**EMERGENCY HORMONAL CONTRACEPTION CONSULTATION FORM**

***Please refer to the Summary of Product Characteristics (SPC) and the levonorgestrel PGD in addition to this form...***

**NAME DATE CONTRACTOR CODE**

**ADDRESS**

**DOB WEIGHT (kg) HEIGHT (m)**

**AGE**

**If 13, 14 or 15 years old: Circle as appropriate**

|  |  |
| --- | --- |
| Confidentiality limits explained | Y N |
| Who is accompanying for consultation/knows she is here? |  |
| Lives with  | Family/friends/in care/homeless |
| Attending school | Y N |
| Concerns drugs/alcohol | Y N |
| Concerns re assault/abuse? | Y N |

**Is the client competent to consent?** YES NO (not competent/under 13/child protection) Inform Police

**Was the last menstrual period normal?** Yes NO (give details)

**Usual number of days in menstrual cycle? days**

**Is menstrual cycle regular?**  Yes NO (give details)

**Has a pregnancy test been done?** Positive Negative Not Done

(A pregnancy test should be done if period is late/unsure of cycle dates or if last period was unusual)

**CIRCUMSTANCES:** UPSI Contraceptive failure Other:

Any concern re sexual assault? Yes (If yes, refer to local guidelines) No

**CURRENT CONTRACEPTION** (please tick)

|  |  |  |  |
| --- | --- | --- | --- |
| COC |  | POP |  |
| IUD |  | Patch |  |
| Injection |  | Implant |  |
| Other (give details) |  |   |  |

**When was the first UPSI since the start of the last menstrual period/since hormonal method failure?**

|  |  |
| --- | --- |
| Date |  |
| Time |  |
| Number of hours since (if greater than 120 hours since first UPSI- REFER) |  |
| Day in cycle of first UPSI |  |

**Previous EHC usage Circle as appropriate**

|  |  |
| --- | --- |
| Used EHC in the past? |  Y N |
| Used EHC already this cycle? |  Y N |
| Any vomiting with previous use? |  Y N |

**Medical History:**  (if yes to any of the below REFER) **Circle as appropriate**

|  |  |
| --- | --- |
| Allergy to levonorgestrel/ulipristal |  Y N |
| Severe hepatic dysfunction |  Y N |
| Severe absorption difficulties |  Y N |
| Porphyria |  Y N |
| Unexplained vaginal bleeding |  Y N |
| Enzyme inducing medication  |  Y N |
| Any interacting medication |  Y N |

**Which form of contraception has been discussed?**  ORAL IUD BOTH

**TREATMENT PLAN** (tick all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| **Supply** levonorgestrel 1500mcg as single dose via PGD |  | **Supply** levonorgestrel 3000mcg as single dose via PGD (weight > 70kg BMI >26) |  |
| **Supply** ulipristal 30mg as single dose |  | **Refer** for levonorgestrel 3000mcg as single dose as on enzyme inducer |  |
| **Refer** for IUD |  | Too late for tablets but declines IUD |  |
| Too late for any EHC |  | **Refer** for STI testing |  |
| No need for EHC (give details) |  | **Refer** for contraceptive advice |  |

**ADVICE GIVEN** (tick all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| How to take tablets |  | Treatment efficacy (see table below) |  |
| Action if vomits within 3 hours |  | If EHC fails this is not harmful to pregnancy |  |
| Next period may be early/late |  | Advice on access to regular contraception |  |
| Return if further UPSI |  | Continue pill/patch and use condoms for next 7 days |  |
| Light bleeding may occur in next few days, don’t count as period |  | Start pill/patch on the first day of next period |  |
| Pregnancy test in 3 weeks unless normal period |  | Offer supply of free condoms |  |

**SEXUALLY TRANSMITTED INFECTION** (tick all discussed)

|  |  |  |  |
| --- | --- | --- | --- |
| STI risk discussed |  | 3 month window for syphilis, Hep B, Hep C and HIV |  |
| 14 day window for Chlamydia, gonnococcal and trichomoniasis swabs |  | Written information on STI testing services provided |  |

**Supply made: Levonorgestrel 1500mcg Levonorgestrel 3000 mcg Ulipristal 30mg**

BATCH NUMBER EXPIRY DATE

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|  |
| --- |
| **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 |