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 (or remotely in exceptional circumstances, e.g. during pandemic)?		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 ☐ Condom Failure ☐ Missed Pill ☐ Vomited previous dose ☐ Other ☐

Regular Contraception	COC ☐ POP☐ Patch ☐ Injection ☐ Implant ☐ IUD/S ☐ Other ☐ None ☐

Date and approximate time of UPSI	

Allergies/adverse drug reactions (please state)	

Hours since UPSI	<72 hours ☐ 72-96 hours ☐ 96-120 hours ☐ >120 hours ☐

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	
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 the client, then consider oral EC. If the client opts for Cu-IUD, assessment and supply of oral EC should be considered when waiting for insertion. **Cu-IUD referral: Yes ☐ No ☐**		
EHC Indicated: Is the client: 1. presenting within 72 hours of UPSI and in early/late cycle or unsure where in cycle **AND/OR** 2. Breastfeeding 3. Taking EC due to failed hormonal contraception	Consider levonorgestrel	
EHC Indicated: Is the client: 1. Presenting within 72 hours mid cycle 2. Presenting between 72 and 120 hours 3. Unable to take LNG 4. BMI≥26kg/m^2 or >70Kg	Consider ulipristal	
Consultation Outcome	Levonorgestrel ☐ Ulipristal ☐ Referral for Cu-IUD ☐	

The following should only be completed if supplying levonorgestrel:

Exclusion Criteria for Levonorgestrel 1500mcg tablets

Exclusion criteria for levonorgestrel	Client <13 years ☐ client 13-15 and not Fraser competent ☐ Likely pregnancy ☐ less than 3 weeks post-partum ☐ Less than 5 days after abortion/miscarriage ☐ trophoblastic disease ☐ Less than 5 days after taking ulipristal as EHC ☐ UPSI > 72 hours ☐ Unexplained vaginal bleeding ☐ Galactose intolerance ☐ Hypersensitivity to levonorgestrel ☐ severe malabsorption disease ☐ Porphyria ☐ severe hepatic dysfunction ☐ Interacting drugs ☐ current breast cancer ☐ severe malabsorption disease ☐ None of the above ☐ Other ☐
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 ☐ client 13-15 and not Fraser competent ☐ Likely pregnancy ☐ severe asthma on oral glucocorticoids ☐ Breastfeeding and not wishing to hold feeding for 1 week ☐ Interacting drugs ☐ >120 hours after UPSI ☐ Unexplained vaginal bleeding ☐ trophoblastic disease ☐ Hypersensitivity to ulipristal ☐ Galactose intolerance ☐ Progestogen containing contraceptive used in previous 7 days ☐ Severe hepatic dysfunction ☐ severe malabsorption disease ☐ Levonorgestrel EC used in same cycle ☐ None ☐ Other ☐
NB: If ulipristal is contraindicated/not tolerated, consider whether levonorgestrel can be supplied according to the PGD.	

Treatment Plan

Levonorgestrel 1500 microgram one tablet as a single dose within 72 hours of UPSI	☐
Levonorgestrel 1500 microgram two tablets as a single dose (enzyme inducers) within 72 hours of UPSI	☐
Levonorgestrel 1500 microgram two tablets as a single dose (BMI and weight) within 72 hours of UPSI	☐
Ulipristal acetate 30mg one tablet as a single dose between 72 and 120 hours of UPSI	☐
No supply- patient presenting too late for treatment	☐
No supply- EHC not required or appropriate	☐
Second dose of levonorgestrel 1500 microgram or ulipristal 30mg due to vomiting	☐

Counselling

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

Details of Supply

Batch number	
Expiry date	
Previous use of EHC?	Yes ☐ No ☐
Dose taken on premises	Yes ☐ No ☐

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

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 young person 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 young person's parent/carer).

Declaration

Pharmacist Name	
Pharmacist Signature	
GPhC number	
Date	