discuss this at the time of your first pill check.
    - b. If the pill is taken improperly, breakthrough bleeding may occur. You must make every effort to take your pill at the same time *every day*.
      - i. If you take your pill later than 6 hours, take the pill when you remember it; you are also advised to use a second method of birth control for the next 7 days
      - ii. If you miss one pill, take the pill when you remember and then take the scheduled pill at the regular time. A second method of birth control is recommended for 7 days.
      - iii. If you miss two pills in the first 2 weeks of a pill pack, take two pills at the regular time, and then the next day, take two pills at the regular time; use a second method of birth control for 7 days
      - iv. If you miss two pills in the third week, or if you miss three or more pills at any time and you start packets on Sunday, take a pill each day until Sunday, then discard the remainder of that pack and start a new pack immediately, omitting the hormone-free week (if there is one). If you do not start a new pack on Sundays, throw away the rest of the pill pack and start a new pack that day.

A backup method of birth control should be used for the first 7 days of this new pill pack.

- v. If you miss one or more pills and used no backup method and have no period, call to discuss possible pregnancy test
  - vi. If you are not sure what to do about missed pills, use a backup method any time you have sex and keep taking a birth control pill (hormone pill) each day until you can talk with your clinician
- C. Occasionally, withdrawal bleeding (your period) does not occur during the week of nonhormone pills (placebos)
- 1. If this happens to you and all pills have been taken properly, continue with the next pill cycle. If you miss two periods, start your third pill cycle but call your clinician for advice.
  - 2. If this happens to you and you have taken your pill late or forgotten to take it, and did not use a second birth control method, start your next pill packet but call your clinician for advice
- D. If you experience severe vomiting and/or diarrhea, use a backup method of birth control because the pill may not have been absorbed properly

I have read the above material; it has been fully explained. I have been given the opportunity to ask questions, and I understand the information. I have chosen to use an oral contraceptive.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Witness \_\_\_\_\_ Date \_\_\_\_\_

**Danger Signals Associated With Hormonal Contraceptive Use**

- Abdominal pain (severe)
- Chest pain (severe) or shortness of breath
- Eye problems such as blurred vision or loss of vision
- Headaches (severe)
- Severe leg pain (calf or thigh)

Contact us at ( ) \_\_\_\_\_ if you develop any of the above problems.

*Note:* Birth control pills can be used as emergency contraception. Ask your health care provider; check directions in pill packet; call 1-888-NOT-2-LATE; visit <http://not-2-late.com>. Emergency contraception (EC) Plan B is available over the counter at a pharmacy (no prescription) if you are 18 years of age or older.

(May also be used as an informational handout)

**I. DEFINITION**

Depo-Provera is a hormonal substance that prevents ovulation from occurring. It is injected intramuscularly or subcutaneously every 12 weeks into the muscle of the upper arm or buttocks.

**II. HOW IT WORKS**

The hormones in the injection suppress ovulation (egg production) for 12 weeks.

**III. HOW EFFECTIVE IS IT?**

Failure rate is less than one pregnancy per 100 women per year when women return for injections every 12 weeks (Depo) and when injection is done in the first 5 days of menses (bleeding).

**IV. WHY CHOOSE THIS METHOD**

- A. Consider using other methods and whether their side effects make you prefer this method
- B. Desire for long-term contraceptive—12-week coverage
- C. Desire for reversible method (ability to stop injections)
- D. Desire for method disconnected from intercourse; nothing to take or put in

**V. WHY YOU MIGHT NOT BE A CANDIDATE**

- A. Known or suspected pregnancy
- B. Unexplained abnormal vaginal bleeding
- C. Known breast cancer
- D. Known sensitivity to Depo-Provera or any of its ingredients (have you ever had an allergic reaction to local anesthetic at the dentist)

**VI. THINGS TO CONSIDER BEFORE CHOOSING DEPO-PROVERA**

- A. Depression
- B. Abnormal mammogram
- C. Kidney disease
- D. Hypertension (high blood pressure)
- E. Planned pregnancy in near future
- F. Gallbladder disease
- G. Mild cirrhosis (liver disease)
- H. Do you regularly use any prescription drugs or herbals—we need to check possible interactions with Depo-Provera

