Pharmacy Stamp

FIFE PHARMACY

NHS Fife

EMERGENCY HORMONAL CONTRACEPTION PROFORMA - LEVONORGESTREL (UPOSTELLE®) AND ULIPRISTAL ACETATE (EllaOne®)

See appendix on page 3 and 4 for NHS Fife supplementary guidance for oral EHC supply in Community Pharmacies (September 2018) for place in therapy of levonorgestrel and ulipristal and record keeping of EHC proforma

DATE:				**CLIENT NAME:**				
CHI:				**AGE:**				
If 13, 14,15 YEARS OLD								
EXPLAIN CONFIDENTIALITY AND LIMITS								
Who is with her?				*Who knows where she is?*				
Hold old is partner?				*Lives with family / friends / in care / homeless*				
Attends school	*Y / N*			*Concerns drugs / alcohol?*	*Y / N*			
Concerns re assault / abuse?	*Y / N*							
COMPETENT TO CONSENT	*Yes*							
	Not competent / under 13 yrs old / child protection issues			*Inform Police*				
Last Menstrual Period:	*NORMAL?*	*Y/N*		*CYCLE*	*(DAYS)*	*REGULAR?*	*Y/N*	
PREGNANCY TEST	*NOT DONE*			*NEGATIVE*		*POSITIVE*		
(Do test if period late or LMP unsure or LMP unusual)								
CIRCUMSTANCES	UPSI		CONTRACEPTIVE FAILURE		OTHER:			

WHEN WAS THE FIRST UPSI SINCE THE START OF HER LAST PERIOD OR SINCE HORMONAL METHOD FAILURE?

DATE		**TIME**	
HOURS SINCE			**>72 hours since 1st UPSI? If YES consider ulipristal or refer** **>120 hours since 1st UPSI? If YES refer**
DAY IN CYCLE OF 1st UPSI			
	NO	**YES**	
UNPROTECTED INTERCOURSE OCCURED IN 5 DAYS PRIOR TO OVULATION (HIGHER RISK OF PREGNANCY)			**If yes consider ulipristal (unless not suitable for patient to take)**
ANY EHC ALREADY THIS CYCLE?			Repeat administration may be made; see inclusion criteria of PGD 156 for further details
SEXUAL ASSAULT?			If assault refer to local guidelines
PREVIOUS VOMIT WITH EHC?			Consider repeat dose
MEDICAL HISTORY:	**NO**	**YES**	
KNOWN ALLERGY TO LEVONORGESTREL			**If YES consider ulipristal or refer**
KNOWN ALLERGY TO ULIPRISTAL			**If YES consider levonorgestrel or 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 INTERACTING MEDICATION*			**If YES Refer**
ENZYME INDUCING MEDICATION*			**If YES refer for IUD or double dose levonorgestrel (via PGD)**
FOR ULIPRISTAL - SEVERE ASTHMA TREATED BY ORAL GLUCOCORTICOIDS			**If YES consider use of levonorgestrel or refer**

***Refer to current BNF or SPC for details**

COMPARATIVE ESTIMATED EFFICACY OF EMERGENCY CONTRACEPTIVE (EC) METHODS		
If 100 women have one episode of unprotected sex	**Days 9-18 of cycle**	**Days 1-8 or 19-28 of cycle**
Number of pregnancies if no EC used	20-30 pregnancies	2-3 pregnancies
Cu-IUD before implantation i.e. until day 19 or <120 hrs any time of cycle	<1 pregnancy	<1 pregnancy
Levonorgestrel within 72 hrs of unprotected sex	3-4 pregnancies	<1 pregnancy
Levonorgestrel between 72 & 120 hrs (unlicensed) – **REFER**	9 pregnancies	1 pregnancy
Ulipristal within 120 hours	<3-4 pregnancies	<1 pregnancy
POSTCOITAL CONTRACEPTION OPTIONS		
Upostelle® (levonorgestrel) within 72 hours		
Ulipristal up to 120 hours		
Upostelle® (levonorgestrel) 72 - 120 hours (off licence) - Refer		
Copper IUD up to 120 hrs after UPSI / or 120hrs after predicted ovulation - Refer		
BOTH ORAL AND IUD EMERGENCY CONTRACEPTION DISCUSSED		

PLANNED TREATMENT

Upostelle® (levonorgestrel) 1500 microgram as single dose (PGD supply)		Referred for STI testing	
Upostelle® (levonorgestrel) 3 mg single dose (if weight >70kg or BMI >26) (PGD supply - off licence)		Referred for Contraceptive Advice:	
Upostelle® (levonorgestrel) 3 mg single dose (enzyme inducers) (PGD supply - off licence)		Too late for oral EHC but declines IUD	
Ulipristal acetate 30mg as single dose		Too late for any EHC	
Referred for IUD and provided with oral EHC:		No EHC needed at all	
Details:			

CURRENT CONTRACEPTION (please circle current option)

Patch COC POP Injection Implant IUD/S Other _____

See NHS Fife Emergency Contraception Guidelines Appendix 7c (August 2018) for advice on missing oral contraception e.g. COC, POP.

