



## DST 802 Revision Summary

DST Publication #	DST Name	Initial Publication Date
802	Care and Treatment Plan: Progestin-Only Hormonal Contraceptives	December 2023
Revision Approved by DST Oversight Body	Revised DST Effective Date	Next Review Date
May 27 <sup>th</sup> , 2025	June 6 <sup>th</sup> , 2025	January 2027

### Summary of Revisions

Minor changes have been made to DST 802 to ensure references and associated links are up to date, and to address challenges with reduced access to resources on the United States Centers for Disease Control and Prevention website. Minor changes have also been made to align with BCCNM Standards, limits, and conditions.

Section	Summary of Revisions	Rationale for Revision
Throughout	Minor editorial changes have been made throughout the document.	To enhance clarity and readability.
Appendix 1	Removed the screening tool.	This tool was a repetition of the US MEC and is no longer up to date. Users of the DST should refer to the most up-to-date MEC.
Throughout	Language has been updated to align with BCCNM's language related to insertion and removal.	To align with <a href="#">BCCNM's approved revisions to the Registered Nurse Certified Practice Limits and Conditions</a> , which clarify that RNs certified in Contraceptive Management may prescribe, dispense, administer, insert, or remove any type of contraception, not just hormonal contraception.
Consultation and/or Referral	The following sentence has been added: RN(C)s consult with, refer to, or transfer care to other health professionals about the treatment plan or as needed to meet the client's needs as per <a href="#">Section 8: Restricted activities for certified practice</a> .	To align with BCCNM standards, limits and conditions.



Section	Summary of Revisions	Rationale for Revision
Absolute Contraindications	<p>The following section has been removed:</p> <ul style="list-style-type: none"><li>• Clients who are currently taking POHCs and demonstrate any of the following symptoms:<ul style="list-style-type: none"><li>◦ ACHES (abdominal pain, chest pain, headache, eye problems and severe leg pain)</li><li>◦ Jaundice</li><li>◦ Syncope</li><li>◦ Severe depression</li><li>◦ Unexplained vaginal/genital bleeding</li><li>◦ Severe or worsening migraine headaches, with or without aura</li><li>◦ Severe allergic reaction</li></ul></li></ul>	The US MEC document is now included in the appendix of DST 800. This content was redundant and is a repetition of the US MEC (Nguyen et al., 2024).
Absolute Contraindications	<p>The words 'on follow-up' have been added to: On follow-up, clients whose medical condition has changed so that they might be using CHCs in the presence of relative or absolute contraindications as defined by the <i>U.S. Medical Eligibility Criteria for Contraceptive Use</i>, Categories 3 and 4 (Nguyen et al. 2024).</p>	To enhance clarity.
Precautions and Considerations Specific to Oral Progestin-Only Hormonal Contraceptives	<p>Vomiting within 2 hours has been revised to 3 hours.</p>	To align with current evidence in US SPR (Curtis et al., 2024)
References	<p>References have been updated, added to the reference list, and cross-referenced for accuracy to include the most recent versions of the following:</p> <ol style="list-style-type: none"><li>1. Update to Contraceptive Technology 22 Ed. (Cason et al., 2023)</li><li>2. Update to US Medical Eligibility Criteria (MEC) (Nguyen et al., 2024)</li><li>3. Update to US Selected Practice Recommendations (SPR) (Curtis et al. 2024)</li></ol>	To keep up to date with evidence-based resources.



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	4. Acting within autonomous scope of practice standard (BCCNM, 2025)	