**VII. SIDE EFFECTS YOU MIGHT EXPERIENCE**

- A. Weight gain or weight loss; change in appetite
- B. Menstrual irregularity—possibly no periods by second or third shot

- C. Headaches
- D. Abdominal bloating
- E. Breast tenderness
- F. Tiredness, weakness
- G. Dizziness
- H. Depression, nervousness
- I. Nausea
- J. No hair growth or loss or thinning of hair; increased hair growth on face or body
- K. Skin rash or increased acne
- L. Increased or decreased sex drive

## **VIII. EXPLANATION OF METHOD AND ASSESSMENT**

Depo-Provera is injected intramuscularly or subcutaneously in one dose every 12 weeks for as long as contraceptive effect is desired. It is injected in the first 5 days of the menstrual cycle (after onset of menses), within 5 days postpartum.

## **IX. USE OF THIS METHOD AND WARNING SIGNS**

- A. Drug interactions are possible when using Depo-Provera with other prescription drugs. Always check with your physician or nurse practitioner and pharmacist for such possible interactions before taking any other prescription drug; Depo-Provera is a medication and you need to list it in your health history.
- B. Warning signs to report to your clinician (physician or nurse practitioner):
  1. Sharp chest pain, coughing of blood, sudden shortness of breath
  2. Sudden severe headache, vomiting, dizziness, or fainting
  3. Visual disturbance (double vision, blurred vision, spots before your eyes) or speech disturbance (slurred, unable to speak)
  4. Weakness or numbness in arm or leg
  5. Severe pain or swelling in calf or leg
  6. Unusually heavy vaginal bleeding (unlike usual periods)
  7. Severe pain or tenderness in lower abdomen, pelvis
  8. Persistent pain, pus, or bleeding at injection site

## **X. FOLLOW-UP CARE OF YOURSELF**

- A. Visit your clinician every 12 weeks for injection of Depo-Provera
- B. The first visit should take place during the first 5 days of your menses (period)
- C. Review any side effects or danger signs with your clinician
- D. Review your menstrual cycles with your clinician
- E. Have a Pap smear every year along with a complete physical examination, including pelvic and breast examinations
- F. Depo-Provera provides no protection against sexually transmitted diseases (STDs) (including AIDS) or vaginal infections, so consider using condoms to protect yourself

G. Depo-Provera contains no estrogen. Estrogen is needed for strong bones. While using this birth control method, you need to be sure you get enough calcium and vitamin D in your diet. Your clinician will advise you on how to do this.

I have read the above and have been given a copy of this consent form and the manufacturer's information, and I agree to have Depo-Provera.

Patient's signature \_\_\_\_\_

Date \_\_\_\_\_

Witness's signature \_\_\_\_\_

Date \_\_\_\_\_

(May also be used as an informational handout)

### **I. MECHANISM OF ACTION**

A contraceptive diaphragm is a shallow rubber cup with a flexible rim that is placed in the vagina to cover the cervix. It functions as both a mechanical barrier and a receptacle for spermicidal cream or jelly or vaginal film that must be used to ensure effectiveness.

### **II. BENEFITS OF THE METHOD**

- A. Effectiveness rate ranges from 80% to 95%: theoretically, 95%; 80% to 85% use effectiveness (because of user failure)
- B. No chemicals are taken internally

### **III. RISKS OF THE METHOD**

- A. Allergic response to the rubber and/or spermicidal agent
- B. Foul-smelling discharge from leaving diaphragm in place too long (diaphragm should not be left in place longer than 24 hours)
- C. Toxic shock syndrome has been reported in association with diaphragm use during the menstrual period. To avoid this, do not leave your diaphragm in place for more than 24 hours and follow the use of precautions at the end of these instructions.

