

Emergency Contraception (EC) Record Form

This form is a suggested method to record EC consent and consultation in relation to Lincolnshire County Council commissioned EC services.

Some pharmacies will have their own recording methodology which may include an electronic system. This information is confidential under GDPR. If a sample is requested for LCC audit purposes the person identifiable information must be redacted.

Pharmacy stamp

Completed forms should be retained for 8 years, or until the client is 25 years of age- whichever is longer.

	YES	NO
Is the patient presenting in person?		Refer
Is the patient 13 years of age or over?		Refer

Date of consultation						
Patient's age/date of birth						
Patient's postcode (first part only)						
If the patient is between 13 and 16 years of age, are they deemed Fraser competent? (see assessment, Appendix 1)						Refer

Reason for request	UPSI <input type="checkbox"/>	Condom Failure <input type="checkbox"/>	Missed Pill <input type="checkbox"/>
	Vomited previous dose <input type="checkbox"/>		Other <input type="checkbox"/>

Regular Contraception	COC <input type="checkbox"/>	POP <input type="checkbox"/>	Patch <input type="checkbox"/>
	Injection <input type="checkbox"/>	Implant <input type="checkbox"/>	IUD/S <input type="checkbox"/>
	Other <input type="checkbox"/>	None <input type="checkbox"/>	

Date and approximate time of UPSI	
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Allergies/adverse drug reactions (please state)	
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Hours since UPSI	<72 hours <input type="checkbox"/>	72-96 hours <input type="checkbox"/>	96-120 hours <input type="checkbox"/>
	>120 hours <input type="checkbox"/>		

Menstrual History

What is normal length of menstrual period?	
Date of last menstrual period (LMP) (i.e. first day of bleed)?	
Day in cycle/pill packet?	
Where in the cycle point? Early/late = >10 days before or >2 days after ovulation Mid-cycle = 10 days before or within 2 days of ovulation	Early/late Mid-cycle Unsure

Establish Risk of pregnancy

	YES	NO
Was the LMP abnormal?	Refer	
Previous UPSI since LMP (no EHC)?	Refer	
Did UPSI occur after likely date of ovulation?	Supply, advice of efficacy & refer	
Is a pregnancy test required?	Refer	
<p>NB: The Cu-IUD is the most effective form of emergency contraception (EC) and should be explained and offered to clients as first line. If criteria for insertion of a Cu-IUD are not met or a Cu-IUD is not acceptable to a woman, then consider oral EC. If a woman opts for Cu-IUD, assessment and supply of oral EC should be considered when waiting for insertion.</p> <p>Cu-IUD referral: Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>EHC Indicated: Is the client:</p> <ol style="list-style-type: none"> presenting within 72 hours of UPSI and in early/late cycle or unsure where in cycle AND/OR Breastfeeding Taking EC due to failed hormonal contraception 	Consider levonorgestrel	
<p>EHC Indicated: Is the client:</p> <ol style="list-style-type: none"> Presenting within 72 hours mid cycle Presenting between 72 and 120 hours Unable to take LNG BMI > 26kg/m² or >70Kg 	Consider ulipristal	
Consultation Outcome	Levonorgestrel <input type="checkbox"/> Ulipristal <input type="checkbox"/> Referral for Cu-IUD <input type="checkbox"/> Appointment made <input type="checkbox"/>	

The following should only be completed if supplying levonorgestrel:

Exclusion Criteria for Levonorgestrel 1500mcg tablets

Exclusion criteria for levonorgestrel	Client <13 years <input type="checkbox"/> client 13-15 and not fraser competent <input type="checkbox"/>
	Likely pregnancy <input type="checkbox"/> less than 3 weeks post-partum <input type="checkbox"/>
	Less than 5 days after abortion/miscarriage <input type="checkbox"/> trophoblastic disease <input type="checkbox"/>
	Less than 5 days after taking ulipristal as EHC <input type="checkbox"/> UPSI > 72 hours <input type="checkbox"/>
	Unexplained vaginal bleeding <input type="checkbox"/> Galactose intolerance <input type="checkbox"/>
	Hypersensitivity to levonorgestrel <input type="checkbox"/> severe malabsorption disease <input type="checkbox"/>
	Porphyria <input type="checkbox"/> severe hepatic dysfunction <input type="checkbox"/> Interacting drugs <input type="checkbox"/>
	current breast cancer <input type="checkbox"/> severe malabsorption disease <input type="checkbox"/>
None of the above <input type="checkbox"/> Other <input type="checkbox"/>	

NB: If levonorgestrel is contraindicated/not tolerated, consider whether ulipristal can be supplied according to the guideline.

