To be used in conjunction with supporting guidance on providing Emergency Hormonal Contraception using ulipristal 30mg (Ella One®) or levonorgestrel (via PGD) and Bridging Contraception using desogestrel (via PGD).

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| --- | --- | --- | --- |
| Patient name | Click or tap here to enter text. | Date of consultation | Click or tap to enter a date. |
| Patient address | Click or tap here to enter text. | | |
| Patient CHI / Date of birth | Click or tap here to enter text. | Age | Click or tap here to enter text. |

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| **Reason for request of emergency contraception** | | | | | | | | | | | | | | | | | | |
| Unprotected sexual intercourse ☐ (UPSI) | | | | | | Contraceptive failure ☐ | | | | | | | Other:Click or tap here to enter text. | | | | | |
| Date of UPSI | Click or tap to enter a date. | | | Time of UPSI | | | | Click or tap here to enter text. | | | | | Time since UPSI (hours) | | | Click or tap here to enter text. | | |
| **History** | | | | | | | | | | | | | | | | | | |
| Day 1 of last menstrual period (LMP) | | Click or tap to enter a date. | | | | | | If there has been another episode of UPSI was LNG-EC or UPA-EC taken since LMP? | | | | | | LNG-EC | | | ☐ | |
| UPA-EC | | | ☐ | |
| Consult local Health Board guidelines on repeat supply in same menstrual cycle. | | | | | | | | | | |
| Is LMP regular? | | Yes | ☐ | | No | | ☐ | Pregnancy test taken?  (Test should be done if period is late, LMP unsure or LMP unusual) | | | | | | Yes | Positive | | | ☐ |
| Average length of cycle (days)? | | Click or tap here to enter text. | | | | | | Negative | | | ☐ |
| Any other episodes of UPSI since LMP? | | Yes | ☐ | | No | | ☐ | No | ☐ | | | |
| **Medical history** | | | | | **Yes** | | **No** | **Action/information** | | | | | | | | | | |
| Known allergy to UPA-EC or LNG-EC? | | | | | ☐ | | ☐ | If allergic to both, advise Cu-IUD and refer for fitting. If declined, refer to GP or Sexual Health Service (SHS) | | | | | | | | | | |
| Current unexplained vaginal bleeding | | | | | ☐ | | ☐ | If yes, refer to SHS or GP. | | | | | | | | | | |
| Progestogen or levonorgestrel taken in last 7 days? | | | | | ☐ | | ☐ | If yes, UPA-EC is less effective, advise Cu-IUD or use LNG-EC | | | | | | | | | | |
| 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? | | | | | ☐ | | ☐ | Not affected by Cu-IUD or LNG-EC. Advise to discard breast milk for 7 days after UPA-EC use. | | | | | | | | | | |
| Current severe disease treated with oral glucocorticoids e.g. asthma? | | | | | ☐ | | ☐ | If yes UPA-EC not suitable, consider LNG-EC if UPSI is <72 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 in supporting guidance for choice of UPA-EC/LNG-EC/Cu-IUD depending on the answers provided above. | | | | | | | | | | | | | | | | | | |
| Are there any concerns in regard to unsafe relationships/adult protection issues or disclosure of sexual assault/rape? | | | | | | | | Yes | ☐ | No | ☐ | If yes, provide information on how to access SARCS and local support. Give “Turn to SARCS” leaflet/card with QR code if available | | | | | | |

