

**EMERGENCY HORMONAL CONTRACEPTION PROFORMA** Appendix 1

Pharmacy Stamp
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<b>DATE</b>		<b>CLIENT NAME</b>	
<b>DOB</b>		<b>AGE</b>	

**Please insert ✓ in boxes where appropriate.**

**1. If 13, 14, 15 years old:**

EXPLAINED CONFIDENTIALITY AND LIMITS <input type="checkbox"/>			
COMPETENT TO CONSENT Y <input type="checkbox"/>		N <input type="checkbox"/> UNDER 13 <input type="checkbox"/> CHILD PROTECTION ISSUES <input type="checkbox"/> <i>(for any of last 3 refer)</i>	
WHO IS WITH HER?		WHO KNOWS SHE IS HERE?	
HOW OLD IS PARTNER?		LIVES WITH FAMILY / FRIENDS / IN CARE / HOMELESS	
ATTENDS SCHOOL?	Y <input type="checkbox"/> N <input type="checkbox"/>	CONCERNS DRUGS/ALCOHOL?	Y <input type="checkbox"/> N <input type="checkbox"/>
		CONCERNS ASSAULT/ABUSE?	Y <input type="checkbox"/> N <input type="checkbox"/>

**2. Menstrual cycle:**

<b>Last Menstrual Period:</b>	NORMAL?	Y / N	CYCLE	Days =	REGULAR?	Y / N
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**3. Pregnancy test:**

PREGNANCY TEST	NOT DONE	<input type="checkbox"/>	NEGATIVE	<input type="checkbox"/>	POSITIVE	<input type="checkbox"/>
(Do test if period late or LMP unsure or LMP unusual)						
CIRCUMSTANCES:	UPSI <input type="checkbox"/>	CONDOM FAILURE <input type="checkbox"/>	OTHER:			

**4. When was the first UPSI since the start of last period or since hormonal method failure?**

DATE		DAY IN CYCLE OF 1 <sup>ST</sup> UPSI
HOURS SINCE		TIME (> 72 hours since 1 <sup>ST</sup> UPSI – Refer)

**5. History: (Refer to current BNF)**

	NO	YES	Notes
ANY EHC ALREADY THIS CYCLE?			If already used EHC this cycle - <b>Refer</b>
SEXUAL ASSAULT?			If assault refer to local guidelines
PREVIOUS VOMIT WITH EHC?			Discuss alternatives
KNOWN ALLERGY TO LEVONORGESTREL?			If YES Refer
SEVERE HEPATIC DYSFUNCTION?			If YES Refer
SEVERE ABSORPTION DIFFICULTIES?			If YES Refer
PORPHYRIA?			If YES Refer
SEVERE MALABSORPTION SYNDROME?			If YES Refer
UNEXPLAINED VAGINAL BLEEDING?			If YES Refer
ON CICLOSPORIN?			If YES Refer
ENZYME INDUCING MEDICATION?			If Yes, refer for IUD or double dose EHC

**6. Conception risk for a 25 yr old after 1 episode of UPSI:**

Days 8-17	20-30% risk of pregnancy
Days 1-7 and >17	2-3% " " "

**7. Postcoital contraception options:**

Levonelle <sup>®</sup> within 72 hours	84% reduction in expected pregnancies
Levonelle <sup>®</sup> 72 – 120 hours (off licence) - Refer	63% " " " "
Copper IUD up to 120 hrs after UPSI - Refer	>99% " " " "
Copper IUD up to 120 hrs after the earliest predicted date of ovulation - Refer	>99% " " " "

**8. Both oral and IUD emergency contraception discussed**

**9. Planned treatment:**

LEVONELLE® 1.5 mg as single dose (PGD supply)	<input type="checkbox"/>	Too late for tablets but declines IUD	<input type="checkbox"/>
LEVONELLE® 3 mg single dose (enzyme inducers) (PGD supply – off licence)	<input type="checkbox"/>	Too late for any EHC	<input type="checkbox"/>
		No EHC needed at all	<input type="checkbox"/>
Referred for IUD:	<input type="checkbox"/>	Additional information:	
Referred for other:	<input type="checkbox"/>		

**10. Current contraception:**

Patch	<input type="checkbox"/>	COC	<input type="checkbox"/>	POP	<input type="checkbox"/>	Injection	<input type="checkbox"/>	Implant	<input type="checkbox"/>	IUD/S	<input type="checkbox"/>	None	<input type="checkbox"/>	Other	<input type="checkbox"/>
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**11. Advice checklist:**

How to take tablets	<input type="checkbox"/>	Failure rate	<input type="checkbox"/>
Action if vomits within 3 hours	<input type="checkbox"/>	Pregnancy test in 3 weeks unless normal period	<input type="checkbox"/>
Next period may be early/late	<input type="checkbox"/>	If Levonelle® EHC fails not harmful to pregnancy	<input type="checkbox"/>
Return if further UPSI	<input type="checkbox"/>	Contact GP/FP clinic for regular contraception	<input type="checkbox"/>
May be light bleeding next few days, don't count as period <input type="checkbox"/>			
Continue pills / patch together with condoms for 7 days <input type="checkbox"/>			
Start pills / patch first day of next period <input type="checkbox"/>			
Pregnancy test in 3 weeks advisable for CHC user, even if a withdrawal bleed has occurred in the pill free or patch free interval <input type="checkbox"/>			

**12. Sexually transmitted infection**

STI risk discussed	<input type="checkbox"/>	14 day window period for Chlamydia, Gonococcal & Trichomoniasis swabs	<input type="checkbox"/>
3 month window period for Syphilis, Hepatitis B, C, HIV	<input type="checkbox"/>	How/where to access STI tests or treatment if appropriate	<input type="checkbox"/>

**13. Levonorgestrel supply**

Batch Number		Expiry Date	
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**14. Authorisation**

Signature of Pharmacist		Date:	
Print Name			