 **Depo-provera Standing Order**

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| Issue date: |  | Review date: |  |

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.

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| **Standing Order Name** | Long-acting reversible contraception |
| **Rationale** | To safely and appropriately administer long-acting reversible contraception to women. |
| **Scope (condition and patient group)** | Women who have no contraindications to medroxyprogesterone or its excipients.  Depo-provera is a progestogen contraceptive and prevents pregnancy by stopping the ovaries releasing an egg and changes the lining of the womb. |
| **Assessment** | 1. Check height, weight, BMI and smoking status  2. Check BP  3. Exclude pregnancy  4. Check for contraindications and precautions, such as bone mineral density risk factors  5. Record the UK MEC category when first prescribed and with any new medical history |
| **Indication** | **Long-acting reversible contraception** |
| **Medicine** | Medroxyprogesterone 150mg (**Depo-provera**) |
| **Dosage instructions** | One injection (150mg medroxyprogesterone) to be injected intramuscularly every 12 weeks |
| **Route of administration** | Intra-muscular into the gluteal or deltoid muscle |
| **Quantity to be given** | One injection (150mg medroxyprogesterone) every 12 weeks. |
| **Contraindications** | * Breast cancer * Pregnancy * Severe liver dysfunction * Known hypersensitivity to medroxyprogesterone or its excipients |
| **Precautions** | Check the women’s history to assess for low bone mineral density. |
| **Additional information** | Small risk of anaphylaxis, therefore patient should wait for 20 minutes post injection.  Advise the women that other methods of contraception need to be used for 7 days if injected after day 5 of menstrual cycle.  Advise regarding side effects:   * Irregular or prolonged periods especially in the first 3-6 months * Weight changes * Headache, decreased libido, hot flushes, vaginitis and acne * Can decrease bone mineral density. This improves after cessation   Offer condoms  Advise the women that depo-provera is 97% effective. This can increase to >99% if injections are administered on time.  Advise women that there can be a delay of up to 1 year in the return of fertility after discontinuation. |
| **Follow-up** | Ensure a recall is in place on computer for the next injection in 12 weeks.  Ensure the women is assessed for ongoing use every 2 years to discuss benefits and risks.  Ensure at age 50, the women us reviewed to decide if still clinically appropriate. |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.  **OR**  Countersigning is required within ***XX*** days |
| **Competency/training requirements** | All nurses working under this standing order must be signed off as competent to do so by the issuer. |
| **Supporting documentation** | Family Planning at [www.familyplanning.org.nz](http://www.familyplanning.org.nz)  Faculty of Sexual and Reproductive Healthcare Clinical Guidance on Progestogen-only injectable contraception. Updated April 2019 at <https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-injectables-dec-2014/>  Healthpathways at [www.healthpathways.org.nz](http://www.healthpathways.org.nz)  Best Practice Journal at [www.bpac.org.nz](http://www.bpac.org.nz)  New Zealand Formulary at [www.nzf.org.nz](http://www.nzf.org.nz)  Individual medicine data sheets at [www.medsafe.govt.nz](http://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 |

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| **Medical Centre or Clinic:** |  |

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| **Signed by issuers** |

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

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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