Acute and Primary Care Patient Group Direction

Supply/Administration of: Levonorgestrel 1500mcg Tablet

Publication date: 17.12.2024

Version: 2
Effective from: 17/12/2024
Review date: 16/7/2027
Expiry Date: 16/12/2027

Version history

Version	Date	Summary of changes
2	13/11/24	Adapted to NHS Lanarkshire PGD template

Contents

Authorisation

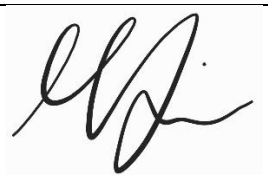
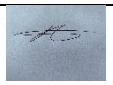
PGD for administration/supply of:

The qualified health professionals who may administer/supply Levonorgestrel 1500mcg tablet under this PGD can only do so as named individuals. It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with their own Code of Professional Conduct and to ensure familiarity with the marketing authorisation holder's summary of product characteristics (SPC) for all medicines supplied in accordance with this PGD.

NHS Lanarkshire governance arrangements will indicate how records of staff authorised to operate this PGD will be maintained. Under PGD legislation there can be no delegation. Supply of this medicine has to be by the same practitioner who has assessed the patient under the PGD. Staff seeking to supply/ administer Levonorgestrel 1500mcg tablet must ensure that all patients have been assessed and meet the criteria before supplying/administering the drug.

The purpose of this PGD is to help patients ensure that they have ready access to a quality assured service which provides a timely, consistent and appropriate service in NHS Lanarkshire.

This PGD has been produced for NHS Lanarkshire by:

	PRINT NAME	SIGNATURE	DATE
Lead Author	Muhsin Din Advanced Clinical Services Pharmacist		05/11/2024
Doctor	Dr Rashmi Ronghe		05/11/2024
Pharmacist	As above		
Relevant healthcare professional	Richard Shearer Lead Pharmacist for Pharmacotherapy and Community Pharmacy Services		11/11/2024

Please note; the above Lead Author may be the same individual as one of the other 3 named producers of the PGD.

This PGD has been assessed and is approved as having followed the agreed development process and is fit for purpose. Approved on behalf of NHS Lanarkshire by:

	PRINT NAME	SIGNATURE	DATE
NHS Lanarkshire Executive Medical Director / Clinical Governance Lead	Chris Deighan		06.12.24
NHS Lanarkshire Director of Pharmacy	Graeme Bryson		05/12/24
Executive Director of NMAHPs	Eddie Docherty	**On Behalf of Eddie Docherty,** **Lesley Thomson – Nurse Director** 	**16/12/24**

Date Approved: 17/12/2024 **Effective From: 17/12/2024**

Review Date: 16/07/2027 **EXPIRY DATE: 16/12/2027**

Clinical Situation

Category	Description
Indication	Patient presenting in person at the community pharmacy requesting emergency contraception for their own use within 96 hours of unprotected sexual intercourse (UPSI).
Inclusion criteria	NHS Lanarkshire recommendations for Emergency Contraception were revised following the update to the guidance on Emergency Contraception (EC) by the Faculty of Sexual and Reproductive Health in July 2023. **FSRH Clinical Guideline: Emergency Contraception (March 2017, amended July 2023) | FSRH** • **All women requiring EC should be offered a Copper containing intrauterine device (Cu-IUD) if appropriate as it is the most effective method of contraception.** Clients can seek an appointment. The most up-to-date contacts can be found via http://www.lanarkshiresexualhealth.org/contraception/family-planning/ or by phoning 0300 3030 251. This line is available Mon – Thu 8.00am – 4.45pm & Fri 8.00 am-3.45pm. • In many cases it is appropriate to provide oral hormonal EC as immediate treatment as well as referring for a Cu-IUD • If a Cu-IUD is not appropriate or acceptable, women should be advised that oral EC should be taken as soon as possible if there has been UnProtected Sexual Intercourse (UPSI) within the last 5 days. • EC providers should advise women that Ulipristal Emergency Contraception (UPA-EC) has been demonstrated to be more effective than Levonorgestrel Emergency Contraception (LNG – EC). UPA-EC is licenced for use up to 120 hours post UPSI. LNG-EC is licensed for up to 72 hours post UPSI. • EC providers should also advise women that the available evidence suggests oral EC administered after ovulation is ineffective. • Breast feeding women should be advised not to breastfeed and to express and discard milk for a week after they have taken UPA-EC. Women who breastfeed should be informed that available evidence indicates that LNGEC has no adverse effects on breastfeeding or on their infants. • EC providers should be aware that the effectiveness of UPA-EC could theoretically be reduced if a woman has taken progestogen prior to taking UPA-EC • If LNG-EC is indicated in a patient >70kg or >BMI 26kg/m^2 a dose of 3mg is recommended. • EC providers should advise women that after oral EC there is a pregnancy risk if there is further UPSI and ovulation occurs later in the same cycle • After taking LNG-EC, women should be advised to start suitable hormonal contraception immediately. Women should be made

