

EHC supply under PGD

Date		Patient Name		Post Code	
DOB		Age		Ethnicity	
Registered with GP?	Yes /No / Prefer not to say				
Consent to share with GP	Yes / No	GP Practice			

If a young person (aged <16 years) requests EC, they must be assessed for competency. If deemed as 'Fraser Competent' a supply can be made, and Fraser Competency must be documented in the records. Pharmacists must use their professional judgement when considering 'Safeguarding' issues related to sexual activity in young persons. ***If a child under 13 years requests Emergency Contraception, and there is a reasonable concern that sexual activity has taken place, the Pharmacist should always contact the local Child Protection Lead, and there must always be a presumption that the case will be referred to the Children's Social Care Services in the area where the child lives.***

Fraser competency

Not applicable (16years +)		Assessed client understanding		Assessed client maturity	
Encouraged parental involvement		Client likely to continue behaviour		Assessed physical/mental effects of withholding EHC	
Acting in young person's best interest					

Child Sexual Exploitation risk evaluation

For all young people under the age of 18 years you should ask the following 4 questions. If any apply a referral should be made. (Links to the referral form are on left hand side bar on the PharmOutcomes module if required)

Have you ever stayed out overnight or longer without the permission of your parents or guardian	
How old is your boyfriend or person(s) you have sex with. If difference over 4 years tick (and record age)	
Does your boyfriend or person(s) you have sex with stop you from doing things you want to do	
Thinking about where you go to hang out, or to have sex. Do you feel unsafe there or are your parents or guardian worried about your safety?	
No concern of CSE	
When a referral is required: does the client agree to safeguarding referral	Yes No N/A

Reason for request – for missed pills information - see flowchart

No contraception used	Failed Condom	Missed pill / patch COC
Missed pill POP	Late Depo injection	Vomited previous EHC
Reduced contraceptive efficiency (e.g. diarrhoea/ vomiting while taking Oral Contraceptive)		

Time since UPSI

Up to 24 hours	24 – 48 hours	48 – 72 hours
72 – 120 hours	Over 120 hours	

Alcohol / Drug use involved

Alcohol involved?	Drug use involved?	Prefer not to say?
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Menstrual History - See note below regarding hormonal contraception

Normal cycle length (days)	Date of last period	Day in cycle?
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Establish risk of pregnancy; if suspected please refer to GP, Pregnancy Advice or Sexual Health Services

Last period (LMP) abnormal?	Previous UPSI without EC since LMP	Signpost if suspect pregnancy
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Provider and patient information: Please discuss individual need for emergency contraception (EC) and inform women about different methods with regard to efficacy, adverse effects, interactions, medical eligibility and need for additional contraceptive precautions,

Copper Coil via qualified provider

This is the most effective form of emergency contraception (EC) more than 99% effective. Copper device inserted in the womb and can be used as an ongoing method of contraception. Client comes back for a 3 week check.

Levonorgestrel acetate 1500mg (LNG)

Oral method of EC - has been available for long time and more effective earlier in the cycle. Less effective than IUD and UPA. If method fails - no evidence of risk to foetal abnormality but no guarantee of normal pregnancy either

Additional precautions LNG - If starting hormonal contraception immediately after progestogen-only emergency contraception, condoms or avoidance of sex should be advised for 7 days (2 days for POP, 9 days for Qlaira).

Ulipristal acetate (UPA)

Newer method of oral EC. Clinical studies show that 2 out of 100 women who took UPA within 120hrs became

pregnant. More effective than LNG especially around mid cycle. No evidence of foetal abnormality but UPA is new drug - limited data about this.

Additional precautions UPA - UPA interferes with the action of progestogen containing contraceptives. The contraceptive action of COC's and POP's may be reduced. Continual use of OC not c/I use of barrier contraception advised until next menstrual cycle. Following use of UPA the FSRH advises use of condoms or abstinence from sex for 14 days for COC (9 days for POP, 16 days for Qlaira,)

EHC indicated and any of following apply – supply LNG 1500mg (check exclusions)

Failed Hormonal Contraception?		Less than 72hrs since UPSI		Breastfeeding?	
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LNG 1500mg Exclusion Criteria

Hypersensitivity to LNG?		Likelihood of pregnancy?		Declines to take tablet?	
Unexplained vaginal bleeding?		Current breast cancer?		More than 72 hrs post UPSI?	
At risk of ectopic pregnancy?		Active acute Porphyria?		Client weighs more than 70kg or has a BMI >26kg/m2?	
None of the above					

EHC indicated and any of following apply – can supply UPA 30mg (check exclusions)

Outside 72 - 120 hours since UPSI (or outside 0 - 120 hours since UPSI for patient excluded from Levonorgestrel supply due to weight or BMI)		Under 72hours but mid-cycle (days 12 to 15) of 28 day cycle		Hypersensitive to LNG?	
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UPA 30mg Exclusion Criteria

Outside 72-120 hrs post UPSI? (unless mid-cycle)		Previous use of UPA this cycle? (except if vomited 1 st dose)		Suspected pregnancy?	
Breastfeeding? (unless willing to suspend feeding for 7 days)		Unexplained vaginal bleeding?		Unexplained amenorrhoea?	
Other UPSI since last period?		Severe asthma? (grade 5 BTS)		Renal or hepatic dysfunction?	
Diabetes with complications?		Breast cancer?		Active acute Porphyria?	
Galactose intolerance?		Lapp lactase deficiency or glucose-galactose malabsorption?		Interacting medicines? (Includes liver enzyme inducers and drugs which increase gastric pH, e.g. PPI)	
Severe malabsorption disease		Hypersensitivity to UPA?		None of the above	

Counselling – all patients taking EHC

Mode of Action		Side Effects		What to do if vomit	
Effect on foetus		Failure rate		Next period late/abnormal	
Ectopic pregnancy		When to seek medical advice		Follow up	
Patient information leaflet given		Chlamydia and other STIs		LARC and other contraception	
Breastfeeding(UPA) 7day break		Breastfeeding (LNG secreted in breast milk. Take LNG immediately after feeding and avoid nursing until at least 8 hours after dose)			

Medication Supply Information

Drug given: LNG 1500mg / UPA 30mg Batch Number..... Expiry Date.....
 Confirm taken on premises..... Was this a second dose due to vomiting first dose? Yes / No

Consultation outcome

LNG supplied		UPA supplied		Referred for Cu IUD		Reason EHC not supplied	
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Service audit questions, tick all that apply

Convenient- closest/easiest		Recommended by friend		Recommended by parent	
Recommended by HCP		Came across by Chance		Aware due to advert	
Other – please specify					

The information I have given is correct to the best of my knowledge. I have been counselled on the use of emergency contraception and understand the advice given to me.

Client's Signature:		Date:	
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The stated action was based on the information given to me by the client, which is correct to the best of my knowledge

Pharmacists Name, GPhC No & Signature:		Date:	
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