

EHC - Registration

Date		Patient Name			
DOB		Postcode		Ethnicity	

EHC Stage 1 – Consultation

Fraser competency

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

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			

Reason for request – for missed pills information - see flowchart

No contraception used		Failed Condom		Missed pill / patch COC	
Missed pill POP		Late Depo injection		Vomited previous EHC	
Diarrhoea/ vomiting					

Time since UPSI

Up to 24 hours		24 – 48 hours		48 – 72 hours	
72 – 120 hours		Over 120 hours			

Alcohol / Drug use involved

Alcohol involved?		Drug use involved?		Prefer not to say?	
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Menstrual History - See note below regarding hormonal contraception

Normal cycle length (days)		Date of last period		Day in cycle?	
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Establish risk of pregnancy

Last period (LMP) abnormal?		Previous UPSI without EC since LMP		Referral to?	
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Inform ALL clients of Cu IUD option and record referral outcome

Copper Coil via qualified provider

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 comes back for a 3 week check.

Levonorgestrel acetate 1500mg

Oral method of EC - has been available for long time and more effective earlier in the cycle. Less effective than IUD and UPA. If method fails - no evidence of risk to foetal abnormality but no guarantee of normal pregnancy either.

Additional precautions LNG - if starting hormonal contraception immediately after progestogen-only emergency contraception, condoms or avoidance of sex should be advised for 7 days (2 days for POP, 9 days for Qlaira).

Ulipristal acetate 30mg (UPA)

Newer method of oral EC. Clinical studies show that 2 out of 100 women who took UPA within 120hrs became pregnant. More effective than levonorgestrel especially around mid-cycle. No evidence of foetal abnormality but UPA new drug - limited data about this.

Additional precautions UPA – UPA interferes with action of progestogen containing contraceptives. The contraceptive action of COC's and POP's may be reduced. Continual use of OC not C/I use of barrier contraception advised until next menstrual cycle. Following use of UPA the FSRH advises the use of condoms or abstinence from sex for 14 days for COC (9 days for POP, 16 days for Qlaira,)

EHC indicated and any of following apply?

Failed OC?		Less than 72hrs since UPSI		Breastfeeding?		If EHC indicated now go to stage 2 LNG 1500mg
72-120hrs since UPSI		Hypersensitive to LNG?				If EHC indicated now go to stage 2 UPA 30mg

Consultation outcome

LNG supplied go to stage 2 LNG 1500mg		UPA supplied go to stage 2 UPA 30mg		Referred for Cu IUD		EHC not supplied (give reason)		C-Card offered if under 25 years	
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Reason EHC not supplied if applicable:		State C-Card number if applicable:	
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EHC - Stage 2 – LNG 1500mg

Exclusion Criteria

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?		None of the above	

EHC - Stage 2 – UPA 30mg

Exclusion Criteria

Outside 72-120 hrs post UPSI?		Previous use of UPA this cycle? (except if vomited 1 st 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	

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		LARC and other contraception	
Breastfeeding(UPA) 7day break					

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

Chlamydia Test 15 – under 25 year-olds only Test supplied? YES / NO / Outside of age range

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	
Confidential Service		Other – please specify			
Are you here today because you prefer to receive this type of service from pharmacy?					Yes / No

I consent to my registration details being shared with all pharmacies accredited to deliver the service to ensure safe and effective provision of EHC to me. 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

Client's Signature:	Date:
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The stated action was based on the information given to me by the client, which is correct to the best of my knowledge

Supplying Pharmacists Name & Signature	GPhC Registration no:	Date:
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