Category	Description
	aware that they must use condoms reliably or abstain from sex until contraception becomes effective. • Women should be advised to wait 5 days after taking UPA-EC before starting suitable hormonal contraception. Women should be made aware that they must use condoms reliably or abstain from sex during the 5 days waiting and then until their contraceptive method is effective. The practical application of this information is illustrated in the decision making algorithms 1 and 2 within the guidelines and the implication is that where oral EC is indicated ulipristal is the medicine of choice for most circumstances. For the community pharmacy EC service the main exceptions where levonorgestrel may still be the preferred choice include: • Patients with severe asthma managed with oral corticosteroids (as ulipristal is contraindicated in this circumstance) • Women requiring EC who are using enzyme inducing drugs should be offered a Cu-IUD if appropriate. A 3mg dose of levonorgestrel can be considered but women should be informed that the effectiveness of this regimen is unknown. (A double dose of ulipristal is not recommended). • Women who have recently taken a progestogen. (e.g missed pill) This PGD is designed to facilitate supply in these circumstances. Other inclusion criteria include: • Patient is aged 13 years or over. • Unprotected sexual intercourse/contraception failure within the last 96 hours. • Unprotected sexual intercourse/contraception failure within the last 96 hours where patient has vomited within 3 hours of taking a dose of levonorgestrel for emergency hormonal contraception. • Patient gives their consent to providing the relevant clinical information to the pharmacist after pharmacist has assessed their capacity to consent (see under Staff).
Exclusion criteria	Patient is aged 12 years or under. **The Child Protection Team must be contacted for children of 12 years and under, who present having had sexual intercourse.** • Patient who the pharmacist has assessed as not being competent to consent. • Patient has had unprotected sex more than 96 hours ago. • Unexplained vaginal bleeding. • Patients who are/or may be pregnant. • Severe hepatic dysfunction. • History of salpingitis or ectopic pregnancy • Severe malabsorption syndromes e.g. severe diarrhoea, Crohns disease.

Category	Description
	• Porphyria. • Hypersensitivity to levonorgestrel or any of the tablet ingredients/excipients (potato starch, maize starch, colloidal silica anhydrous, magnesium stearate, talc, lactose monohydrate). • Patients who have delivered a baby within last 21 days (EHC not required in these circumstances). • Patients who, less than 5 days ago, have had a miscarriage, abortion, ectopic pregnancy or uterine evacuation for gestational trophoblastic disease (GTD). • Patient does not agree to share relevant clinical information or there is no valid consent. • Patients with a rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption
Action if excluded	• All excluded patients should be referred to NHS Lanarkshire sexual health services or GP practice. • For some patients within CAMGLEN/Northern Corridor the ultimate referral point may be to the Sandyford Clinic in Glasgow. • The best source for up-to-date information is **www.lanarkshiresexualhealth.org** • Direct referral process contained within the Unscheduled Care Folder should be used during out of hours period.
Action if patient declines	• Patient should be advised of the risks of the consequences of not receiving treatment. • Record outcome in Patient Medication Record if appropriate and refer to Sexual Health or GP practice. • The website **www.lanarkshiresexualhealth.org** provides an update list of all services. • Direct Referral process contained within the Unscheduled Care Folder should be used during out of hours period.
Consent	• Prior to the supply of levonorgestrel, consent must be obtained, preferably written, either from the patient, parent, guardian or person with parental responsibility. • Written and verbal information should be available in a form that can be easily understood by the person who will be giving the consent. Where English is not easily understood, translations and properly recognised interpreters should be used. • Individuals (patient, parent, guardian or person with parental responsibility) should also be informed about how data on the supply will be stored, who will be able to access that information and how that data may be used.
Consent for under 16s	• A patient under 16 years of age may give consent for the supply of EHC, provided she understands fully the benefits and risks involved. The patient should be encouraged to involve a parent/guardian, if possible, in this decision. • Where there is no parental involvement and the patient indicates that she wishes to accept the supply, supply should proceed, if the pharmacist deems the patient to have the legal capacity to consent.

