Thames Valley
Family Health Team

Medical Directive

Administration of Medroxyprogesterone Acetate (Depo-Provera®)	**Assigned Number: 010**
Activation Date: July 1, 2011	**Review due by: December 2026**

Approval Signature & Date

Medical Director: _____ Date Reviewed: April 15, 2025

Clinical Services Director: _____ Date Reviewed: April 15, 2025

Order and/or Delegated Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Administration of Medroxyprogesterone (Depo-Provera®) 150mg IM every 12 weeks (may be given every 10-13 weeks).

Recipient Patients:	**Appendix Attached:** ☐ **Yes** ☒ **No**

All active patients (attached or unattached) served by Thames Valley Family Health Team affiliated physicians and nurse practitioners, as identified on the Authorizer Approval Form.

Authorized Implementers:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Thames Valley FHT Registered Nurses/Registered Practical Nurses (RN/RPN)*

The implementer must complete educational requirements for this medical directive, including review of the education package and medical directive and successful completion of any quizzes. If additional orientation or shadowing is needed, the implementer must make arrangements for this with their clinical supervisor. Once all of the above has been completed, they are required to sign the Implementer Performance Readiness Form electronically, via Citation Canada, indicating they have the knowledge, skill and judgment to safely enact the medical directive.

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Indications:	**Appendix Attached:** ☐ **Yes** ☒ **No**
Current prescription for Medroxyprogesterone.	
Contraindications:	**Appendix Attached:** ☐ **Yes** ☒ **No**

1. Medroxyprogesterone should not be administered if the patient suspects they may be pregnant or if the last injection was more than 13 weeks ago unless there is a negative pregnancy test.
2. Blood pressure ≥160/100 mm Hg.
3. Heavy smoking (>15 cigarettes per day) and over 35 years old.
4. Patients with known hypersensitivity to Medroxyprogesterone (Depo-Provera®) or any of its other ingredients should avoid this form of birth control.

Consent:	**Appendix Attached:** ☐ **Yes** ☒ **No**
Informed verbal consent is obtained from the patient/substitute decision maker, per TVFHT: Informed Consent of Patient Healthcare Procedure, prior to the implementation of care.	
Guidelines for Implementing the Order/ Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No**

1. Ensure the patient/substitute decision maker has been informed of the risks of osteoporosis and possible drug adverse reactions of the injectable contraceptive.

2. A blood or urine pregnancy test is not necessary prior to injection if there is no suspicion of the possibility of pregnancy. If there is suspicion of pregnancy (ex >13w since last dose), the implementer may obtain a urine sample and perform a urine pregnancy test.

3. Encourage Calcium and Vitamin D intake (at least 1000 mg Calcium and 600IU Vitamin D daily from all dietary and oral sources.

4. The patient will be advised medroxyprogesterone does not protect against sexually transmitted diseases.

5. Obtain blood pressure- if outside of normal parameters, consult with physician/nurse practitioner.

6. Medroxyprogesterone/ Depo-Provera® 150mg is administered intramuscularly to the deltoid or gluteal muscle.

7. Advise patient to seek medical attention if they experience any of the following:
    - Heavy, continuous bleeding
    - Severe pain in the calf or leg
    - Numbness or weakness in the arm or leg
    - Severe headache or slurred speech
    - Vision loss, double vision, or other vision changes
    - Shortness of breath, chest pain, or coughing up blood
    - Severe pain in the lower stomach
    - Yellowing of skin or eyes
    - Severe pain, swelling, bleeding, or pus at injection site

8. Provide the patient with an appointment or return date for their next injection. The patient is informed that a delay of the next injection beyond 13 weeks could lead to a loss of contraceptive efficacy.

Documentation and Communication:	**Appendix Attached:** ☐ **Yes** ☒ **No**

- The implementer will follow the documentation standards set by their governing college.
- In the patient's medical record, documentation must be completed on the TVFHT documentation template provided for this directive.
- Information regarding implementation of the directive and the patient's response will be documented in the patient's medical record, in accordance with standard documentation practice.

Review and Quality Monitoring Guidelines:	**Appendix Attached:** ☐ **Yes** ☒ **No**

The directive remains in effect until amended. It will be reviewed biennially or under the following circumstances:

1. The Medical Director identifies a need for change
2. Issues arise related to the directive's use--the team must promptly communicate concerns to their clinical supervisor, Medical Directives Coordinator, or Clinical Director
3. New information becomes available between scheduled reviews, particularly if it affects outcomes

The Medical Directives Committee will then review the concerns in consultation with at least one implementer and the Medical Director, as needed, before making necessary changes.

Approving Authorizer(s):	**Appendix Attached:** ☐ **Yes** ☒ **No**

Thames Valley Family Health Team Authorizer Approval Form signed in Citation Canada.