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| *Additional questions for 13 -15-year-olds, or under 18 years in care to exclude child sexual abuse and exploitation* | | | | | | | | | | | | | | | | | | |
| *Explained confidentiality and limits* | | | | | *Yes* | *☐* | *No* | *☐* | |  | | | | | | | | |
| *Who is with the patient?* | Click or tap here to enter text. | | | | *Who knows where the patient is?* | | | | | | Click or tap here to enter text. | | | | | | | |
| *Attends school?* | *Yes* | *☐* | *No* | *☐* | *Concerns re drugs/alcohol?* | | | | | | *Yes* | *☐* | | | *No* | | *☐* | |
| *How old is the person, or are the persons you are having sex with?* | Click or tap here to enter text. | | | | *If there is an age gap of over 24 months between the individual and the person(s) they have had sexual contact with – follow local Health Board Child Protection Policies* | | | | | | | | | | | | | |
| *Have you ever been made to do something sexual that you didn’t want to do?* | | | | | *Yes* | *☐* | | | *No* | *☐* | *If yes to any follow local Health Board Child Protection Policies* | | | | | | | |
| *Have you ever been made to feel scared or uncomfortable by the person/s you have been having sexual contact with?* | | | | | *Yes* | *☐* | | | *No* | *☐* |
| *Has anyone ever given you something like gifts, money, drugs, alcohol or protection for sex?* | | | | | *Yes* | *☐* | | | *No* | *☐* |
| *Patient is under 16 and assessed as competent to consent under the Fraser Guidelines?* | | | | | | | | | | | | | *Yes* | *☐* | | *No* | | *☐* |

**Counselling checklist to be discussed prior to treatment**

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| --- | --- | --- | --- |
| Cu-IUD discussed as most effective 1st line option | ☐ | If oral EC fails, no evidence of harm to pregnancy | ☐ |
| Mode of action, efficacy and failure rates | ☐ | Return if further episode of UPSI | ☐ |
| Explain common side effects | ☐ | When to seek medical advice (i.e. if severe abdominal pain occurs) | ☐ |
| Return for repeat dose if vomiting occurs within 2 hours of taking LNG-EC or 3 hours of taking UPA-EC | ☐ | Take pregnancy test if no normal menstrual period occurs within 3 weeks of UPSI | ☐ |
| Next period may be a little early or late and light bleeding may occur over next few days (not to be counted as a period) | ☐ | Patient issued with PIL | ☐ |

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| **Regular contraception advice (where appropriate)** | | | | | | | | | | |
| Current contraception (please circle) | | | | | | | | | | |
| COC | POP | Patch | Injection | | Implant | IUD | Condoms | | Other | |
|  | | | | | | | | | | |
| Bridging Contraception / Quick start contraception discussed | | | Yes ☐ | No ☐ | Barrier method contraception discussed | | | Yes ☐ | | No ☐ |
| Client declined ongoing contraception/advice | | | | ☐ |  | | | | | |

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| **Planned treatment** | | | | | | | | |
| Cu-IUD has been offered to client | ☐ | Too late for any EC (refer to SHS or GP) | | | | | ☐ | |
| UPA-EC 30mg as single dose  Batch no: Expiry date: / / | ☐ | Too late for UPA-EC or LNG-EC / not indicated but declines Cu-IUD (refer to SHS or GP) | | | | | ☐ | |
| LNG-EC 1500mcg as single dose (via PGD)  Batch no: Expiry date: / / | ☐ | LNG-EC 3000mcg as single dose (via PGD) – **unlicensed**  Batch no: Expiry date: / / | | | | | ☐ | |
| No EC required | ☐ | **Referral** | | | | | | |
| SHS | ☐ | OOH | ☐ | GP | | ☐ |

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| **Sexually transmitted infections (STI) where appropriate** | | | | |
| STI risk discussed | Yes | ☐ | No | ☐ |
| How / where to access testing / treatment discussed | Yes | ☐ | No | ☐ |
| 14-day window for chlamydia, gonococcal, trichomoniasis | Yes | ☐ | No | ☐ |
| 3-month window for syphilis, hepatitis B, C and HIV | Yes | ☐ | No | ☐ |

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| **Patient consent**: I can confirm that the information is a true reflection of my individual circumstances and I give my consent to allow a pharmacist working under the terms of the Community Pharmacy Public Health Service to provide the most appropriate advice and/or treatment for me. 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. | Consent received  ☐ |

|  |  |  |  |
| --- | --- | --- | --- |
| Pharmacist name | Click or tap here to enter text. | Date | Click or tap to enter a date. |
| Pharmacist signature |  | GPhC number | Click or tap here to enter text. |