Category	Description
	• The Age of Legal Capacity (S) Act 1991, s2(4) states that '*a person under the age of 16 years shall have legal capacity to consent on her own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending her, she is capable of understanding the nature and possible consequences of the procedure or treatment*.' • Legal advice from the NHS in Scotland states that if a healthcare professional has been trained and professionally authorised to undertake a clinical procedure which is normally that of a medical practitioner, then that health care professional can be considered to have the necessary power to assess the capacity of a child under the 1991 Act, for that procedure or treatment.
Additional Local Adult and Child Protection Information and Procedure	All patients regardless of age should be assessed using the proforma (Appendix 1) at the back of this PGD. Regardless of whether patients have a clinical indication for treatment or not, all patients under the age of 16 yrs who present at a pharmacy seeking treatment or advice about sexual health services require to be assessed for potential child protection issues. If any patient aged 12 years or under presents who has had sexual intercourse, there must be an urgent referral to the Child Protection Team. Within conventional working hours North Lanarkshire and South Lanarkshire Council websites provide the best local contact numbers. Outwith conventional working hours the North Lanarkshire contact number is 0800 121 4114 and the South Lanarkshire number is 0800 678 3282. An alternative is to phone 101 Police Scotland and ask for the Family Protection Unit. These numbers should also be used for children 13 years and over and for adults if there is an assessed urgent need. **All** patients under the age of 16 years should also be strongly encouraged to arrange a fast track consultation with a nurse trained and experienced in providing sexual health care to patients under 16. The contact number is 0300 303 0251 . This is manned from Mon- Thurs 8am – 4.45pm and Fri 8am – 3.45pm With the permission of the patient the pharmacist may make the call on the patient's behalf to arrange an appointment. Outwith these opening times of the fast track service the patient can be sign posted to their GP or Out of Hours service as appropriate. The pharmacist should consider making the call on the patient's behalf on the direct professional to professional out of hours contact number available in the unscheduled care PGD folder. The pharmacist may also seek professional advice when assessing a patient from • NHS Lanarkshire sexual health services – Tel 0300 303 0251 • Associate Director of Pharmacy, Primary Care – Tel 01698 752978

Category	Description
	As with all services there is an ethos of seeking continual improvement. Thus pharmacists are expected to keep records (Appendix 1) of the patients they see. NHS Lanarkshire will seek feedback from pharmacy contractors on a periodic basis to identify any issues which may benefit from additional education, training or support. Additionally pharmacists are encouraged to be proactive in identifying any such issues to NHS Lanarkshire and this can be done by contacting the Associate Director of Pharmacy for Primary Care on 01698 752978

Description of Treatment

Category	Description
Name of medicine	Levonorgestrel
Form/strength	Tablet 1500 microgram (mcg)
Route of administration	Oral
Dosage and frequency	Female patients of 13 years and over – Take 1500mcg as a single oral dose as soon as possible after coitus (preferably within 12 hours but no later than 96 hours after the event). If the patient is using an enzyme-inducing medication or has stopped taking such medication within the last 28 days (see interacting medications), then TWO tablets of levonorgestrel 1500mcg should be taken as the single dose (total dose 3000mcg levonorgestrel). This is an unlicensed indication for levonorgestrel not included in the Summary of Product Characteristics (SPC) but is a recommendation of the Faculty of Sexual and Reproductive Healthcare Clinical Guidance on Emergency Contraception. Patients taking enzyme inhibiting medication may experience adverse effects and may require additional monitoring (see interacting medications). If LNG-EC is indicated in a patient >70kg or >BMI 26kg/m^2 a dose of 3mg is recommended. If vomiting occurs within 3 hours of taking the original dose, another dose should be taken immediately.
Duration of prophylaxis	Single oral dose, preferably within 12 hours but no later than 96 hours. If vomiting occurs within 3 hours of taking the original dose, another dose should be taken immediately.
Quantity to supply/administer	Levonorgestrel 1500mcg (one tablet) as a single dose, or 3000mcg (two tablets)[2] as a single dose (if patient also taking enzyme-inducing medication or has stopped taking such within last 28 days or is >70Kg or > 26Kg/m^2)
▼ black triangle medicines	NA
Legal category	Prescription only medicine (PoM)
Is the use out with the SPC?	The following uses are a recommendations of the Faculty of Sexual and Reproductive Healthcare Clinical Guidance on Emergency Contraception but not listed in the SPC:

