

Provision of Emergency Contraception (and Bridging Contraception – where appropriate) from Community Pharmacies in NHS Scotland – Assessment Form

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).

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.

Reason for request of emergency contraception

Unprotected sexual intercourse (UPSI)	<input type="checkbox"/>	Contraceptive failure	<input type="checkbox"/>	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	<input type="checkbox"/>
			UPA-EC	<input type="checkbox"/>
Consult local Health Board guidelines on repeat supply in same menstrual cycle.				
Is LMP regular?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy test taken?	Yes	Positive <input type="checkbox"/>
Average length of cycle (days)?	Click or tap here to enter text.	(Test should be done if period is late, LMP unsure or LMP unusual)	No	Negative <input type="checkbox"/>
Any other episodes of UPSI since LMP?	Yes <input type="checkbox"/> No <input type="checkbox"/>			<input type="checkbox"/>

Medical history	Yes	No	Action/information
Known allergy to UPA-EC or LNG-EC?	<input type="checkbox"/>	<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	If yes, refer to SHS or GP.
Progestogen or levonorgestrel taken in last 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, UPA-EC is less effective, advise Cu-IUD or use LNG-EC
BMI >26kg/m ² or > 70kg in weight	<input type="checkbox"/>	<input type="checkbox"/>	If yes, advise Cu-IUD (first line), UPA-EC if suitable or LNG-EC 3000 microgram dose (unlicensed).
Currently breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input type="checkbox"/>	If yes signpost for Cu-IUD as LNG-EC and UPA-EC may be less effective.
Porphyria?	<input type="checkbox"/>	<input type="checkbox"/>	If yes UPA-EC is not suitable – advise Cu-IUD or use LNG-EC.
Currently taking medicines that increase gastric pH?	<input type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>	Concerns re drugs/alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>		
Has anyone ever given you something like gifts, money, drugs, alcohol or protection for sex?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Patient is under 16 and assessed as competent to consent under the Fraser Guidelines?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Counselling checklist to be discussed prior to treatment

Cu-IUD discussed as most effective 1 st line option	<input type="checkbox"/>	If oral EC fails, no evidence of harm to pregnancy	<input type="checkbox"/>
Mode of action, efficacy and failure rates	<input type="checkbox"/>	Return if further episode of UPSI	<input type="checkbox"/>
Explain common side effects	<input type="checkbox"/>	When to seek medical advice (i.e. if severe abdominal pain occurs)	<input type="checkbox"/>
Return for repeat dose if vomiting occurs within 2 hours of taking LNG-EC or 3 hours of taking UPA-EC	<input type="checkbox"/>	Take pregnancy test if no normal menstrual period occurs within 3 weeks of UPSI	<input type="checkbox"/>
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)	<input type="checkbox"/>	Patient issued with PIL	<input type="checkbox"/>

Regular contraception advice (where appropriate)

Current contraception (please circle)							
COC	POP	Patch	Injection	Implant	IUD	Condoms	Other
Bridging Contraception / Quick start contraception discussed			Yes <input type="checkbox"/> No <input type="checkbox"/>	Barrier method contraception discussed		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Client declined ongoing contraception/advice			<input type="checkbox"/>				

Planned treatment

Cu-IUD has been offered to client	<input type="checkbox"/>	Too late for any EC (refer to SHS or GP)	<input type="checkbox"/>
UPA-EC 30mg as single dose Batch no: Expiry date: / /	<input type="checkbox"/>	Too late for UPA-EC or LNG-EC / not indicated but declines Cu-IUD (refer to SHS or GP)	<input type="checkbox"/>
LNG-EC 1500mcg as single dose (via PGD) Batch no: Expiry date: / /	<input type="checkbox"/>	LNG-EC 3000mcg as single dose (via PGD) – unlicensed Batch no: Expiry date: / /	<input type="checkbox"/>
No EC required	<input type="checkbox"/>	Referral SHS <input type="checkbox"/> OOH <input type="checkbox"/> GP <input type="checkbox"/>	

Sexually transmitted infections (STI) where appropriate

STI risk discussed	Yes <input type="checkbox"/> No <input type="checkbox"/>
How / where to access testing / treatment discussed	Yes <input type="checkbox"/> No <input type="checkbox"/>
14-day window for chlamydia, gonococcal, trichomoniasis	Yes <input type="checkbox"/> No <input type="checkbox"/>
3-month window for syphilis, hepatitis B, C and HIV	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/>
Pharmacist name	Click or tap here to enter text.	Date
Pharmacist signature		GPhC number
		Click or tap here to enter a date.
		Click or tap here to enter text.