### **IV. CONTRAINDICATIONS**

- A. Inability to achieve satisfactory fitting
- B. You are unable to learn correct insertion technique
- C. Allergy to rubber or spermicidal agent
- D. Inconvenience of method (e.g., lack of sexual spontaneity, timing, messiness)
- E. Repeated bladder infections (cystitis)
- F. Chronic constipation (causes discomfort for some users)

### **V. ALTERNATIVE BIRTH CONTROL METHODS**

- A. Abstinence
- B. Sterilization
- C. OCs (birth control pills, mini pills)
- D. IUD
- E. Condom used with contraceptive cream, foam, gel, suppositories, vaginal film, or sponge
- F. FemCap, Lea's Shield
- G. Natural family planning
- H. Female condom
  - I. Depo-Provera contraceptive injection
  - J. Contraceptive patch, ring, etonogestrel implant (Implanon)

## VI. EXPLANATION OF THE METHOD

- A. How a diaphragm is prescribed
  1. A complete physical examination, including Pap smear, is necessary unless one has been done within the past year. A pelvic examination (bimanual) will be done at the time the diaphragm is fitted.
  2. If required by your clinician, review and sign an informed consent similar to this one prior to your initial prescription
- B. How a diaphragm is used
  1. How it works
    - a. Inserted prior to intercourse to fit snugly in vagina
    - b. Holds spermicidal cream or jelly or vaginal film against cervix and kills sperm
    - c. Diaphragm is to be left in place for 8 hours after last intercourse.
    - d. No douching for 8 hours after intercourse
    - e. Prior to repeated intercourse, additional jelly or cream should be applied with applicator to outside of diaphragm or another vaginal film should be inserted
    - f. Effective immediately upon insertion and up to 4 hours without adding more cream, jelly, or film, or for one intercourse (some sources suggest 6 hours for c., d., and f.)
  2. Technique for use
    - a. Empty your bladder, wash your hands carefully whenever you insert or remove your diaphragm
    - b. Apply approximately 1 tablespoon of spermicidal cream or jelly into the dome of the diaphragm and spread around the dome; cream or jelly need not be spread on the rim or outside of diaphragm
    - c. Fold in half and insert into vagina like a tampon
    - d. With index finger, check rim at pubic arch and make sure cervix is covered
    - e. To remove (at proper time), hook finger around rim and pull diaphragm out
  3. Care of diaphragm
    - a. Wash with warm water and mild soap after removal
    - b. Dry thoroughly
    - c. Store in a dry place (allowing it to dry thoroughly before putting it in a case keeps rubber in better condition longer and prevents odor; powder lightly with cornstarch)
    - d. Soak in rubbing alcohol (70%) for 30 minutes after use following treatment for vaginal infection

## VII. DIAPHRAGM CHECK

- A. We encourage you to return to the office 1 week after fitting for diaphragm check
- B. If you lose or gain 10 to 15 lbs (or if diaphragm fit seems to change)
- C. If you have a miscarriage, abortion, or a baby
- D. If you have any kind of pelvic surgery
- E. If you experience problems urinating or trouble moving your bowels with diaphragm in place

### VIII. INQUIRIES ARE ENCOURAGED

Please feel free to ask us questions at any time!

You may change your mind about a birth control method at any time.

I have read the above material; it has been explained fully. I have been given the opportunity to ask questions and I understand the information. I have chosen to use the diaphragm.

Patient's signature \_\_\_\_\_

Date \_\_\_\_\_

Witness's signature \_\_\_\_\_

Date \_\_\_\_\_

#### Toxic Shock Syndrome

Toxic shock syndrome has been reported in association with diaphragm use during menses. It is recommended that if you use your diaphragm during menses, you observe hand-washing recommendations carefully, use tampons only during heaviest days (not super-absorbent type—see tampon package labeling), and monitor yourself carefully for any signs of toxic shock syndrome.

#### Danger Signals Associated With Possible Toxic Shock Syndrome

Fever (temperature higher than 100°F)

Diarrhea

Vomiting

Muscle ache

Rash (sunburn-like)

Contact us at ( ) \_\_\_\_\_ if you develop any of the above problems (and do not use your diaphragm—remove at once)

If your diaphragm slips out of place or comes out, you can call 1-888-NOT-2-LATE for information about emergency contraception. Websites: <http://not-2-late.com>; <http://www.go2planB.com>

EC Plan B is available over the counter (no prescription) at pharmacies if you are 18 years old or older.