Category	Description
	• Use between 72 and 96 hours post UPSI • If the patient's weight is greater than 70kg or BMI greater than 26 kg/m2 the use of TWO tablets of 1500mcg levonorgestrel is indicated • If the patient is using an enzyme-inducing medication or has stopped taking such medication within the last 28 days the use of TWO tablets of 1500mcg llevonorgestrel is indicated Repeated administration of LNG-EC within a menstrual cycle
Storage requirements	Store in original container below 25^{o}C
Advice to Patient	Verbal advice Advise the patient in accordance with the advice provided in Appendix 1 to this PGD. If the patient is taking the oral contraceptive pill or using the contraceptive patch and emergency hormonal contraception is required, advise the patient to use a barrier method <u>in addition</u> to her usual method until she has taken the pill or applied the patch correctly for 7 consecutive days. (If taking Qlaira® - 9 days) If the patient is not using an oral contraceptive pill, a barrier method of contraception should be used until appropriate contraceptive advice from Sexual Health Service or GP is given. Written advice 1. Patient Information Leaflet provided with medication. 2. Written information about locally available contraception services and methods of contraception. 3. Written information about locally available services providing sexual health advice.
Additional information	Drug Interactions ***Reduced efficacy of Levonorgestrel*** The metabolism of levonorgestrel is enhanced by concomitant use of liver enzyme inducers, and these medications can reduce the efficacy of levonorgestrel. A full list is available in the relevant section of the British National Formulary, or in the SPC for the product being used. These include: • Anticonvulsants: Barbiturates (including Primidone), Phenytoin, Carbamazepine, Topiramate. • Anti-Fungal: Griseofulvin • Herbal Medicines containing Hypericum perforatum (St. John's wort).

Category	Description
	• Rifamycins: Rifampicin, Rifabutin • Endothelin receptor antagonist: Bosentan ***Effect of Levonorgestrel on other medication*** Immunosuppressants: metabolism of ciclosporin reduced (increased plasma concentration) Caution is advised when prescribing for patients using the anticoagulant drugs, phenindione and warfarin. Anticoagulant effects may be altered following use. Patients should be advised about potential drug interactions and attention should be paid to their anticoagulation monitoring. Requirements of oral anti-diabetics and insulin can change as a result of taking levonorgestrel, therefore the patient with diabetes should be advised to monitor blood glucose levels closely

Adverse Reactions

Category	Description
Warnings including possible adverse reactions and management of these	A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk and BNF www.bnf.org The following side effects are common with LNG-EC (but may not reflect all reported side effects): • Nausea and vomiting are the most common side effects. • Headache, dizziness, fatigue, low abdominal pain and breast tenderness, diarrhoea. • The FSRH advises that bleeding patterns may be temporarily disturbed and spotting may occur, but most individuals will have their next menstrual period within seven days of the expected time
Reporting procedure for adverse reactions	Healthcare professionals and individuals are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: http://yellowcard.mhra.gov.uk • Record all adverse drug reactions (ADRs) in the individual's medical record. • Report any adverse reactions via organisation incident policy.
Advice to patient or carer including written information	All methods of emergency contraception should be discussed. All individuals should be informed that fitting a Cu-IUD within five days of UPSI or within five days from the earliest estimated ovulation is the most effective method of emergency contraception. • Ensure that a patient information leaflet (PIL) is provided within the original pack. • If vomiting occurs within three hours of taking the dose, the individual should return for another dose. • Explain that menstrual disturbances can occur after the use of emergency hormonal contraception. • Provide advice on ongoing contraceptive methods, including how these can be accessed. • Repeated episodes of UPSI within one menstrual cycle - the dose may be repeated more than once in the same menstrual cycle should the need occur. • Individuals using hormonal contraception should restart their regular hormonal contraception immediately. • Avoidance of pregnancy risk (i.e. use of condoms or abstain from intercourse) should be advised until fully effective. • Advise a pregnancy test three weeks after treatment especially if the expected period is delayed by more than seven days or abnormal (e.g. shorter or lighter than usual), or if using hormonal contraception which may affect bleeding pattern. • Promote the use of condoms to protect against sexually transmitted infections (STIs) and advise on the possible need for screening for STIs. • There is no evidence of harm if someone becomes pregnant in a cycle when they had used emergency hormonal contraception. • Advise to consult a pharmacist, nurse or doctor before taking any new medicines including those purchased. The individual should be advised to seek medical advice in the event of an adverse reaction. • The individual should attend an appropriate health service provider if their period is delayed, absent or abnormal or if they are otherwise concerned.

