



## Emergency Hormonal Contraception Record Form

This form is to be completed on each occasion the EHC National Enhanced Service is provided.

Completed forms should be retained for 10 years or until the client is 25 years age whichever is longer.

Pharmacy Stamp
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	Yes	No
Is the patient presenting in person?		Refer
Is the patient 13 years of age or over?		Refer
If the patient is between 13 and 16 years of age, are they deemed Fraser competent (see assessment)?		Refer

Date of Consultation									
Patient Reference No									
Patient's Age/Date of Birth									
Patient's Postcode (complete as much as possible)	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>								

Reason for request	<input type="checkbox"/> UPSI <span style="margin-left: 100px;"><input type="checkbox"/> Condom Failure</span> <span style="margin-left: 50px;"><input type="checkbox"/> Missed Pill</span>
	<input type="checkbox"/> Other
	<input type="checkbox"/>
	<input type="checkbox"/>

Regular contraception	<input type="checkbox"/> Patch <span style="margin-left: 20px;"><input type="checkbox"/> COC</span> <span style="margin-left: 20px;"><input type="checkbox"/> POP</span> <span style="margin-left: 20px;"><input type="checkbox"/></span>
	<input type="checkbox"/> Injection <span style="margin-left: 20px;"><input type="checkbox"/> Implant</span> <span style="margin-left: 20px;"><input type="checkbox"/> IUD/S</span> <span style="margin-left: 20px;"><input type="checkbox"/></span>
	<input type="checkbox"/> Other <span style="margin-left: 20px;"><input type="checkbox"/> None</span> <span style="margin-left: 20px;"><input type="checkbox"/></span>

Date and approximate time of UPSI	
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Hours since UPSI	<input type="checkbox"/> 0 – 24 <input type="checkbox"/> 25 – 48 <input type="checkbox"/> 49 - 72 <input type="checkbox"/> 73 - 96 <input type="checkbox"/> 97 -120 <input type="checkbox"/>
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	Yes	No
Was Last Menstrual Period (LMP) unusual?	Refer <sup>b</sup>	
Date of Last Menstrual Period (LMP)		
Did UPSI occur mid cycle?	Supply, Advice <sup>a</sup> & Refer	
Is the patient presenting within 72 hours of UPSI?	Consider Levonorgestrel	Consider ulipristal

*To be completed if supplying levonorgestrel*

	Yes	No
Has the patient had other episode(s) of UPSI in this cycle prior the episode for which she is presenting? Is there any possibility that the patient is already pregnant?	Refer <sup>b</sup>	
Has EHC been taken already in this cycle?	Refer <sup>b</sup>	
Is the patient presenting more than 72 hours but less than 96 hours since the episode of UPSI and excluded from the supply of ulipristal via PGD?	Refer <sup>b</sup>	
Does the patient have a known allergy to levonorgestrel or any other of the tablet ingredients/excipients?	Refer	
Does the patient have severe hepatic dysfunction?	Refer	
Does the patient have any severe absorption difficulties e.g. severe vomiting or diarrhoea?	Refer	
Does the patient have any severe malabsorption syndrome e.g. Crohn's disease?	Refer	
Does the patient have porphyria?	Refer	
Does the patient have unexplained vaginal bleeding?	Refer <sup>c</sup>	
Is the patient taking enzyme inducing medication? (refer to BNF Chapter 7.3.5 <i>Emergency Contraception</i> for details)	Refer <sup>b</sup>	
Is the patient taking ciclosporin?	Refer	
Is the patient taking anticoagulant medicines?	Refer <sup>b</sup>	
Is the patient presenting later than 96 hours after UPSI?	Refer	
Has the patient delivered a baby within the last 3 weeks?	Exclude (EHC not required)	

- a. Evidence suggests that EC is less effective in cases where UPSI occurred in mid cycle. The PGD emphasises the importance of additional referral for IUD for women presenting having had UPSI in mid cycle.
- b. In these circumstances Pharmacists may use their professional judgement in determining whether to make a supply of levonorgestrel for an unlicensed indication. Regardless of if the supply is made the client must be referred to their GP or to sexual health clinic.