(May also be used as informational handout)

### I. DEFINITION/MECHANISM OF ACTION

An IUD consists of a sterile body placed in the uterus to prevent fertilization. This is accomplished through several mechanisms of action, depending on the type of device:

- A. A local sterile inflammatory response to the foreign body (the IUD) causes a change in the cellular makeup of the uterine lining
- B. A possible increase in the local production of prostaglandins may increase endometrial activity
- C. Alteration in uterine and tubal transport of egg
- D. Change in cervical mucus causing barrier to sperm penetration
- E. Mirena may stop release of an egg but this is not the primary way it works

### II. BENEFITS OF THE METHOD

- A. Encourages sexual spontaneity
- B. Effectiveness rate, theoretically, 97% to 99%
- C. Semipermanent (depending on the type of device); replacement time varies, but all devices are effective for at least 5 years; one device lasts for 10 years

### III. RISKS OF METHOD

- A. Major risks
  1. Involuntary expulsion (approximately 6%)
  2. Pelvic inflammatory disease
  3. Ectopic pregnancy (outside of the uterus)
  4. Uterine perforation
  5. Pregnancy
- B. Minor risks
  1. Increased menstrual flow
  2. Increased dysmenorrhea (cramps)
  3. String may cause some discomfort to partner

### IV. REASONS FOR NOT USING AN IUD

- A. Active pelvic infection (acute or subacute), including known or suspected gonorrhea or *Chlamydia*
- B. Known or suspected pregnancy
- C. Recent or recurrent pelvic infection
- D. Purulent cervicitis, untreated acute cervicitis, or vaginosis
- E. Undiagnosed genital bleeding
- F. Uterine cavity not suitable for IUD insertion
- G. History of ectopic pregnancy (pregnancy outside uterus)
- H. Diabetes mellitus can use ParaGard IUD

- I. Allergy to copper (known or suspected) or diagnosed Wilson's Disease; can use Mirena IUD
- J. Abnormal Pap test result; cervical or uterine cancer, precancer
- K. Impaired response to infection (diabetes, steroid treatment, immunocompromised patients such as those with HIV/AIDS)
- L. Previously inserted IUD
- M. Genital actinomycosis; chronic infection of genital area

#### **V. REASONS IUD MAY NOT BE THE BEST CHOICE OR REQUIRE CAREFUL MONITORING WITH CLINICIAN**

- A. Multiple sexual partners or partner has multiple partners
- B. In very rural areas, emergency treatment difficult to obtain
- C. Cervical opening resistant to inserting IUD
- D. Impaired blood clotting response
- E. Uterine cavity too small, too large
- F. Endometriosis
- G. Fibroids in uterus
- H. Polyps in uterine lining (endometrium)
  - I. Severe dysmenorrhea (Mirena IUD may help)
  - J. Heavy or prolonged menstrual bleeding without anemia; consider oral iron or nutritional changes to prevent anemia
- K. Unable to check for IUD string
- L. Concerns for future fertility
- M. Postpartum or infected abortion within the past 3 months
- N. History of pelvic uterine infection
- O. Valvular heart disease infection

#### **VI. ALTERNATIVES**

- A. Abstinence
- B. Sterilization
- C. Birth control pills
- D. FemCap, Lea's Shield, contraceptive sponge
- E. Natural family planning
- F. Depo-Provera
- G. Female condom
- H. Contraceptive ring, patch, implant
  - I. Diaphragm and spermicidal cream or jelly, film, sponge
  - J. Condom used with contraceptive cream, foam, suppositories, gel, or vaginal film

#### **VII. EXPLANATION OF THE METHOD**

- A. How the IUD may work (no one is quite sure), but there are several theories:
  - 1. Motility of the egg in fallopian tube is altered
  - 2. A sterile inflammatory response to the IUD causes a change in the cells of the uterine lining
  - 3. A change in the cervical mucus causing a barrier to sperm

- B. What you should know about caring for your IUD
  - 1. Know the type of device you have in place
  - 2. Know when your device should be replaced
  - 3. Learn how to check the string that extends from the center of the cervix into the vaginal canal
  - 4. Check the string frequently the first few months and then after each period
  - 5. Do not let your partner pull on the string
  - 6. Never try to remove IUD yourself
  - 7. Return for your 6-week checkup after insertion of the device
  - 8. Get a checkup every year, including a Pap smear
  - 9. Depending on your normal menstrual cycle, if you miss a period, consult your clinician for possible pregnancy
- C. What to expect
  - 1. Possible increase in menstrual flow, menstrual cramping

