**Emergency Contraception Pro-forma**

**Consultation Details**

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| Healthcare Professional Name (PRINT): | Date of Consultation: |
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| Patient Name: | Date of Birth: Age: |
| Patient aged 13 years or over and competent to consent? Yes  No | |
| If No or child protection issues. Follow NHSGGC child protection guidance or refer to Child Protection Unit on  0141 451 6605 | |

**Circumstances Leading to EHC Request**

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| **UPSI** |
| Time since UPSI?  <72 hrs  72-96 hrs  96-120 hrs  >120 hrs (may warrant referral to local SHS) |

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| **History** | | **Action/Information** |
| Day 1 of last menstrual period (LMP) | / / | This allows calculation of place in the cycle. Oral EC after ovulation (days 9-16) can be given but is likely to be ineffective and a Cu-IUD should be used. |
| LMP regular? (See info for trans patients on flowchart) | Yes  No |
| Given birth within the last 3 weeks? | Yes  No | If yes EC is not required. **Note:** Early pregnancy loss **does** require EC. |
| Any other episodes of UPSI since last menstrual period? | Yes  No | Consider possibility of pregnancy and if necessary signpost to GP/SHS. |
| Has the patient taken LNG-EC or another progesterone within the last 7 days? | Yes  No | If yes then UPA-EC is less effective, advise Cu-IUD or use LNG-EC. |
| Are there any concerns in regard to unsafe relationships/child abuse/adult protection concerns? | Yes  No | If yes contact relevant local service. |

| **Medical History** | **Yes** | **No** | **Action/Information** |
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| Allergy to UPA-EC or LNG-EC? |  |  | If yes advise Cu-IUD and signpost for fitting. If declined refer to GP or Sexual Health Service (SHS). |
| Current unexplained vaginal bleeding? |  |  | If yes signpost to GP or Sexual Health Service (SHS) or Out of Hours |
| BMI >26kg/m2 or >70kg in weight |  |  | If yes advise Cu-IUD (first line), UPA-EC if suitable or LNG-EC 3000 microgram dose (unlicensed). |
| Currently breastfeeding? |  |  | LNG-EC or IUD\*. Advise to discard breast milk for 7 days after UPA-EC use. \*Increased risk of intrauterine perforation with IUD – would be for discussion at SHS. |
| Current severe disease treated with oral glucocorticoids e.g. asthma? |  |  | If yes UPA-EC not suitable, consider LNG-EC if UPSI is <96 hours or refer to GP or SHS if greater. |
| Severe malabsorption syndrome e.g. Crohn’s disease or severe diarrhoea? |  |  | If yes signpost for Cu-IUD as LNG-EC and UPA-EC may be less effective. |
| Porphyria? |  |  | If yes UPA-EC is not suitable – advise Cu-IUD or use LNG-EC. |
| Currently taking medicines that increase gastric pH? |  |  | UPA-EC will have a reduced effect if PPI taken in the last 7 days or H2 antagonist or antacid taken within the last 24 hours. |
| Currently taking enzyme inducing medication including St. John’s Wort? |  |  | If yes UPA-EC is not suitable. The only licensed option is an IUD or consider LNG-EC 3000 microgram dose (unlicensed). |
| Other significant drug interactions |  |  | If interaction cannot be managed then refer to SHS or relevant specialist. |

Refer to flowchart for choice of UPA-EC/LNG-EC/Cu-IUD depending on the answers provided above

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| **Counselling Checklist to be Discussed Prior to Treatment** | | | |
| **Pregnancy Risk:**  Days 9-16 of /28 cycle 20-30% risk of pregnancy with x 1 UPSI  Days 1-8 and >16 of /28 cycle 2-3% risk of pregnancy with x 1 UPSI  LNG-EC within 96 hours 2-3 in 100 women will become pregnant  UPA-EC within 120 hours 1-2 in 100 women will become pregnant  Copper IUD up to 120 hours after UPSI / or ovulation < 1 in 100 women will become pregnant | | | |
|  | Cu-IUD discussed as most effective 1st line option |  | Mode of action, efficacy and failure rates (see above) |
|  | Action if vomiting occurs within 3 hours (return for an additional dose) |  | Explain any common side effects |
|  | If EC fails there is no increased risk of foetal abnormality |  | Next period may be late/early and light bleeding may occur over the next few days (not to be counted as a period) |
|  | Return if there is a further episode of UPSI |  | Patient to read the PIL for the EC |
|  | When to seek medical advice i.e. should severe abdominal pain occur |  | If no normal menstrual period within 3 weeks take pregnancy test |

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| **Contraception Advice (when appropriate)** | |
| Bridging/Quick Start Contraception Discussed Yes  No | Barrier methods discussed Yes  No |
| Client declined ongoing contraception/advice | Bridging contraception supplied (desogestrel) |

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| **Outcome of consultation (tick all that apply)** | | | | | | |
|  | Signposted for Cu-IUD insertion | | |  | No EC required | |
|  | LNG-EC 1500 microgram single dose under PGD  Batch No: | | |  | UPA-EC 30mg single dose  Batch No: | |
|  | LNG-EC 3000microgram single dose under PGD (unlicensed)  Batch No: | | |  | EC not indicated and declines Cu-IUD (Refer to SHS or GP) | |
| **Referral** | | Signposted to Sexual Health Service | Signposted to Out of Hours Service | | | Signposted to GP |

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| **Consent** | | | |
| Emergency hormonal contraception treatment risks have been fully explained to me and I agree to treatment. I have been informed of how my data will be stored and who will be able to access that information, as well as how it may be used. | | | |
| Patient Signature |  | Date |  |
| Healthcare Professional Supplying Signature |  | Date |  |

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Adapted from the North of Scotland Boards PGD Profoma