EHC – Patient Registration and Consultation Information.

Date		Patient Name		Post Code	
DOB		Ethnicity		GP Practice	

NB: PATIENT CONSENT SHOULD BE RECORDED FOR ALL PATIENTS: this can be online if consultation completed with live connection to PharmOutcomes otherwise patient signs overleaf and pharmacy retain this form as record.

Fraser competency (only Tier 2 pharmacies need to complete Fraser competencies section).
NB. If client is age 13 or younger contact Cobridge to arrange prioritised consultation.

Not applicable (16years +)		Assessed client understanding		Assessed client maturity	
Encouraged parental involvement		Client likely to continue behaviour		Assessed physical/mental effects of withholding EHC	
Acting in young person's best interest					

Safeguarding (ALL pharmacies to complete as some issues relevant to vulnerable adults)

None		Is client under 13?		If under 16 is partner 4yrs+?	
Client forced/coerced to sex?		Client being sexually abused?		Concern about other issue?	
Details of concerns…					
Consent to Refer?	Yes		No		

Menstrual History - See note below regarding hormonal contraception

Normal cycle length (days)		Date of day 1		Is menstrual cycle regular?	
Length of cycle in days. If irregular cycle use shortest. If client is amenorrhoeic use 0					
Day in cycle – tick which applies	Early in cycle	Mid cycle (day 12-15)	Late cycle (day 16 onwards)		

Establish risk of pregnancy
Details of UPSI

Was any contraception used?		If yes: Which one was used?			
Up to 72 hours since UPSI?		72 – 120 hours since UPSI?		Over 120 hours since UPSI?	

Patient Treatment Choice

If EHC is not indicated and no onward referral made, please give advice on contraception and STDs	
Confirm discussion of post-coital contraception took place?	

Provider and patient information

Health professionals should discuss individual need for emergency contraception (EC) and inform women about the different methods with regard to efficacy, adverse effects, interactions, medical eligibility and need for additional contraceptive precautions.

If client interested in **Copper Coil (*Cu IUD*)** *please refer to CASH services*

This is the most effective form of emergency contraception more than 99% effective. Copper device inserted in the womb and can be used as an ongoing method of contraception. Client goes back for a 3 week check.

Where EHC is indicated

IF NONE of following apply – please Supply LNG – complete Stage 2 LNG 1500mg (see overleaf).

Acute active porphyria		Unexplained vaginal bleeding		Ischemic heart disease	
Severe liver disease		Severe malabsorption syndrome		Current breast cancer	
Possible interacting meds/LNG		More than 72 hours post UPSI			

If LNG unsuitable AND if NONE of following apply – please Supply UPA – complete Stage 2 UPA 1500mg (overleaf).

Unexplained vaginal bleeding		Renal or hepatic impairment		Active liver disease	
Glucose-galactose malabsorption		Lapp lactose deficiency		On enzyme inducing drug	
Known allergy to active ingredient		Known allergy to excipients, lactose or galactose		Severe asthma insufficiently controlled by oral steroids	
Other meds interact with UPA		More than 120 hours post UPSI			

Consultation outcome

LNG supplied go to LNG 1500mg supply		UPA supplied go to UPA 30mg supply		Referred for Cu IUD		EHC not supplied(give reason)	

<u>Supplying Pharmacist Name and GPhC Number:</u>

EHC - LNG 1500mg Supply

Confirm no reason to exclude supply

Hypersensitivity to LNG?		Likelihood of pregnancy?		Declines to take tablet?	
Unexplained vaginal bleeding?		Current breast cancer?		More than 72 hrs post UPSI?	
At risk of ectopic pregnancy?		Active acute Porphyria?		Interacting meds?	
Previous use of LNG this cycle? (except if vomited 1st dose)				None of the above	
Weighs more than 70kg or has BMI greater than 26 kg/m^2					

EHC - UPA 30mg Supply

Confirm no reason to exclude supply

More than 120 hrs post UPSI?		Previous use of UPA this cycle? (except if vomited 1st dose)		Suspected pregnancy?	
Breastfeeding? (unless willing to suspend feeding for 7 days)		Unexplained vaginal bleeding?		Unexplained amenorrhoea?	
Other UPSI since last period?		Severe asthma? (grade 5 BTS)		Renal or hepatic dysfunction?	
Diabetes with complications?		Breast cancer?		Active acute Porphyria?	
Galactose intolerance?		Lapp lactase deficiency or glucose-galactose malabsorption?		Interacting medicines?	
Severe malabsorption disease		Hypersensitivity to UPA?		None of the above	
Under 72 hrs post UPSI <u>unless</u> mid cycle or weighs more than 70kg or has BMI greater than 26 26 kg/m^2					

Counselling – all patients taking EHC

Mode of Action		Side Effects		What to do if vomit	
Effect on foetus		Failure rate		Next period late/abnormal	
Ectopic pregnancy		When to seek medical advice		Follow up	
Patient information leaflet given		Chlamydia and other STIs		Future / ongoing contraception	
Breastfeeding(UPA) 7day break		Advice re: missed contraceptive pill given (if appropriate)			
Under 18s to STAR service		Refer into CASH or GP for ongoing advice and contraception			

Medication Supply Information

Drug given: LNG 1500mg / UPA 30mg

Batch Number…….Expiry Date…….

Confirm taken on premises…… Was this a second dose due to vomiting first dose? Yes / No

Condoms supplied? Yes / no

Service audit questions, tick all that apply

Convenient- closest/easiest		Recommended by friend		Recommended by parent	
Recommended by HCP		Came across by Chance		Aware due to advert	
Other – please specify					

Are you here today because you prefer to receive this type of service from pharmacy .....YES / NO

<u>The information I have given is correct to the best of my knowledge. I have been counselled on the use of emergency contraception and understand the advice given to me.</u>

Client's Signature:	**Date:**

The stated action was based on the information given to me by the client, which is correct to the best of my knowledge

Pharmacists Name & Signature:		**Date:**	

Time taken to complete consultation…….mins