**Remember:** If this condition becomes intolerable, you have the option of having your IUD removed by a clinician.

- D. Side effects to be reported *immediately*
  - 1. Late period or absence of period
  - 2. Abdominal or pelvic pain (severe)
  - 3. Elevated temperature, chills (not caused by illness)
  - 4. Unpleasant vaginal discharge (smelly, foul, bloody, or greenish color)
  - 5. Unusual vaginal bleeding (heavy period, clotting)
- E. Insertion
  - 1. IUDs are usually inserted within 7 days of menses
  - 2. Should have negative gonococcus and *Chlamydia* cultures prior to insertion (within 30 days); consider culture for Group B *Streptococcus*
  - 3. Must have recent (within the year) normal Pap smear
  - 4. May have some discomfort and dizziness with insertion
  - 5. May have spotting for several months after insertion
  - 6. Although the IUD is effective immediately, it is recommended that intercourse not take place for 24 hours

### VIII. INQUIRIES ARE ENCOURAGED—ASK US QUESTIONS AT ANY TIME

I have read the above material; it has been explained fully. I have been given the opportunity to ask questions and I understand the information. I have chosen to use the IUD \_\_\_\_\_ type.

Signed \_\_\_\_\_  
Date \_\_\_\_\_

Witness \_\_\_\_\_

## **Danger Signals Associated With the Use of the IUD**

Late period or absence of period

Abdominal pain (severe)

Elevated temperature, chills (not caused by illness; e.g., flu)

Unpleasant vaginal discharge (smelly, foul, bloody, or greenish color)

Unusual vaginal bleeding (heavy period, clotting)

Contact us or a clinician immediately if the danger signs develop.

**I. DEFINITION**

EC, often known as the morning after pill, is the use of birth control pills to prevent pregnancy after a contraceptive method has failed or because there was no contraception. Currently, in the United States, there is one product available just for EC—Plan B.

**II. HOW IT WORKS**

If used within the first 120 hours after unprotected sexual intercourse, EC probably works because of one or more of the following reasons:

- A. Progestational hormones in Plan B pills interfere with the sperm's ability to travel up through the uterus and into the fallopian tube to fertilize the egg; also, they affect the growth of the ovary's follicles
- B. Combination hormones are thought to interfere with or disrupt ovulation (release of an egg by the ovary).

**III. HOW EFFECTIVE IS IT?**

If used within the first 72 hours after sex without birth control protection, EC is greater than 90% effective. EC literature says that EC may be used up to 120 hours after unprotected sex; however, the earlier the pills are taken, the more effective they will be.

**IV. BENEFITS**

- A. Pregnancy prevention
- B. Inexpensive
- C. Relatively noninvasive

**V. DISADVANTAGES**

- A. May not be appropriate for women with certain medical conditions
- B. Pregnancy may occur because of the following:
  - 1. Fertilized egg already implanted in the uterus
  - 2. Too much time between unprotected sex and taking EC
  - 3. Failure of the emergency contraception
  - 4. Must be used within 72 or at most 120 hours of unprotected sex

**VI. RISKS AND SIDE EFFECTS**

- A. Nausea and/or vomiting
- B. Breast tenderness
- C. Irregular bleeding
- D. Headache

**VII. YOU MAY NOT BE ABLE TO TAKE COMBINATION BIRTH CONTROL PILLS SUCH AS EC IF YOU HAVE:**

- A. An active liver disease
- B. Unexplained bleeding from the vagina

- C. An already established pregnancy
- D. History of blood clots, inflammation in the veins, or cancer of the breast, uterus, or ovaries

**VIII. ALTERNATIVE EC**

- A. Progestin-only OCs used as EC
- B. Insertion of an IUD

**IX. HOW EC IS PRESCRIBED**

- A. Pelvic examination as appropriate (to be determined by you and your clinician)
- B. If rape or sexual assault occurred, specimens can be collected if desired by you and your clinician
- C. Pregnancy test
- D. Testing for STDs if desired or if recommended by clinician
- E. Blood pressure

