



PROCEDURE	
Depo-Provera administration	
Scope (Staff):	Registered Nurse, Clinical Nurse
Scope (Area):	Aboriginal Health Team (AHT)

This document should be read in conjunction with this [DISCLAIMER](#)

Aim

To provide guidance on the administration of the contraceptive Depo-Provera.

Risk

Non-adherence to this procedure may result in possible harm to the woman’s health or an unintended pregnancy.

Background

Depot medroxyprogesterone acetate (DMPA) is an injectable progesterone-only method of contraception which provides effective, three month long reversible contraception. It is available in Australia as Depo-Provera® or Depo-Ravolera®. DMPA works by preventing ovulation and causing the cervical mucus to thicken, which interferes with sperm penetration.¹

This contraception is available to women accessing the Aboriginal Child Team (AHT) under the direction of the AHT Medical Officer (MO).

Key Points

- Nurses must work within their scope of practice.
- Initiation of Depo-Provera for contraception requires that the client see the AHT MO and have the first dose administered by the MO.
- A written medication order (CHS 414) must be supplied to the AHT nursing staff for further injections.
- Pregnancy should be excluded prior to the administration of Depo-Provera contraception.
- The contraceptive is not suitable for women who have had breast cancer in the last 5 years.
- Intramuscular (IM) Depo-Provera may cause heavy, irregular bleeding if used before 6 weeks postpartum.
- The injection is given as 150mg Depo-Provera intermuscular every 12 weeks and recorded on the medication chart provided by the AHT medical officer and in CDIS.
- The MO is to review the client at least every 12 months.

Equipment

150mg vial/mL of DMPA

Syringe

Urine HCG pregnancy test equipment.

Process

Steps	Additional Information
1. Identify client suitability for a follow up injection.	
1a. If previous injection was given at least 10 weeks ago and less than 14 weeks ago, proceed to Step 2.	<ul style="list-style-type: none"> Injection may be given between 10 to 14 weeks.²
1b. If more than 14 weeks have elapsed since the last injection, refer client to MO for review and pregnancy test.	<ul style="list-style-type: none"> If pregnancy test negative, MO to review and order Depo-Provera injection. Proceed to Step 2.
2. Prior to administering medication: <ul style="list-style-type: none"> Review the medication order on the <i>Medication administration chart</i> (CHS 414) and consider the <i>Six rights of safe medication administration</i>: <ul style="list-style-type: none"> Right patient Right medication Right dose Right time Right route Right documentation.³ 	<ul style="list-style-type: none"> Verbal directions must have an independent double check undertaken and be documented on the medication chart (CHS 414). A double check may be conducted by another RN present in the clinic, or by emailing the directions to the MO for confirmation. Verbal or electronic directions must be written up and signed by the MO on the client's medication chart or in their clinical notes within 24 hours of the instruction being given.
3. Medication administration <ul style="list-style-type: none"> Inject 150 mg/1mL deeply into the gluteal or deltoid muscle.⁴ 	Shake medication well before use. ⁴ <ul style="list-style-type: none"> The gluteal muscle in the buttock is the preferred site for IM DMPA administration but it can be administered into the deltoid muscle of the upper arm. Do not rub after injection.
4. Communication to client <ul style="list-style-type: none"> Advise client to return for MO review if experiencing unwanted side effects. 	<ul style="list-style-type: none"> The most common side effect is irregular bleeding. Some women may experience side effects such as headaches, mood changes or a small

Steps	Additional Information
<ul style="list-style-type: none"> Advise client to return in 12 weeks when the next injection is due. 	<p>amount of weight gain.²</p> <ul style="list-style-type: none"> MO to review client at least every 12 months.
<p>5. Communication to MO</p> <ul style="list-style-type: none"> Email MO to advise of the date the injection was given. 	
<p>6. Documentation</p> <ul style="list-style-type: none"> Nurse to record on the medication chart (CHS 414) and in CDIS. MO to record administration in MMEX. 	<ul style="list-style-type: none"> Following administration of the medication, the medication administration chart must be signed immediately by the clinician who administered the dose.

References

- Faculty of Sexual and Reproductive Healthcare. Progestogen-only Injectable contraception (Clinical Guidance): Royal College of Obstetricians and Gynecologists; 2019. Available from: <https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-injectables-dec-2014/>.
- WA Primary Health Alliance (WAPHA). Contraceptive Injection Perth: WAPHA; 2016. Available from: <https://wa.healthpathways.org.au/index.htm>.
- Hughes RG e. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008.
- The Society of Hospital Pharmacists of Australia (SHPA). Australian Injectable Drugs Handbook. 7th ed. Collingwood (Victoria): SHPA; 2019.

Related policies, procedures and guidelines

The following documents can be accessed in the [CAHS-CH Operational Manual](#)

Client identification

The following documents can be accessed in the [CAHS Policy Manual](#)

Medication Safety

The following documents can be accessed in the [PCH Pharmacy Manual](#)

Medication Preparation, Checking and Administration

Related CAHS-CH resources


The following resources and forms can be accessed from the [CAHS-Community Health Resources](#) page on HealthPoint

Medication administration chart (CHS414)

Related external resources

[Sexual Health Quarters](#)- *Contraception injection* client information

This document can be made available in alternative formats on request for a person with a disability.

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