*To be completed if supplying ulipristal*

	Yes	No
Has the patient had other episode(s) of UPSI in this cycle prior the episode for which she is presenting?	Refer <sup>c</sup>	
Has EHC been taken already in this cycle?	Refer <sup>c</sup>	
Does the patient have a known allergy to ulipristal acetate or any other ingredient of Ella One?	Refer <sup>c</sup>	
Does the patient have hepatic impairment	Refer	
Does the patient have renal impairment?	Refer <sup>c</sup>	
Does the patient have any severe absorption difficulties e.g. severe vomiting or diarrhoea?	Refer	
Does the patient have any severe malabsorption syndrome e.g. Crohn's disease?	Refer	
Does the patient have severe asthma?	Refer <sup>c</sup>	
Does the patient have unexplained vaginal bleeding?	Refer <sup>c</sup>	
Does the patient have a rare hereditary problem of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption?	Refer	
Is the patient breast feeding?	Refer <sup>c</sup>	
Is the patient taking enzyme inducing medication?	Refer <sup>c</sup>	
Has the patient delivered a baby within the last 3 weeks?	Exclude (EHC not required)	

c. The pharmacist should consider if it is clinically appropriate to supply levonorgestrel **and** refer the patient for further advice

*To be completed for all consultations*

Previous EHC use (months)	0 – 2 <input type="checkbox"/>	3 - 5 <input type="checkbox"/>	6 + <input type="checkbox"/>	Never <input type="checkbox"/>
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Oral and IUD emergency contraception options discussed	<input type="checkbox"/>
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Referred to:	No referral <input type="checkbox"/>	Sexual health service <input type="checkbox"/>	GP <input type="checkbox"/>
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## Treatment Plan

Levonelle® 1500 one tablet as single dose within 72 hours of UPSI	<input type="checkbox"/>
Levonelle® 1500 two tablets as single dose (enzyme inducers) within 72 hours of UPSI	<input type="checkbox"/>
ulipristal acetate 30mg one tablet as single dose between 72 and 120 hours following UPSI	<input type="checkbox"/>
Levonelle® 1500 one tablet as single dose between 72 and 96 hours of UPSI (contraindication to ulipristal acetate)	<input type="checkbox"/>
Levonelle® 1500 two tablets as single dose (enzyme inducers) between 72 and 96 hours of UPSI	<input type="checkbox"/>
No supply – patient presenting too late for treatment	<input type="checkbox"/>
No supply – EHC not required	<input type="checkbox"/>

## Counselling

Child protection issues considered/discussed	<input type="checkbox"/>
Discuss mode of action	<input type="checkbox"/>
Discuss failure rate	<input type="checkbox"/>
Confirm next period may be early or late	<input type="checkbox"/>
Discuss need for follow up including pregnancy test if next menstrual period is more than 5 days late or lighter than usual	<input type="checkbox"/>
Discuss need to return if further UPSI <sup>d</sup>	<input type="checkbox"/>
Action to take if vomiting within 3 hours	<input type="checkbox"/>
Discuss if appropriate unlicensed use and obtain consent	<input type="checkbox"/>
Discuss need for future contraception	<input type="checkbox"/>
Discuss risk of STIs	<input type="checkbox"/>
Provide information on family planning and sexual health services available within the Health Board area	<input type="checkbox"/>
Supervise dose on premises	<input type="checkbox"/>

d. Where supplying levonorgestrel only

### Details of Supply

Batch Number	
Expiry Date	
Dose taken on the premises	<input type="checkbox"/>

### Declaration

I have been counselled on the use of emergency hormonal contraception and understand the advice given to me by the pharmacist