**X. WAYS IN WHICH EC IS TAKEN**

- A. Take one Plan B pill within 72 to 120 hours of unprotected intercourse and follow directions from D to F. Take second pill 12 hours later or you can take both pills at the same time. (EC is indicated in the packet for up to 120 hours; however, the earlier you take it, the greater the efficacy.)
- B. Take \_\_\_\_\_ birth control pills within 72 to 120 hours of unprotected intercourse. Do not take the pills on an empty stomach: eat a snack such as juice or milk and crackers and take the pills 20 minutes later. Take \_\_\_\_\_ birth control pills 12 hours after the first dose.
- C. If you vomit within an hour after taking the birth control pills, follow the instructions your clinician gives you
- D. Talk with your clinician about methods of contraception you might be interested in for ongoing protection. EC is just for emergencies and is not recommended for routine use. Some birth control methods can be started immediately or the day after using EC. Methods vary in how soon they become effective.
- E. Report any of the warning signs listed subsequently to your clinician at once
- F. After using EC, return to your clinician as directed for a checkup, particularly if you have not had a normal menstrual period

*Note:* Plan B is now available over the counter if you are 18 years old or older. Check with your pharmacy.

I have read the above material. I have been given the opportunity to ask questions and I fully understand the information. I have chosen to use emergency contraception.

Signed \_\_\_\_\_  
Witness \_\_\_\_\_

Date \_\_\_\_\_  
Date \_\_\_\_\_

## Danger Signals Associated With EC

Abdominal pain (severe)  
 Chest pain (severe), arm pain, or shortness of breath  
 Eye problems such as blurred or double vision, loss of vision  
 Headaches (severe)  
 Severe leg pain (calf or thigh)

Contact us at ( ) \_\_\_\_\_ if you develop any of the above danger signals.  
 Emergency contraception hotline: 1-800-584-9911, 1-888-NOT-2-LATE;  
 websites: <http://not-2-late.com>; <http://www.go2planB.com>

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### NOTE

1. Boxed warning from the U.S. Food and Drug Administration (FDA): Prolonged use of medroxyprogesterone contraceptive injection may result in a loss of bone mineral density (BMD). Loss is related to the duration of use and may not be completely reversible on discontinuation of the drug. The impact on peak bone mass in adolescents should be considered in treatment decisions. U.S. boxed warning: Long-term use (i.e., more than 2 years) should be limited to situations where other birth control methods are inadequate. Consider other methods of birth control in women with (or at risk for) osteoporosis.  
*Websites: <http://www.drugs.com/pro/depo-provera.html>; <http://www.fda.gov/bbs/topics/ANSWERS/2004/ANS01325.html>*

## Consent Form for Antidepressants

Your physician or nurse practitioner has prescribed an antidepressant medication. It is most important that you carefully follow the directions provided by your physician. Antidepressants are safe and helpful medications when taken correctly. When you start your prescription, you may exhibit some mild side effects. These may differ with medications and will be discussed on an individual basis with you by your provider.

To ensure that you are progressing well on the prescribed medication, you will be required to return to the office for medication monitoring. Your provider will decide on the timing of the visits.

INITIAL MEDICATION CHECK WILL BE IN \_\_\_\_\_ WEEKS.  
 FOLLOW-UP MEDICATION CHECK WILL BE DECIDED DEPENDING  
 ON YOUR RESPONSE TO THE MEDICATION(S). THIS WILL NEVER BE  
 LESS THAN EVERY 6 MONTHS.

All patients on ongoing antidepressant medications will be required to return at 6-month intervals.

You must keep this appointment or reschedule in a timely fashion.  
If you do not keep your follow-up appointment, your prescription will not be refilled.

PLEASE BE ADVISED: ABRUPT DISCONTINUATION OF AN ANTIDEPRESSANT MEDICATION MAY LEAD TO UNPLEASANT (ALTHOUGH NOT DANGEROUS) SIDE EFFECTS. THESE SYMPTOMS INCLUDE THE FOLLOWING: DIZZINESS, ANXIETY, IRRITABILITY, DECREASED CONCENTRATION, MOOD CHANGES, INSOMNIA, PANIC ATTACKS, NAUSEA, INTESTINAL CRAMPING, AND VOMITING.

I have read and understood that I will be expected to comply with the above policy.

Signature of Patient \_\_\_\_\_

Date: \_\_\_\_\_ Provider: \_\_\_\_\_

Signature: \_\_\_\_\_

