

Good Samaritan Health & Wellness Center
Policies and Procedures

Subject: Administration of Depo-Provera	Policy #: 5.36
Prepared by:	Revision #:
Approved by: Board of Directors	Effective Date: 7/24/2015

5.36 Administration of Depo-Provera

OBJECTIVE:

To ensure consistent and safe administration of Depo-Provera.

PROCESS/PROCEDURE:

1. The following criteria must be met in order for a patient to start a Depo-Provera regimen:
 - A. The injection must be given within 5 days of having commenced a normal menstrual cycle.
 - B. There must be a documented, negative pregnancy test.
 - C. The patient must have a normal PAP smear within the last year.
 - D. The patient must be given the Depo-Provera patient information sheet and must sign the Depo-Provera consent form (see forms section of this manual) prior to the injections.
2. Injections of Depo-Provera can be given within 10-13 weeks from the last injection without repeating the pregnancy test.
3. If more than 13 weeks has lapsed since the last injection, a urine pregnancy test must be performed. If the test is negative, an injection of Depo-Provera may be given. If the test is positive, notify the ordering provider before informing the patient of the result. The provider will give further instruction at that time.
4. Depo-Provera injections will be entered on the medication record in the patient's medical chart following standard EWC protocols.
5. The patient should be scheduled for a return appointment for the next scheduled Depo-Provera injection.

Good Samaritan Health & Wellness Center

DEPO-PROVERA CONSENT

Patient Name: _____ DOB: _____

I have received and reviewed information from Good Samaritan Health & Wellness Center regarding temporary and permanent methods of birth control and have chosen to use Depo-Provera.

The following information has been reviewed with me, all my questions have been answered and I understand completely:

- The decision to accept this type of birth control is completely my choice.
- I have received the Depo-Provera Patient Information Sheet and the discomforts, benefits, and risk with this method of birth control have been explained to me.
- Depo-Provera is approved by the U.S. Food and Drug Administration for birth control and is a very effective and safe method.
- I may experience some soreness for 1-2 days after each injection at the injection site.
- I must return for an injection every 12 weeks for Depo-Provera to be an effective form of birth control.
- Most women who use Depo-Provera have changes with their menstrual period. I may have more bleeding, spotting or no menstrual period at all.
- I may discontinue receiving Depo-Provera injections at any time.
- After discontinuing use of Depo-Provera, it may take 2 - 24 months for me to become pregnant.

I, _____, consent to using Depo-Provera injections.

Patient Signature

Date

STATEMENT OF PERSON OBTAINING CONSENT

I attest that I have explained the side effects, risks, advantages, and benefits of using Depo-Provera to the above stated patient. I also explained alternative methods of birth control. To the best of my knowledge and belief she is mentally competent; knowingly and voluntarily requests Depo-Provera as a contraceptive; and understands the nature and consequences of its use.

Signature and Title of Person Obtaining Consent

Date

STATEMENT OF INTERPRETER

I have translated the information and advice presented orally to the patient who has chosen to use Depo-Provera. I have also read to her the consent form in a language she understands and explained its contents to her. To the best of my knowledge and belief, she understands this explanation and voluntarily consents to Depo-Provera injections.

Signature of Interpreter

Date

DEPO-PROVERA PATIENT INFORMATION SHEET

DEPO-PROVEA PATIENT INFORMATION

DEPO-PROVERA Sterile Aqueous Suspension is a progestational drug. The information below is required by the U.S. Food and Drug Administration to be provided to all patients taking such products. This information relates only to the risk to the unborn child associated with use of progestational drugs during pregnancy. For further information on the use, side effects, and other risks associated with this product, ask your doctor.

WARNING FOR WOMEN

Progesterone or progesterone-like drugs have been used to prevent miscarriage in the first few months of pregnancy. No adequate evidence is available to show that they are effective for this purpose. Furthermore, most cases of early miscarriage are due to causes which could not be helped by these drugs.

There is an increased risk of minor birth defects in children whose mothers take this drug during the first 4 months of pregnancy. Several reports suggest an association between mothers who take these drugs in the first trimester of pregnancy and genital abnormalities in male and female babies. The risk to the male baby is the possibility of being born with a condition in which the opening of the penis is on the underside rather than the tip of the penis (hypospadias). Hypospadias occurs in about 5 to 8 per 1000 male births and is about doubled with exposure to these drugs. There is not enough information to quantify the risk to exposed female fetuses, but enlargement of the clitoris and fusion of the labia may occur, although rarely.

Therefore, since drugs of this type may induce mild masculinization of the external genitalia of the female fetus, as well as hypospadias in the male fetus, it is wise to avoid using the drug during the first trimester of pregnancy.

These drugs have been used as a test for pregnancy but such use is no longer considered safe because of possible damage to a developing baby. Also, more rapid methods for testing for pregnancy are now available

If you take DEPO-PROVERA Sterile Aqueous Suspension and later find you were pregnant when you took it, be sure to discuss this with your doctor as soon as possible.

Rx only



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Client signature: _____ Date: _____

I witness that the client received this information, said she read and understood it, and had an opportunity to ask questions.

Witness signature: _____ Date: _____