STANDARD PROCEDURES ALGORITHM FOR COLORADO RPH PRESCRIBING OF CONTRACEPTIVES

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

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 and is free of pregnancy symptoms, proceed to next step.

3) Medication Screen (Questionnaire #20)?
Caution: anticonvulsants, antiretrovirals, antimicrobials, barbiturates, herbs & supplements, including:
carbamazepine lamicalot /baclofen primidone (*PLEASE ALWAYS REFER TO CURRENT MEC*)
felbamate oxcarbazepine rifampin / rifabutin
griseofulvin phenobarbital topiramate
lamotrigine phenytin fosamprenavir (when not combined with ritonavir)

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


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)

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
If patient smokes, provide smoking cessation counseling; refer to Quitline