

Appendix 4 - Emergency Contraception Proforma

This form is for use within Sexual Health Services (SHS) and in community pharmacies commissioned to provide EHC

Consultation Details

Healthcare Professional Name (PRINT):	Date of Consultation:
Client Name:	Date of Birth: Age:
Client under 16 years of age and assessed as competent under the Fraser Guidelines? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Client not competent or is under 13 years of age referral made to child protection as per local guidance Yes <input type="checkbox"/> No <input type="checkbox"/>	

Circumstances Leading to EHC Request

UPSI
Time since UPSI? <input type="checkbox"/> 12 hrs or less <input type="checkbox"/> 12-24 hrs <input type="checkbox"/> 24-48 hrs <input type="checkbox"/> 49-72 hrs <input type="checkbox"/> 72-120 hrs <input type="checkbox"/> >120 hrs

Reason for UPSI (tick relevant)		History	
<input type="checkbox"/>	No contraception used	Day 1 of last menstrual period (LMP) (if appropriate)	/ /
<input type="checkbox"/>	Oral contraceptive failure (indicate reason as below)	LMP regular?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Severe diarrhoea	Any other episodes of UPSI since last menstrual period?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Severe vomiting	If there has been other episode of UPSI was LNG-EC or UPA-EC taken since LMP?	LNG-EC <input type="checkbox"/> UPA-EC <input type="checkbox"/>
<input type="checkbox"/>	Missed pill(s)	Pregnancy test undertaken? (Test should be done if period is late, LMP unsure or LMP unusual) Refer to GP if positive.	Yes <input type="checkbox"/> No <input type="checkbox"/> Test: Positive <input type="checkbox"/> Negative <input type="checkbox"/>
<input type="checkbox"/>	Barrier method failure	Are there any concerns in regard to abuse? (If yes refer to the appropriate service as per local guidelines)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Late contraceptive injection		
<input type="checkbox"/>	Other (please state below)		
Was alcohol a contributing factor? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Medical History	Yes	No	Action/Information
Allergy to UPA-EC or LNG-EC?			If yes 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 GP or Sexual Health Service (SHS)
Previous vomiting with EC?			Advise to return for a repeat dose if vomiting occurs within 3 hours of LNG-EC/UPA-EC.
Progesterone or levonorgestrel in the last 7 days?			If yes UPA-EC less effective – advise Cu-IUD or use LNG-EC.
BMI >26kg/m ² or >70kg in weight			If yes advise Cu-IUD (first line), UPA-EC if suitable or LNG-EC 3000microgram dose (unlicensed).
Currently breastfeeding?			Not affected by IUD or LNG-EC. Advise to discard breast milk for 7 days after UPA-EC use.
Given birth within the last 3 weeks?			If yes EC is not required. Note: Early pregnancy loss does require EC.
Severe asthma treated with oral glucocorticoids?			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 suggest Cu-IUD as LNG-EC and UPA-EC may be less effective.

Contraception Advice (when appropriate)		
Intended Contraception Discussed Yes <input type="checkbox"/> No <input type="checkbox"/> (Indicate as below if discussed)		
<input type="checkbox"/> Client declined/undecided	<input type="checkbox"/> POP	<input type="checkbox"/> RING
<input type="checkbox"/> Condoms only	<input type="checkbox"/> Patch	<input type="checkbox"/> Injection
<input type="checkbox"/> IUD	<input type="checkbox"/> COC	<input type="checkbox"/> Implant

Additional questions for 13- 15 year olds, or under 18 year olds in care to exclude child sexual abuse and exploitation. <i>A child protection concern is not an exclusion criteria for the PGD as the pregnancy risk might continue.</i>		
How old is the person or are the persons you are having sex with?		
If there is an age gap over 2 years (24 months) between the individual and the person(s) they have 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 the individual says yes – 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"/>	If the individual says yes – Follow local Health Board Child Protection Policies
Has anyone ever given you something like gifts, money, drugs, alcohol or protection for sex?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If the individual says yes – Follow local Health Board Child Protection Policies

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.			
Client Signature		Date	
Healthcare Professional Supplying Signature		Date	