

EHC – TELFORD AND WREKIN MAY 2018

1.EHC - Registration Note: service only available for clients aged 13 to 25 years inclusive.

Date		Patient Name			
DOB		Postcode		Ethnicity	
GP			Consent to share with GP?	Y / N	

2. EHC - Consultation

Fraser competency: Assessed client understanding; Assessed client maturity; Encouraged parental involvement; Client likely to continue behaviour; Assessed physical/mental effects of withholding treatment; Acting in best interest of young person

Not applicable (16years +)		Client competent		Client NOT competent	
----------------------------	--	------------------	--	----------------------	--

CSER and Safeguarding For all young people under the age of 18 years a short evaluation of CSE risk should be completed.

Please ask the following 4 questions. If any apply a referral should be made. You can access the link to the referral form for completion in the left hand side bar in PharmOutcomes if required.

No concerns on CSE or safeguarding		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?		Concern about other issue?	
Details of concerns...					

Consent to Refer?	Yes		No	
-------------------	-----	--	----	--

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	
Diarrhoea/ vomiting					

Time since UPSI

Up to 24 hrs		24 – 48 hrs		48 – 72 hrs		72 – 120 hrs		Over 120 hrs	
--------------	--	-------------	--	-------------	--	--------------	--	--------------	--

Alcohol / Drug use involved

Alcohol involved?		Drug use involved?		Prefer not to say?	
-------------------	--	--------------------	--	--------------------	--

Client over 70kg weight or BMI 26 or more?

Yes		No	
-----	--	----	--

Menstrual History - See note below regarding hormonal contraception

Normal cycle length (days)		Date of last period		Day in cycle?	
----------------------------	--	---------------------	--	---------------	--

Establish risk of pregnancy

Last period (LMP) abnormal?		Previous UPSI without EC since LMP		Referral to?	
-----------------------------	--	------------------------------------	--	--------------	--

Inform ALL clients of Cu IUD option and record referral outcome

Copper Coil via qualified provider

This is the most effective form of emergency contraception 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

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 30mg (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 levonorgestrel especially around mid-cycle. No evidence of foetal abnormality but UPA new drug - limited data about this.

Additional precautions UPA – UPA interferes with 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 the 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 AND bodyweight <70kg or BMI <26kg/sq.m for LNG.

Less than 72hrs since UPSI	Late in cycle & supply in best interest of client	Failed Oral contraception	Breastfeeding & wants to continue with no break	If EHC indicated & provided no exclusions go to supply of LNG 1500mg
72-120 hrs since UPSI	0-5 days prior to expected ovulation	Hypersensitive to LNG?	Weight >70kg or BMI >25kg/sq.m	If EHC indicated & provided no exclusions now go to supply of UPA 30mg

Consultation outcome - if excluded from pgd supply refer to GP or SHS

LNG supplied go to stage 2 LNG 1500mg	UPA supplied go to stage 2 UPA 30mg	Referred for Cu IUD	EHC not supplied (give reason)	C-Card offered if under 25 years
Reason EHC not supplied if applicable:			State C-Card number if applicable:	

EHC - 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?	None of the above

Client taking or taken with last four weeks liver enzyme inducing medication? Eg phenytoin, barbiturates, etc.

YES / NO If yes, and LNG indicated, then supply TWO tablets of LNG 1500mg, client to take both tablets immediately.

EHC - UPA 30mg

Exclusion Criteria

Outside 72-120 hrs post UPSI? EXCEPT when allowed under PGD	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?
Taking Liver Enzyme inducers?	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?
Severe malabsorption disease	Hypersensitivity to UPA?	None of the above

Counselling – all patients taking EHC

Mode of Action	Side Effects	What to do if vomiting occurs
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		

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

Chlamydia Test 15 – under 25 year-olds only Test supplied? YES / NO / Outside of age range

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
Confidential Service	Other – please specify	
Are you here today because you prefer to receive this type of service from pharmacy?		
Yes / No		

I consent to my registration details being shared with all pharmacies accredited to deliver the service to ensure safe and effective provision of EHC to me. 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:
----------------------------	--------------

The stated action was based on the information given to me by the client, which is correct to the best of my knowledge

Supplying Pharmacists Name & Signature	GPhC Registration no:	Date:
---	------------------------------	--------------