## **BRIDGING CONTRACEPTION**

(Patient details only need to be completed if not following on from EHC consultation).

|  |  |  |  |
| --- | --- | --- | --- |
| Patient name | Click or tap here to enter text. | Date of consultation | Click or tap to enter a date. |
| Patient address | Click or tap here to enter text. | | |
| Patient CHI/Date of birth | Click or tap to enter a date. | GP practice  (Patient is aware that GP practice will be informed if medication supplied ☐ ) | Click or tap here to enter text. |

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| Is patient over 13 years and under 55 years and competent to consent to treatment? | Yes | ☐ | **Proceed with consultation** |
| No | ☐ | Under 13 years / Child protection issues:  **Follow local Health Board Child Protection Policies**  Not competent to consent: **Refer to appropriate practitioner** |
| Does patient meet eligibility criteria? (this now mirrors NHS PFS) | Yes | ☐ | **Proceed with consultation** |
| No | ☐ | **Refer to appropriate practitioner to obtain supply**  (e.g. local Sexual Health Services (SHS), GP practice) |
| Has patient also received EHC from you today? | Yes | ☐ | EHC plus bridging contraception consultation |
| No | ☐ | Bridging contraception only |

## **Patient clinical picture and related appropriate actions**

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| --- | --- | --- | --- |
| **Criteria for exclusion** | **Yes** | **No** | **Action / information** |
| Known or possible pregnancy?  If menstrual period is late, or in case of symptoms of pregnancy, pregnancy should be excluded before desogestrel is supplied.  *If you have provided patient with EHC today for a very recent pregnancy risk, patient remains eligible for desogestrel supply using this PGD unless there are other exclusions.* | ☐ | ☐ | If YES, do not use PGD until pregnancy is excluded or refer to GP/SHS. |
| Patient already received maximum 6-month supply of desogestrel from community pharmacy? | ☐ | ☐ | If YES, do not use PGD and refer to GP/SHS. |
| Patient currently using regular hormonal contraception? | ☐ | ☐ | If YES, do not use PGD and follow “missed pill” guidance.  *However, if next contraceptive injection is overdue or patient has run out of tablets, supply of desogestrel may be appropriate.* |
| Unexplained vaginal bleeding? | ☐ | ☐ | If YES to any, do not use PGD and refer to GP/SHS. |
| Hypersensitivity to the active substance or any of the excipients? (some generic desogestrel products contain soya and/or peanut oil) | ☐ | ☐ |
| Current or previous history of ischaemic heart disease, vascular disease, stroke or transient ischaemic attack (only if taking this method when the event occurred)? | ☐ | ☐ |
| Has severe liver cirrhosis with abnormal LFTs or a liver tumour (adenoma or carcinoma)? | ☐ | ☐ |
| Has or had a known hormone dependent malignancy e.g. breast cancer? | ☐ | ☐ |
| Has known acute porphyria? | ☐ | ☐ |
| Currently using enzyme-inducing drugs / herbal products or within 4 weeks of stopping them? | ☐ | ☐ |
| Concomitant use of other medications with clinically significant interactions? | ☐ | ☐ |

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| **Suitability of desogestrel?** | Yes | No | Actions |
| Provide information for all options for contraception e.g. condoms, POP, COC, LARC (implant, IUD, injection) | ☐ | ☐ |  |
| Discuss the benefits of desogestrel – reduced risk of pregnancy, reduces number of appointments needed to commence effective contraception | ☐ | ☐ |  |
| Discuss the possible adverse effects of desogestrel   * Change of bleeding patterns (irregular/amenorrhoea) * Nausea and vomiting * Breast tenderness * Dizziness, headache, depression * Changes in body weight and libido | ☐ | ☐ |  |
| Date on which last menstrual period started | ☐ | ☐ | Click or tap to enter a date. |
| Is supply of desogestrel being introduced by ‘quick starting’? | ☐ | ☐ | If YES, inform patient that this is not within SPC for desogestrel |

