*(To be completed by the pharmacist)*

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| --- | --- |
| **Name:** | **Date:** |
| **Address:** | **CHI:**  **Date of Birth: Age:** |

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| **COMPETENT**  **TO CONSENT** | Yes  Not competent/ under 13 yrs old/ child protection issue  **REFER** Following local guidance |
| **WILLING TO SHARE CLINICAL INFORMATION?** Yes / No If **No** **REFER** | |
| **CIRCUMSTANCES LEADING TO EHC REQUEST**  UPSI  CONDOM FAILURE  MISSED PILL  OTHER  Date of UPSI (Give advice) ..................................  Time of UPSI Date of LMP (first day of bleed) .................................... | |

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| **NO**  Refer to FSRH Guidance | **YES** |  |
| Possibility of pregnancy |  |  | If the last menstrual period was abnormal in time /character and pregnancy is suspected, pregnancy should be excluded by testing |
| Other UPSI previously in this cycle |  |  | Consider pregnancy test if > 3weeks ago. EHC can be provided. |
| EHC already taken during this cycle |  |  | Repeat using same EC preparation. If in any doubt refer for CU-IUD or expert advice |
| A progestogen containing contraceptive has been taken in the past 7 days, including EHC-LNG |  |  | If progestogen has been taken in the 7 days prior to EHC, the effectiveness of UPA could be reduced. Suggest giving LNG or **refer** for CU-IUD if appropriate. |
| Has vomiting occurred after taking one dose of EHC, leading to this request |  |  | Vomiting within 3 hours of taking LNG or UPA. Repeat dose of the same treatment. |
| Sexual assault has taken place |  |  | If YES, provide EHC if appropriate and **refer** following local guidance |
| MEDICAL HISTORY | NO | YES |  |
| Known allergy to ingredients or excipients |  |  | If YES REFER |
| Severe hepatic dysfunction |  |  | If YES REFER |
| Porphyria |  |  | If YES REFER |
| Severe malabsorption syndromes, e.g.  Severe diarrhoea, Crohns disease |  |  | If YES REFER |
| Vaginal bleeding |  |  | If YES REFER |
| Interacting medication (See BNF Appendix 1) |  |  | If YES REFER |
| Enzyme inducing medication  (UPA not recommended) |  |  | If YES, UPA is not suitable. REFER for Cu- IUD or double dose of LNG (explain effectiveness of this is unknown).. |
| BMI known to be >26 kg/m2 or weight >70 kg |  |  | If YES, discuss effectiveness. If Yes REFER for Cu-IUD or offer UPA. If neither suitable double dose of LNG. |
| Using insulin/taking oral antidiabetics |  |  | If YES, provide advice on monitoring id being supplied with LNG |
| Taking drugs that increase gastric PH |  |  | If YES, UPA not suitable if taking antacids, histamine H2 antagonists or PPIs |
| Clients with rare hereditary problems of  galactose intolerance, the Lapp lactase  deficiency or glucose-galactose malabsorption |  |  | If YES, REFER (Tablets contain lactose) |
| Severe asthma treated with oral glucocorticoids |  |  | If Yes, UPA not suitable |
| Breastfeeding |  |  | UPA - breast milk should be expressed and  discarded for 7 days. LNG - reduce potential  exposure the taking immediately after feeding. |

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| **TO BE DISCUSSED WITH ALL PATIENTS ( See Chart)** |
| **CONCEPTION RISK** for a 25 yr old with a 28 day cycle after 1 episode of UPSI |
| *Days 8-17* | 20-30% risk of pregnancy |
| *Days 1-7 and >17* | 2-3% “ “ “ |
| **POSTCOITAL CONTRACEPTION OPTIONS DISCUSSED**  *The option of a copper-IUD should be discussed with ALL women requesting emergency contraception even if presenting within 72 hours. Efficacy of the IUD is superior to that of levonorgestrel and ulipristal, with the failure rate estimated at being no greater than 0.1%. An IUD also allows ongoing contraceptive benefit. The IUD can be inserted up to 5 days after unprotected sexual intercourse or if time of ovulation can be reliably estimated up to 5 days following ovulation (i.e. up to day 19 of menstrual cycle in regular 28 day cycle). Information should be provided regarding appropriate local services that can offer an IUD. Women should still be offered EHC, in case they are unable to/decide not to access other services* | |
| PLANNED TREATMENT: Confirm that COPPER IUD has been offered to patient | |

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| LEVONORGESTREL 1.5 mg as single dose  (PGD supply) |  | ULIPRISTAL ACETATE 30mg (P) as a  single dose |  |
| LEVONORGESTREL 3 mg single dose (enzyme inducers / BMI > 26 kg/m2 or weight >70 kg) (\* Discuss effectiveness and off licence supply) |  | LEVONORGESTREL supply 72-96 hrs off  licence use where CU-IUD refused and  UPA is not suitable (Discuss as \*) |  |
| **Referred** for IUD:  **Referred** for other: |  | Too late for oral EHC – **Referred**  No EHC needed at all |  |

**CURRENT CONTRACEPTION**

Condoms  Combined Oral Contraception Progesterone Only Pill  Injection  Implant IUD

Other……………………………………………………………………………………………………………………………………

**ONGOING CONTRACEPTION ADVICE**

***LNG****:* Continue pills/ patch + barrier method until used correctly for *7 days for COC, 2 days for POP or 9 for Qlaira ®* ***UPA***: Advise to wait 5 days after taking UPA before starting hormonal contraception. Must use condoms reliably or abstain from sex during the 5 days of waiting and then until their contraceptive method is effective, *7 days for COC, 2 days for POP or 9 for Qlaira ®*

If not currently using contraception: Use barrier method until advice from Sexual Health Clinic or GP

Other…………………………………………………………………………………………………………………..

**ADVICE CHECKLIST**

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| --- | --- | --- | --- |
| Mode of action, efficacy and failure rates |  | Pregnancy test in 3 weeks unless normal period |  |
| Action if vomits within **3** hrs |  | How to take tablets |  |
| If LNG fails not harmful to pregnancy. For UPA, limited data does not suggest any safety issues |  | Increased likelihood of pregnancy following use of EHC.Contact GP/FP clinic for regular contraception |  |
| Next period may be early /late. May be light bleeding next few days, don’t count as period. If restarting COC, POP or patch then recommend pregnancy test in 4 weeks. If severe abdominal pain occurs seek medical advice. | | |  |

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## **SEXUALLY TRANSMITTED INFECTION** *(Postal Testing Kits are available in all pharmacies)*

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| --- | --- | --- | --- | --- | --- | --- | --- |
| STI Risk discussed |  | 14 day window period for chlamydia and gonorrhoea |  | 1 month window period for HIV |  | 3 month period for Syphilis, Hep B and C |  |

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| --- | --- | --- | --- |
| EHC Information Leaflet |  | Written information on regular contraception |  |
| Written information of how/where to access STI test/ treatment |  | PTK supplied \* |  |
| Condoms supplied \* |  | \*available from NHS D&G | |

Preparation supplied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Batch Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be signed by the patient:**

*The information I have supplied is correct to be the best of my knowledge. I have been counselled on the use of EHC*

*and understand the advice given to me by the pharmacist:*

Patient signature ………………………………………………………

Name of pharmacist ……………………………………………….... Signature ...............................................