Advise patient to contact GP or Sexual Health Fife Clinic to discuss on ongoing contraception if appropriate

ADVICE CHECKLIST

How to take tablets		Pregnancy test in 3 weeks unless normal period.	
Action if vomits - within 2 hours for levonorgestrel - within 3 hours for ulipristal		(All patients on current hormonal contraception must have pregnancy test in 3 – 4 weeks)	
Next period may be early/late		If oral EHC fails not harmful to pregnancy	
May be light bleeding next few days, don't count as period		Written information on access to regular contraception	
Failure Rate		Return if further UPSI	

SEXUALLY TRANSMITTED INFECTION – if at risk of STI's;

- Advised to consider STI testing via GP or Sexual Health Fife Clinic
- Provide written information on STI testing services

EHC SUPPLY

Name of drug:		**Batch Number:**	
Strength:		**Expiry:**	

Pharmacist (Print name & sign) …… Date:……

Appendix 1

Supplementary Guidance for supply of oral Emergency Hormonal Contraception by Community Pharmacists (September 2018)

- **Update to the Fife Formulary advice on Emergency Contraception - section 7.3.5**
- **Reminder of the record keeping for EHC Proforma**

Update to the Fife Formulary advice on Emergency Contraception - section 7.3.5

https://www.fifeadtc.scot.nhs.uk/formulary/7-obstetrics,-gynaecology-and-urinary

Following the recent update to the Fife Formulary advice on Emergency Contraception - section 7.3.5, see below the current advice on treatment options. (please note new prescribing points in red).

0 - 120 Hours - Ulipristal 30mg (Ella-One®)
0 - 72 Hours - Levonorgestrel 1.5mg (Upostelle®)

Prescribing points

- It must be borne in mind that the most effective method of emergency contraception is a copper IUD which can be fitted up to 5 days after unprotected sex or up to 5 days after the earliest predicted ovulation. The IUD can then be retained as an ongoing method of long-lasting contraception.
- Ulipristal acetate is the most effective hormonal emergency contraception (EC). Consider as 1st line if unprotected sexual intercourse (UPSI) was 96 – 120 hours ago, or if UPSI was in the 5 days prior to ovulation.
- Ulipristal can be used at standard dose if weight is greater than 70kg or BMI greater than 26.
- Levonorgestrel should be considered as 1st line hormonal EC if UPSI is unlikely to have occurred in a fertile period and quick starting of ongoing hormonal contraception is planned.
- Levonorgestrel is licensed for use within 72 hours of intercourse.
- Levonorgestrel dose must be doubled if weight is greater than 70kg or BMI greater than 26.
- There is evidence to suggest that the sooner levonorgestrel is used, the more likely it is to be effective.
- Upostelle® is cheaper than Levonelle® and is the preferred Fife Formulary choice of levonorgestrel.
- Some medications can reduce the effectiveness of levonorgestrel or ulipristal. Please refer to the BNF or Summary of Product Characteristics (SPC) for further details

See also the new NHS Fife Emergency Contraception Guidelines (August 2018) – Appendix 7c
www.fifeadtc.scot.nhs.uk/formulary/7-obstetrics,-gynaecology-and-urinary/appendix-7c-emergency-contraception

Record keeping of EHC Proforma - see below NHS Fife Guidance on Retention and Destruction of Health Records

Retention and Destruction of Health Records	
Record Type	**Minimum Retention Period**
Adult	6 years after date of last entry or 3 years after death if earlier
All types of records relating to children and young people (including children's and young person's Mental Health Records)	Retain until the patient's 25th birthday or 26th if young person was 17 at conclusion of treatment, or 3 years after death. If the illness or death could have potential relevance to adult conditions or have genetic implications, the advice of clinicians should be sought as to whether to retain for a longer period.
Mentally disordered person (within the meaning of any Mental Health Act)	20 years after date of last contact between the patient/ client/ service user and any health/ care professional employed by the mental health provider, or 3 years after the death of the patient/ client/ service user if sooner and the patient died while in the care of the organisation. NB Mental Health organisations/ GPs may wish to keep mental health records for up to 30 years before review. Records must be kept as complete records for the first 20 years in accordance with this retention schedule but records may then be summarised and kept in summary format for the additional 10-year period. Social services records are retained for a longer period. Where there is a joint mental health and social care record, the higher of the two retention periods should be adopted. When the records come to the end of their retention period, they must be reviewed and not automatically destroyed. Such a review should take into account any genetic implications of the patient's illness. If it is decided to retain the records, they should be subject to regular review.

William John, Public Health Pharmacist

September 2018