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 doseBatch 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☐ |

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| --- | --- | --- | --- |
| 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).

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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 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**

|  |  |
| --- | --- |
| 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 availableSignpost to relevant support networks e.g. Gender based violence teams in local Health BoardIf 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. |