

PHARMACY EHC SCHEME CLIENT RECORD

Any request for emergency hormonal contraception (EHC) must be dealt with personally by a pharmacist meets the requirements of the PGD and has submitted to the Council a copy of the self-declaration of competence to deliver an Emergency Contraception (EC) service hosted by CPPE. If an accredited pharmacist is not available the patient shall be directed to another participating pharmacy or alternate means of obtaining EHC (e.g. GP, contraception and sexual health service, purchase OTC). The request shall be managed directly by a pharmacist and not by a counter assistant, technician, dispenser or other.

PHARMACIST			
Name			
Date		Start Time	
CLIENT DETAILS			
Name			
Date of Birth			
Post Code			
If the client is under 16 years refer to Fraser Guidelines and to other issues (Appendix 4) and complete checklist below			
Client understands advice			
Cannot be persuaded to inform/allow professional to inform parents			
Likely to begin/continue sexual activity without contraception			
Physical / mental health likely to suffer unless given treatment			
In client's best interests to give treatment			
GENERAL PRACTITIONER			
Name			
Surgery			
Consent to inform GP	YES		NO
If NO, explain value of continuing care. But agree confidentiality and continue			
MENSTRUAL HISTORY			
Date of last menstrual period (LMP) (1 st day of bleeding)			
Normal cycle length Usual number of days from day 1 to last day of period			
Days since LMP (Since day 1)			
Menstrual bleeding overdue	YES		NO
	No of Days		
LMP normal	YES		NO
REASON FOR EMERGENCY CONTRACEPTION			
Unprotected Sex	Antibiotics	Condom Failure	
Other Drugs	Pill Error	Other Problem	
Any Comments			

RISK				
Date of Risk		Time of Risk		No of hours since Risk
Any previous risk in this cycle more than 72 hours ?	YES/NO		Pregnancy test undertaken?	YES/NO
Any previous risk(s) more than 72 hours ago (list all in last 4 weeks):				
Any worries about missed periods?				
<p>If the only previous risk episodes are 3 weeks ago or more then offer pregnancy test - if this is negative then Levonorgestrel can be offered to cover the latest risk in the last 72 hours. Discuss/Offer pregnancy test (if above is applicable or woman thinks she has missed a period): If previous risk more than 72 hours ago but still within last 3 weeks, please support the person to access other services. Explain the limits of a Levonorgestrel and pregnancy tests. Explain both the copper coil & EllaOne and where to get support if they think they are pregnant. The sexual health clinic accepts fast-track referrals from Pharmacy.</p>				
Other requests for EC in last 6 months	YES		NO	
Ashton sexual health service 0161 342 7101 (if calling for you client tell them you are a pharmacist)				
OTHER OPTIONS FOR EMERGENCY CONTRACEPTION DISCUSSED				
Levonorgestrel		IUCD		
Effect of foetus		Effect on foetus		
Mode of action		Mode of action		
Failure rate		Failure rate		
Side effects		Side effects		
PAST MEDICAL HISTORY				
Any of the following? Unexplained vaginal bleeding, current breast Cancer, Hypersensitivity to EHC. If YES refer to GP or Clinic				
DRUG HISTORY				
Interacting medication (check BNF)	YES		NO	
If YES advice efficacy of EHC may be reduced. Refer to GP or other Doctor. Do not issue Levonelle 1500				
COUNSELLING POINTS COVERED				
Information / service leaflet		Risk of STI's discussed		
Future contraception discussed		Chlamydia leaflet		
Follow up discussed				
ADDITIONAL NOTES: Use this space to record any other information relevant to this consultation				
OUTCOME OF THIS VISIT				
EHC provided	YES		NO	
Referred to other service for IUCD EC	YES		NO	
Unsuitable for EHC – referred to GP/other clinic	YES		NO	
No need for EPH	YES		NO	
The above information is correct to my knowledge. I have been counselled on the use of emergency contraception and understand the advice to me by the pharmacist.				
Signed..... Date.....				
Pharmacist Signature..... Date.....				