### **Preparation options and supply method**

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| --- | --- | --- |
| **Medicine and strength** | **Regimen** | **Supply method** |
| Desogestrel 75 microgram tablets | One tablet to be taken daily (at the same time each day) to be continued without a break between packs (3 x 28 tablets) | PGD via Bridging Contraception Service |

**Patient advice checklist**

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| --- | --- | --- | --- | --- |
| Advice | | | | Provided  (tick as appropriate) |
| Mode of action discussed?   * Primarily works by inhibiting ovulation * Also, can increase viscosity of cervical mucus | | | | ☐ |
| Efficacy and failure rate discussed?   * If used consistently and correctly – over 99% effective * Desogestrel inhibits ovulation in 97% cycles | | | | ☐ |
| When to take medication discussed?   * Take at same time each day * If > 12 hours late (>36 hours since last pill) – classed as missed pill | | | | ☐ |
| Missed pills and emergency contraception discussed?   * Take one pill as soon as remembered * Take next pill at normal time (may mean 2 pills taken in 1 day) * Use additional precautions for 48 hours after restarting * EHC required if UPSI occurred after missed pill and within 48 hours of restarting desogestrel | | | | ☐ |
| Possible interactions discussed e.g. prescription medication, herbal remedies, laxatives? | | | | ☐ |
| Sick day rules   * Efficacy of desogestrel may be reduced if suffering from severe vomiting and/or diarrhoea * If vomiting occurs within 2 hours of taking pill, take another pill as soon as possible * If subsequent pill is missed, use additional precautions for 48 hours after resuming pill taking | | | | ☐ |
| Extra precautions and pregnancy test (if required) discussed?   * Additional contraception required for 2 days if desogestrel started out with first 5 days of natural menstrual cycle (‘Quick starting’) * When ‘quick starting’, pregnancy test should be performed not less than 3 weeks after last UPSI * Following use of UPA-EC, patient should wait for 5 days before starting desogestrel and use additional contraception for the first 2 days | | | | ☐ |
| Follow up discussed?   * 3-month supply – patient to arrange contact with GP practice / Sexual Health Services as soon as possible for continuing contraception | | | | ☐ |
| Sexually transmitted infections discussed and how to access screening if appropriate?   * Reminder that desogestrel does not protect from STIs * Advice on how to access condoms in local area | | | | ☐ |
| Written patient information issued, or patient directed to online information?   * Desogestrel patient information leaflet issued * Issue ‘fpa’ Family Planning Association leaflet ‘Your guide to the progestogen only pill” (if available) * Direct to NHS Inform (via QR code if appropriate) | | | | ☐ |
| **PHARMACIST INFORMATION ONLY (if not already covered in EHC consultation)** | | | | |
| Has the patient said anything during the consultation which gives you concern about the possibility of non-consensual sex? | Yes  ☐ | No  ☐ | If yes, provide information on how to access SARCS and local support. Give “Turn to SARCS” leaflet/card with QR code if available  Signpost to relevant support networks e.g. Gender based violence teams in local Health Board  If yes, follow local Health Board Child Protection Policies where appropriate | |

**Communication**

|  |  |
| --- | --- |
| Contact made with: | Details (include time and method of communication) |
| Patient’s regular General Practice (details) | Click or tap here to enter text. |
| Other e.g. local Sexual Health Service, Child protection team | Click or tap here to enter text. |

**Details of medication supplied and pharmacist supplying under the PGD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication supplied | Desogestrel 75 micrograms x 84 tablets | | | |
| Batch number Click or tap here to enter text. | | Expiry date Click or tap to enter a date. | |
| First 3-month supply | ☐ | Second 3-month supply | ☐ |

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| **Patient consent**: I can confirm that the information is a true reflection of my individual circumstances and I give my consent to allow a pharmacist working under the terms of the Community Pharmacy Public Health Service to provide the most appropriate advice and/or treatment for me. 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. | Consent received  ☐ |

|  |  |  |  |
| --- | --- | --- | --- |
| Pharmacist name | Click or tap here to enter text. | Date | Click or tap to enter a date. |
| Pharmacist signature |  | GPhC number | Click or tap here to enter text. |