Consultation Pro-forma Emergency Hormonal Contraception

This form is for use solely within a Community Pharmacy commissioned to provide EHC in conjunction with a current signed PGD.
Check your service specification for details of applicable PGD(s). The PGD(s) should be present and used during the consultation.

SECTION A: Consultation Details

Date of Consultation / /	Pharmacy Name and Address or Stamp:
Pharmacist Name (PRINT)	
GPHC No:	

SECTION B: Client Details

Client Name:	GP Details (optional):	
Client Address (optional):		
Post Code:	Date Of Birth: / /	Age:
Client under 16 years of age assessed as competent under the Fraser Guidelines?		☐ Yes ☐ No
Safeguarding action taken (If applicable. Refer to PGD for details and guidance)?		☐ Yes ☐ No

SECTION C: Client History

UPSI

Time since UPSI? ☐ 12 hrs ☐ 12-24 hrs ☐ 25-48 hrs ☐ 49-72hrs ☐ 72-120 hrs ☐ >120 hrs

Reason for UPSI *(tick as relevant)*	
☐	No contraception used
☐	Oral contraceptive failure (please indicate below)
☐	Severe Diarrhoea
☐	Severe Vomiting
☐	Missed Pills
☐	Barrier method failure
☐	Late contraceptive injection
☐	Other (please state below)

History	
Day 1 of last menstrual period	/ /
Any other episodes of UPSI since last menstrual period?	☐ Yes ☐ No
Is it possible the client is pregnant? (If **YES** perform pregnancy test)	☐ Yes ☐ No
If other episode of UPSI was Levonorgestrel taken?	☐ Yes ☐ No ☐ N/A
If other episode of UPSI was Ulipristal Acetate taken?	☐ Yes ☐ No ☐ N/A

Does the client have any relevant medical history? If YES please list below and refer to cautions section of the relevant PGD ☐ Yes ☐ No

SECTION D: Criteria for Inclusion / Exclusion (refer to PGD(s) for specific details)

In all instances the Client should be advised that EHC is not 100% effective and that an IUD is the most effective means of post coital contraception. This option must be discussed prior to proceeding with EHC. In instances where an IUD is acceptable, continue to supply EHC for use in the event that the IUD fitting is not done or proves unsuitable.

The client's needs should be assessed against the criteria specified in the relevant PGDs and the local service specification. Decisions to supply or not to supply either medication should be recorded below

SECTION E - Supply and Administration

Client to be supplied with: ☐ Levonorgestrel ☐ Ulipristal Acetate ☐ Neither

If 'Neither', please provide the reason: _____

Has a referral been made? ☐ Yes ☐ No Referred to: _____

Reason for referral: _____

Assess the client against the cautions listed in the relevant PGD, provide any counselling points and complete any recommended actions.

Supply made?	☐ Yes ☐ No	Date supply made:	/ /
		Batch number: Expiry date:	/ /
Vomiting after initial dose, resupply made (recalculate time since UPSI and refer to PGD) BMI > 26 kg/m2 or weight >70 kg Currently taking or within 28 days of stopping hepatic enzyme inducing drug(s)	☐ Yes ☐ No	Batch number: Expiry date:	/ /
Pregnancy test supplied?	☐ Yes ☐ No	If '**Yes**' how many tests supplied?	☐ 1 ☐ 2
Administration observed?	☐ Yes ☐ No	If **'No'** state reason:	

All areas of advice listed in the "Follow-up Advice" and "Information To Be Given" sections of the relevant PGD have been discussed with the client

If the patient wishes to resume hormonal contraception, they should do so AFTER 5 days. Advise patient to abstain from sex or use a condom during these 5 days, because no other hormonal contraception can be used during this period. When restarting oral contraception after this "gap" (i.e. on day 6), additional barrier method must be used for the number of days needed for the contraception to become effective, i.e. an additional 2 days for POP, 7 days for COC and 9 days for Qlaira.

SECTION F - Use of medicine outside the terms of the product licence

Tick if applicable:	☐	Levonorgestrel use for UPSI 72-96 hours ago
	☐	Levonorgestrel supply of 2 x 1500microgram tablets
Client advised re off-licence use of Levonorgestrel 1500 tablets as stated in PGD		☐ Yes

SECTION G - Signatures

Client to tick as applicable, sign and date: ☐ The information I have provided to the pharmacist during this consultation is correct to the best of my knowledge ☐ I have been counselled on the use of emergency contraception ☐ The advice and guidance provided during the consultation has been clearly explained and I understand it. Where applicable this includes advice about off-licence use of Levonorgestrel 1500microgram tablets	**Client's Signature:** (Optional) **Date: / /**
Pharmacist to tick as applicable, sign and date: ☐ The stated action was based on the information given to me by the client, which is correct to the best of my knowledge	**Pharmacist's Signature:** **Date: / /**

Where appropriate, a copy of this consultation pro-forma should be kept in accordance with the service specification under which the PGDs are in operation. Where specified, this may include keeping an electronic copy. Please refer to the local service specification for further clarification.