Category	Description
	• Pregnancy test as required • Individuals advised how to access on-going contraception and STI screening as required.

Characteristics of Staff Authorised Under the PGD

Category	Description
Professional qualifications	A pharmacist whose name is currently on the register held by The General Pharmaceutical Council (GPhC).
Specialist competencies or qualifications	• The pharmacist must be competent to assess a patient's capacity to understand the nature and purpose of the treatment in order to give or refuse consent (Age of Legal Capacity (Scotland) Act 1991). • The pharmacist must maintain their own level of competence and knowledge in this area to provide the service.

Audit Trail

Name	Description
Record/audit trail	The pharmacist must ensure maintenance of records for each supply (Appendix 1) and may be required to share information with appropriate parties in line with confidentiality protocols. There must be appropriate records kept (See example proforma Appendix 1) and maintained by the pharmacist to enable verification of service provision and training requirements, and to provide information for internal and external audit and for evaluation purposes.

Management of PGD

Drug Name	
PGD number	
Version Number	

Clinical Specialty or Directorate/Division	Base	Locality/HCSP/Ward/Department

The Registered Healthcare Practitioner who administers/supplies the medicine(s) under this PGD is responsible for ensuring that they understand and are qualified, trained and competent to undertake the duties required. The registered healthcare practitioner is also responsible for ensuring that administration is carried out within the terms of the direction, and according to their individual code of professional practice and conduct.

The Team Leader/Charge Nurse/Line Manager who assesses the registered healthcare practitioner as competent to administer/supply the medicine(s) under this PGD is responsible for ensuring that they are competent, qualified and trained to do so, and for maintaining an up-to- date record of such registered healthcare practitioners.

The Service Manager or Locality Manager of each clinical area is responsible for maintaining records of all clinical areas where this PGD is in use, and to whom it has been disseminated.

Note to authorising managers

This Patient Group Direction is to be read, agreed to and signed by all registered practitioners it applies to. Authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation.

I have read and understood the Patient Group Direction. I agree to supply Levonorgestrel 1500mcg Tablet only in accordance with this PGD. I confirm that I have the necessary competence, training and knowledge to apply the Patient Group Direction. I will ensure my competence is updated as necessary. I will have ready access to a copy of the Patient Group Direction in the clinical setting in which supply or administration of the medicine will take place.

Name of Professional	Registration No:	Designation	Signature	Date

This list must be reviewed and updated on an ongoing basis and resigned on an annual basis and as staff change. Expired versions must be removed and retained on file for a period of 10 years.

I agree that the professionals listed above are authorised to supply/administer medicines in accordance with this PGD to patients cared for in this service area.

Name of Responsible Officer	Designation	Signature	Date

Additional References

Name	Description
Additional references	Practitioners operating the PGD must may wish to explore: Faculty of Sexual and Reproductive Healthcare **https://www.fsrh.org/** NES Turas Module titled Sexual Health for Community Pharmacy : Emergency Contraception (EC)

Appendix 1

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

NHS Lanarkshire

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) ☐		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/m^2 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

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

NHS Lanarkshire

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

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	☐

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	☐		

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 ☐	

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 ☐

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.