**Section 545.APPENDIX C Emergency Contraception Protocols**

CONTRACEPTIVE INTERVENTION

SAMPLE PROTOCOL I

A. GENERAL

Each survivor of sexual assault will receive medically and factually accurate written and oral information about emergency contraception as soon as possible and, in any event, no later than 12 hours after the sexual assault survivor presents herself/himself at the hospital for emergency treatment services; the indications and counter-indications and risks associated with the use of emergency contraception; and a description of how and when survivors will be provided emergency contraception upon the written order of a physician licensed to practice medicine in all its branches, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes prescriptions of emergency contraception, or a physician assistant who has been delegated authority to prescribe emergency contraception. If the alleged sexual assault survivor accepts this treatment, the physician will administer emergency contraception as approved by the federal Food and Drug Administration (FDA), unless contraindicated for medical reasons, while the survivor is in emergency care. Each survivor of sexual assault will be provided with an appropriate referral to a physician licensed to practice medicine in all its branches as provided in the Medical Practice Act of 1987.

CONTRACEPTIVE INTERVENTION

SAMPLE PROTOCOL II

(CATHOLIC HOSPITAL ASSOCIATION)

A. GENERAL

Each survivor of sexual assault will receive medically and factually accurate written and oral information about emergency contraception as soon as possible and, in any event, no later than 12 hours after the sexual assault survivor presents herself/himself at the hospital for emergency treatment services; the indications and counter-indications and risks associated with the use of emergency contraception; and a description of how and when survivors will be provided emergency contraception upon the written order of a physician licensed to practice medicine in all its branches, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes prescriptions of emergency contraception, or a physician assistant who has been delegated authority to prescribe emergency contraception. A female survivor of sexual assault who shows a negative result for pregnancy on the blood test and a negative result with respect to the urine dip-stick test, and whose history corresponds to this, will be offered a contraceptive intervention of high dose Ovral (or equivalent). If the sexual assault survivor accepts this treatment, the first dose will be provided in the emergency department to achieve the contraceptive effect.

If the survivor presents a positive result on the tests, the survivor will be counseled that the emergency department will not offer the formulation. If the blood test is positive for pregnancy, the sexual assault survivor will be counseled that this pregnancy is not of immediate or recent origin. If the urine test is positive and relates to the individual's history, it indicates that the LH surge is under way or that the woman is ovulating, and that a contraceptive formulation would not be effective in preventing ovulation, and contraceptive intervention will not be provided by the hospital.

Sexual assault survivors will be referred to a physician for appropriate follow-up health care.

B. CLINICAL APPLICATION

I. If a woman is determined to be in the preovulatory phase of her cycle, then Ovral (or equivalent) will be immediately available for the most effective contraceptive intervention in the dosage of 2 pills at the present time, and 2 in 12 hours.

1) History: Compatible with preovulatory phase

2) Physical examination: Compatible with preovulatory phase

3) LH urine: Negative

Progesterone level less than 1.5 ng/mL

II. If the woman is determined to be past the early postovulatory phase (LH urine: negative; progesterone: greater than or equal to 6 ng/mL), because the timing of the sexual assault could not have coincided with the presence of an ovum, Ovral (or equivalent) may be prescribed for the psychological benefit of the woman who requests it.

III. If the woman is determined to be in the late postovulatory phase, because the timing of the sexual assault could not have coincided with the presence of an ovum, Ovral (or equivalent) may be prescribed for the benefit of the woman who requests it:

1) Progesterone level: Less than 6 ng/mL

2) LH urine: Negative

3) Menstrual history: Anticipation of menses in less than 7 days (usually 3-5 days)

IV. If a woman is determined to be in (1) her midcycle LH surge phase or (2) early postovulatory phase, Ovral (or equivalent) will not be given by the emergency department physician:

1) LH urine: Positive

Progesterone level: Unnecessary to perform

2) LH urine: Negative

Progesterone level: Greater than or equal to 1.5 or less than or equal to 5.9 ng/mL

Menstrual history: Compatible with midcycle and early postovulatory phase (menses expected in greater than 7 days).

(Source: Amended at 33 Ill. Reg. 14588, effective October 9, 2009)