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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 <input type="checkbox"/>)	Click or tap here to enter text.

Is patient over 13 years and under 55 years and competent to consent to treatment?	Yes	<input type="checkbox"/>	Proceed with consultation
	No	<input type="checkbox"/>	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	<input type="checkbox"/>	Proceed with consultation
	No	<input type="checkbox"/>	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	<input type="checkbox"/>	EHC plus bridging contraception consultation
	No	<input type="checkbox"/>	Bridging contraception only

Patient clinical picture and related appropriate actions

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. <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not use PGD and refer to GP/SHS.
Patient currently using regular hormonal contraception?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, do not use PGD and follow "missed pill" guidance. <i>However, if next contraceptive injection is overdue or patient has run out of tablets, supply of desogestrel may be appropriate.</i>
Unexplained vaginal bleeding?	<input type="checkbox"/>	<input type="checkbox"/>	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)	<input type="checkbox"/>	<input type="checkbox"/>	
Current or previous history of ischaemic heart disease, vascular disease, stroke or transient ischaemic attack (only if taking this method when the event occurred)?	<input type="checkbox"/>	<input type="checkbox"/>	
Has severe liver cirrhosis with abnormal LFTs or a liver tumour (adenoma or carcinoma)?	<input type="checkbox"/>	<input type="checkbox"/>	
Has or had a known hormone dependent malignancy e.g. breast cancer?	<input type="checkbox"/>	<input type="checkbox"/>	
Has known acute porphyria?	<input type="checkbox"/>	<input type="checkbox"/>	
Currently using enzyme-inducing drugs / herbal products or within 4 weeks of stopping them?	<input type="checkbox"/>	<input type="checkbox"/>	
Concomitant use of other medications with clinically significant interactions?	<input type="checkbox"/>	<input type="checkbox"/>	

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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)	<input type="checkbox"/>	<input type="checkbox"/>	
Discuss the benefits of desogestrel – reduced risk of pregnancy, reduces number of appointments needed to commence effective contraception	<input type="checkbox"/>	<input type="checkbox"/>	
Discuss the possible adverse effects of desogestrel <ul style="list-style-type: none"> Change of bleeding patterns (irregular/amenorrhoea) Nausea and vomiting Breast tenderness Dizziness, headache, depression Changes in body weight and libido 	<input type="checkbox"/>	<input type="checkbox"/>	
Date on which last menstrual period started	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap to enter a date.
Is supply of desogestrel being introduced by 'quick starting'?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, inform patient that this is not within SPC for desogestrel

Preparation options and supply method

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? <ul style="list-style-type: none"> Primarily works by inhibiting ovulation Also, can increase viscosity of cervical mucus 	<input type="checkbox"/>
Efficacy and failure rate discussed? <ul style="list-style-type: none"> If used consistently and correctly – over 99% effective Desogestrel inhibits ovulation in 97% cycles 	<input type="checkbox"/>
When to take medication discussed? <ul style="list-style-type: none"> Take at same time each day If > 12 hours late (>36 hours since last pill) – classed as missed pill 	<input type="checkbox"/>
Missed pills and emergency contraception discussed? <ul style="list-style-type: none"> 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 	<input type="checkbox"/>
Possible interactions discussed e.g. prescription medication, herbal remedies, laxatives?	<input type="checkbox"/>
Sick day rules <ul style="list-style-type: none"> 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 	<input type="checkbox"/>

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<p>Extra precautions and pregnancy test (if required) discussed?</p> <ul style="list-style-type: none"> 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 	<input type="checkbox"/>
<p>Follow up discussed?</p> <ul style="list-style-type: none"> 3-month supply – patient to arrange contact with GP practice / Sexual Health Services as soon as possible for continuing contraception 	<input type="checkbox"/>
<p>Sexually transmitted infections discussed and how to access screening if appropriate?</p> <ul style="list-style-type: none"> Reminder that desogestrel does not protect from STIs Advice on how to access condoms in local area 	<input type="checkbox"/>
<p>Written patient information issued, or patient directed to online information?</p> <ul style="list-style-type: none"> 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) 	<input type="checkbox"/>

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?	<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	<p>If yes, provide information on how to access SARCS and local support. Give "Turn to SARCS" leaflet/card with QR code if available</p> <p>Signpost to relevant support networks e.g. Gender based violence teams in local Health Board</p> <p>If yes, follow local Health Board Child Protection Policies where appropriate</p>
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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 <input type="checkbox"/>	Second 3-month supply <input type="checkbox"/>

<p>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.</p>	<p>Consent received</p> <input type="checkbox"/>
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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.