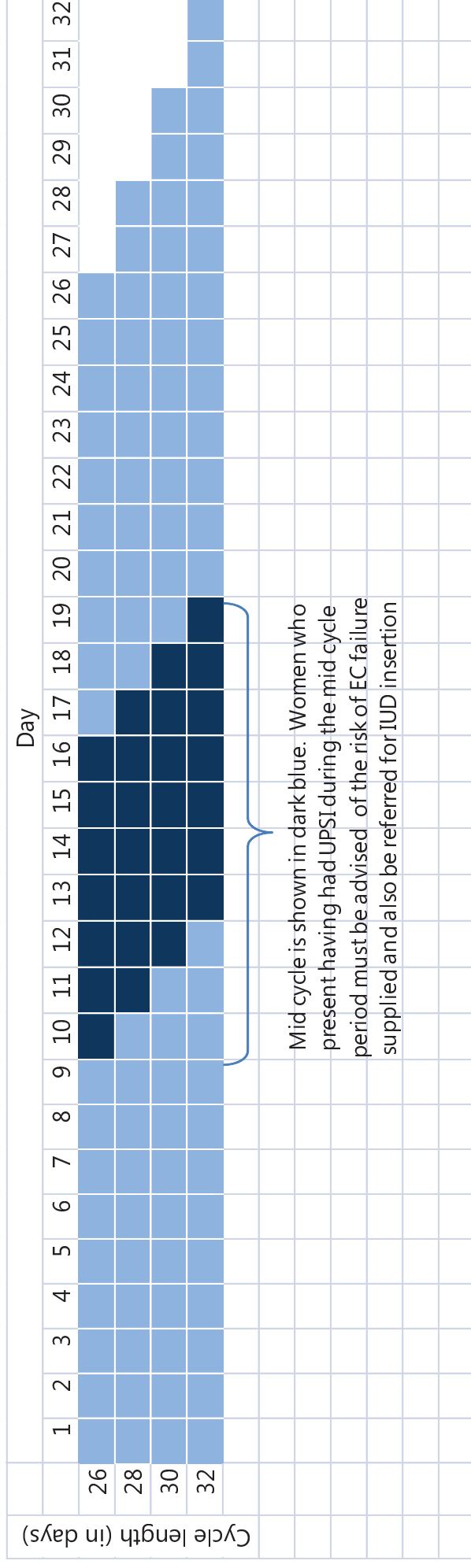
Patient Name
Patient Address
Patient Signature/Initials
Date

The action specified was based on the information given to me by the patient, which to the best of my knowledge, is correct.

Pharmacist Signature
Pharmacist GPhC Registration Number
Date

**Appendix 1:**

Calculating the mid cycle range for varying cycle lengths



Note: Coils can be fitted up to 5 days post UPSI and also up to 5 days after the earliest possible ovulation, so UPSI on day 8/9/10/11 etc (of a 28 day cycle ) can still have a coil up to day 19 even if they have had repeated UPSI. (Bar chart could be used to help show this)

## Appendix 2

### Fraser Guidance for Issuing Contraceptive Advice to those under 16

Fraser guidelines refer to the Department of Health guidance issued in 1986 on the provision of contraceptive advice and treatment to young people under 16 years of age (also formerly known as ‘Gillick Competence’).

*A doctor or any other professional would be justified in giving contraceptive advice and treatment to a young person under 16 without parental knowledge and consent provided if they were satisfied*

	Yes	No
The young person, although under 16, understands the advice from the healthcare professional seen		
The young person cannot be persuaded to tell their parents they are seeking contraceptive advice		
The young person is likely to have intercourse with or without contraceptive treatment		
The young person’s physical or mental health is likely to suffer unless they receive contraceptive advice or treatment		
It is in the young person’s best interests to give contraceptive advice or treatment		

### Declaration

Pharmacist Signature	
Date	

Fraser guidelines for contraception Ref: Turner, J. (1985) “discretion to act in the interests of the girl – the Gillick Judgement. *Journal of Medical Defence Union*. Vol: Winter; 6-7. **Fraser Guidelines**