

COMMISSIONED SERVICES - PUBLIC HEALTH, CUMBRIA COUNTY COUNCIL

Patient Assessment Form for Emergency Hormonal Contraception (Levonorgestrel 1500 micrograms)

FRASER COMPETENCE AND CONFIDENTIALITY

This section must be completed for all patients less than 16 years of age or where competence is in doubt
 Whilst it is permissible to offer young people confidential contraceptive advice they must be made aware that there can be rare occasions when this confidentiality may be broken and other agencies involved. This is usually if the professional suspects that someone is hurting or harming the patient. In some situations, such as where there is a discrepancy in age between a very young patient (under 14) and their partner, concerns may be raised. If you are unsure, discuss the situation with a colleague or contact the designated Child Protection Nurse. It is probably not in the patient's best interests to withhold emergency contraception but record keeping should reflect details of the consultation.

Does the patient understand the advice given, the potential risks and benefits of treatment, and has sufficient maturity to understand what is involved in terms of moral, social and emotional implications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the patient been encouraged to involve her parents or to allow the healthcare professional to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the possible effect on the physical or mental health of the patient, if treatment were withheld, been considered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is providing contraceptive advice and treatment in the best interest of the patient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

All the above areas must be fully discussed during the consultation which should be documented and include an assessment of the patient's maturity. If any question is answered 'No', the patient must be referred.

PATIENT HISTORY

Date of Consultation:			
ID Number / Name (initials)			
Age of Patient:		Age of Partner:	
Patient's usual General Practitioner (GP)		First Four Digits of Patient's Postcode:	
Date of, or time since, start of Last Menstrual Period (LMP):			
Details of when UPSI occurred:		Day of Cycle:	Time:
How many days is each normal cycle?		Hours elapsed since:	
Reason for seeking Emergency Contraception: (*ring applicable number)		and is regular / irregular * (<i>* delete as applicable</i>)	
		<ol style="list-style-type: none"> 1. No contraceptive used 2. Failed barrier method of contraception 3. Missed or incorrectly used combined or progestogen only contraceptive pill 4. Contraceptive pill vomited or affected by diarrhoea or medicines 5. Late depot injection 6. Removal or loss of implant / intrauterine device/system 7. Missed, incorrectly used, affected by medicines or removed contraceptive patch/vaginal ring 8. Vomited supplied course of EC 9. Loss of protection following change in contraceptive method 10. Other appropriate reason (state): 	

INCLUSION CRITERIA

A: Has the patient had unprotected sexual intercourse (UPSI) in this menstrual cycle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B: Did this episode of UPSI occur within the last 72 hours, (120 hours if the patient takes or has recently taken liver enzyme inducing drugs; or between 72 and 120 hours if Ulipristal Acetate is contraindicated)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C: All emergency contraceptive options (including mode of action and failure rates) discussed with the patient and hormonal method preferred?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

To be eligible for supply of levonorgestrel (LN) under this service specification , the answers to A, B AND C must be YES. If any of these do not apply, the patient should be referred to a GP or Doctor Led Contraceptive Session

SPECIAL CIRCUMSTANCES where levonorgestrel may be supplied, but with provisos		
A. Was the last menstrual period (LMP) more than four weeks ago? <i>Exclude pregnancy before proceeding</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Was the LMP abnormal in any way (e.g. different length or flow), or any unexplained or unusual vaginal bleeding in the current cycle? <i>Exclude pregnancy before proceeding</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Has the patient used ulipristal acetate (EllaOne) in the previous 7 days? <i>Strongly recommend that a coil should be fitted due to reduced efficacy of LN, but proceed with supply if in the patient's best interest</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Does the patient suffer from a malabsorption condition (e.g. active Crohn's disease) which would reduce LN efficacy? <i>Strongly recommend that a coil should be fitted due to reduced efficacy of LN, but proceed with supply if in the patient's best interest (& IUD declined)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Does the patient currently take (or has taken in the last 28 days) liver enzyme inducers including carbamazepine, ciclosporin, eslicarbazine, griseofulvin, modafinil, nevirapine, oxcarbazine, phenytoin, primidone or other barbiturates, rifabutin, rifampicin, ritonavir, St John's Wort or topiramate or any other medication that may interact with EC? N.B. Remember to cross-check brand names <i>Recommend that a coil is fitted as the most effective option, but supply a DOUBLE DOSE of 2x LN 1500mcg tablets if in the patient's best interests (& IUD declined)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Are there any child protection issues or serious concerns? <i>Proceed with supply if in the patient's best interests but ALWAYS notify child protection team regardless of whether supply is made or not</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EXCLUSION CRITERIA		
G. Have there been any other episodes of UPSI in the last three weeks for which the patient has NOT had emergency contraception? <i>A pregnancy test is unlikely to detect pre-existing pregnancy.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G. Has the patient ever had an allergic reaction / severe adverse effect to LN or any ingredient incl. lactose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J. Does the patient have acute porphyria?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the answer is 'Yes' to G H or J, the patient should be referred to a GP or Doctor Led Contraceptive Session		

PATIENT COUNSELLING		
All the following subjects must be raised / discussed with the patient before supply		
Possible adverse effects, including possible ectopic pregnancy, and action to take if they occur	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Advise that levonorgestrel 1500 microgram is not 100% effective and that pregnancy can still occur	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Possible effects on the foetus if pregnancy occurred	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How to take levonorgestrel 1500 microgram and action to take if vomiting occurs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The need to abstain from intercourse or to consistently and correctly use a reliable barrier method of contraception for at least until the next menstrual period. Other hormonal contraception may be continued	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Future contraceptive needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
That levonorgestrel does not protect against sexually transmitted diseases and the actions to take if the patient is concerned about these	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recommend pregnancy test after four weeks or if next period is late or abnormal in any way	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ACTION TAKEN		
Was the patient supplied levonorgestrel 1500 microgram? <i>n.b. no Rx charge due</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confirm that the dose was taken, supervised at the consultation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Batch Number of Issued Packet:	Expiry Date of Issued Packet:	
Was the patient referred to another agency? <i>(if 'Yes', state which agency below)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any further notes:		

CONFIRMATION AND CONSENT	
<i>It is recommended that the patient should sign below to indicate written consent, especially if the consultation was difficult.</i>	
I confirm that the information detailed above has been discussed and that I / they understand it.	
Name of Professional making supply:	Signature:
Signature of Patient:	