The following should only be completed if supplying ulipristal (EllaOne®):

Exclusion criteria for ulipristal (EllaOne®) 30mg tablets

Exclusion criteria for ulipristal (EllaOne®)	Client <13 years <input type="checkbox"/> client 13-15 and not fraser competent <input type="checkbox"/>
	Likely pregnancy <input type="checkbox"/> severe asthma on oral glucocorticoids <input type="checkbox"/>
	Breastfeeding and not wishing to hold feeding for 1 week <input type="checkbox"/>
	Interacting drugs <input type="checkbox"/> >120 hours after UPSI <input type="checkbox"/>
	Unexplained vaginal bleeding <input type="checkbox"/> trophoblastic disease <input type="checkbox"/>
	Hypersensitivity to ulipristal <input checked="" type="checkbox"/> Galactose intolerance <input type="checkbox"/>
	Progestogen containing contraceptive used in previous 7 days <input type="checkbox"/>
	Severe hepatic dysfunction <input type="checkbox"/> severe malabsorption disease <input type="checkbox"/>
	Levonorgestrel EC used in same cycle <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/>

NB: If ulipristal is contraindicated/not tolerated, consider whether levonorgestrel can be supplied according to the PGD.

Treatment Plan

Levonorgestrel 1500 one tablet as a single dose within 72 hours of UPSI	<input type="checkbox"/>
Levonorgestrel 1500 two tablets as a single dose (enzyme inducers) within 72 hours of UPSI	<input type="checkbox"/>
Levonorgestrel 1500 two tablets as a single dose (BMI and weight) within 72 hours of UPSI	<input type="checkbox"/>
Ulipristal acetate 30mg one tablet as a single dose between 72 and 96 hours of UPSI	<input type="checkbox"/>
No supply- patient presenting too late for treatment	<input type="checkbox"/>
No supply- EHC not required	<input type="checkbox"/>
Second dose of levonorgestrel 1500 or ulipristal 30mg due to vomiting	<input type="checkbox"/>

Counselling

Child protection issues considered discussed	<input type="checkbox"/>
Discuss mode of action	<input type="checkbox"/>
Discuss failure rate	<input type="checkbox"/>
Confirm next period may be early or late	<input type="checkbox"/>
Discuss need for follow-up including pregnancy test if next menstrual period is more than 5 days late or lighter than usual	<input type="checkbox"/>
Discuss need to return if further UPSI	<input type="checkbox"/>
Action to take if vomiting within 3 hours	<input type="checkbox"/>
Discuss if appropriate unlicensed use and obtain consent	<input type="checkbox"/>
Discuss need for future contraception	<input type="checkbox"/>
Discuss risk of STIs, including option of free chlamydia testing available	<input type="checkbox"/>
Provide information on family planning and sexual health services available within Lincolnshire www.lincolnshiresexualhealth.nhs.uk 01522 309309	<input type="checkbox"/>
Discuss safe sexual behaviour, C card for condoms and where this service can be accessed	<input type="checkbox"/>

Details of Supply

Batch number	
Expiry date	
Previous use of EHC?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dose taken on premises	<input type="checkbox"/>

Declaration

I have been counselled on the use of emergency hormonal contraception and understand the advice given to me by the pharmacist.

Patient Name	
Patient Address	
Patient Signature/initials	
Date and Time	

The action specified was based on the information given to me by the patient which to the best of my knowledge is correct

Pharmacist Name	
Pharmacist Signature	
GPHC number	
Date and Time	

Appendix 1: Fraser Guidance for Issuing Contraceptive Advice to those under 16

Lincolnshire County Council EC Record Form

Version 1. Created by Soar Beyond Feb 2019

Approved for use by: DR. MUHAMMAD ADIL MUGHAL (GMC NO. 7274508) 12-04-2019

Fraser guidelines refer to the Department of Health guidance issued in 1986 on the provision of contraceptive advice and treatment to young people under 16 years of age.

Any pharmacy staff having a discussion with the young person should gently explore the following issues at each consultation. This should be fully documented and should include an assessment of the young person's maturity, and whether they are acting voluntarily.

Your Assessment of Fraser	YES	NO
The young person, although under 16, understand the advice given from the healthcare professional seen		
e.g. understands the service they are accessing, understands what actions they need to take during or following access to the service.		
The young person cannot be persuaded to tell their parents they are seeking contraceptive advice		
e.g. client not prepared to talk to parent/carer at this time but will try to do so in due course. May be able to discuss with another responsible adult. Signs of coercion?		
The young person would be very likely to begin, or continue, having sexual intercourse with or without contraceptive treatment		
The effect of physical or mental health of young person if advice/treatment withheld		
e.g. advice/treatment/service is needed now, to ensure their wellbeing		
Action is in the best interest of the young person		
e.g. providing the professional service/advice at this time is in the best interest of the client, regardless of parental consent		

If the answer to these questions is '**YES**' then the service may be supplied.

If a child is not competent to give consent i.e. a '**NO**' to the questions, you should seek consent from a person with parental responsibility (this will often, but not always, be the child's parent/carer).

Declaration

Pharmacist Name	
Pharmacist Signature	
GPHC number	
Date	