

**Stimulation Plan of Care**  
**Low Slow Ovulation Induction Protocol: Patients at Risk of Hyperresponse**

First cycles only: Schedule injection teaching at least one week before anticipated start of stimulation. You and your partner will need to attend class. Medications will be ordered at this time.

Menstrual Cycle Day	Medication	Monitoring	Reason for visit	Changes to plan
Before cycle start				
CYCLE DAY 1	CALL NURSES LINE 919-572-4673, Option #2			
2	FSH 50 Units at night	Baseline Ultrasound	Rule out cysts or thick lining	
3	FSH 50 Units at night			
4	FSH 50 Units at night			
5	FSH 50 Units at night			
6	FSH 50 Units at night			
7		Ultrasound Estradiol	Look for follicles; adjust medications if necessary	

Ultrasound and/or estradiol tests every few days will determine when you take Ovidrel to release the egg(s).

Dose will be increased by 25 Units every 7 days until estradiol rises.

If Intercourse: Plan to have intercourse by 37-40 hours after the Ovidrel. Having intercourse 12 and 36 hours after the Ovidrel may help avoid missing your "date" (the 12 hour intercourse will provide a back-up if a conflict arises for 36 hour "date").

If Insemination: Insemination will be approximately 36 hours after Ovidrel.

You will start Prometrium after you ovulate (approximately 3-4 days after Ovidrel is fine).

Check a urine pregnancy test two weeks after insemination or intercourse. If pregnancy test is positive, continue Prometrium and schedule a blood test. If pregnancy test is negative, stop Prometrium and you will have a period.