

**Emergency Hormonal Contraception Proforma for community pharmacists working in NHS Forth Valley pharmacies to supply ulipristal acetate 30mg tablet or levonorgestrel 1.5mg tablet for a named individual**

DATE		CLIENT NAME	
CLIENT AGE		CLIENT CHI	
IF 13, 14 OR 15 YEARS OLD EXPLAIN CONFIDENTIALITY AND LIMITS			<input type="checkbox"/>
Who is with her?		Who knows she is here?	
How old is partner?		Lives with friends/family/in care/homeless?	
Attends school	<input type="checkbox"/> Yes <input type="checkbox"/> No	Concerns re drugs/alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concerns re assault/abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If aged 12 years or under, or there are Child Protection Issues contact Child Protection Department on 01786 477420	
Competent to consent?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>REASON FOR REQUEST</b>			
<input type="checkbox"/> Unprotected sexual intercourse <input type="checkbox"/> Contraceptive failure <input type="checkbox"/> Other: _____			
Date of UPSI		Time of UPSI	Time since UPSI (hours)
<b>If &gt; 120 hours, refer for further support to Central Sexual Health 01324 673554 or 01324 673563 (Mon-Fri 2pm-4pm), NHS Forth Valley Out of Hours by telephoning professional line or client's GP.</b>			
<b>MENSTRUATION HISTORY</b>			
Date of last menstrual period (LMP)		LMP normal? <input type="checkbox"/> Yes <input type="checkbox"/> No	LMP regular? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Cycle length:	Days since last LMP:
<b>EXCLUSION OF PRIOR PREGNANCY (Do test if period late or LMP unsure or LMP unusual)</b>			
Pregnancy test	<input type="checkbox"/> Not done <input type="checkbox"/> Negative <input type="checkbox"/> Positive		
<b>Pregnancy or suspected pregnancy is a contra-indication for supply under this guidance. Refer.</b>			
<b>MEDICAL HISTORY – ULIPRISTAL (UPA)</b>			
Unexplained vaginal bleeding	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, refer	
Have used Levonogestrel as EHC within last 7 days	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, refer	
Severe asthma treated with oral glucocorticoids	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, consider Levonorgestrel (LNG) if UPSI < 72 hours or refer	
Current severe liver disease including jaundice	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, refer	
Hereditary problems of galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, refer	
Severe malabsorption syndromes e.g. severe diarrhoea or Crohn's disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, refer	
Known hypersensitivity to UPA or any other excipient in the tablet	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, consider LNG if UPSI < 72 hours or refer	
Is breastfeeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, advise to delay breastfeeding for one week or refer	
Any medicines that increase gastric pH (e.g. PPI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, consider LNG if UPSI < 72 hours or refer	
Any medicines that may interact with UPA – Enzyme inducers or others? (List here):	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, refer	
<b>Please refer to the BNF for advice on interactions. If client is taking medicines that interact, consult the Ulipristal Guidance and only supply if criteria are met.</b>			

WHEN LEVONORGESTREL (LNG) INDICATED			
Known hypersensitivity to LNG or any other excipient in the tablet	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, refer	
Porphyria	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, refer	
History of salpingitis/ectopic pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, refer	
Patient has BMI >26kg/m <sup>2</sup> or weighs >70kg	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, consider double dose LNG (3mg)	
Any medicines that may interact with LNG. Enzyme inducers or others? (List here):	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, consider double dose LNG (3mg) or refer	
<b>Please refer to the BNF for advice on interactions. If client is taking medicines that interact, consult the PGD and only supply if criteria are met. If supplied a double dose LNG (3mg) advise client that the effectiveness of this regimen is unknown.</b>			
PLANNED TREATMENT			
<input type="checkbox"/>	LEVONORGESTREL 1.5mg as single dose (PGD)	<input type="checkbox"/>	LEVONORGESTREL 3mg single dose (enzyme inducers) (PGD supply – off licence)
<input type="checkbox"/>	ULIPRISTAL 30mg as a single dose	<input type="checkbox"/>	Too late for tablets but declines copper intra-uterine device
<input type="checkbox"/>	Referred for copper intra-uterine device	<input type="checkbox"/>	Too late for any EHC
<input type="checkbox"/>	Referred for STI testing:	<input type="checkbox"/>	No EHC needed at all
<input type="checkbox"/>	Referred for Contraceptive Advice	<input type="checkbox"/>	Other: _____
COUNSELLING POINTS CHECKLIST			
<input type="checkbox"/>	Copper intra-uterine device (coil) is most effective option	<input type="checkbox"/>	May be light bleeding over next few days, don't count this as a period
<input type="checkbox"/>	Mode of action	<input type="checkbox"/>	Failure rate
<input type="checkbox"/>	Action if vomits within 3 hours	<input type="checkbox"/>	Next period may be early/late
<input type="checkbox"/>	If EHC fails not harmful to pregnancy	<input type="checkbox"/>	Future contraception
<input type="checkbox"/>	Side-effects	<input type="checkbox"/>	Read patient information leaflet
<input type="checkbox"/>	Return if unprotected sexual intercourse	<input type="checkbox"/>	When to seek medical advice
<b>The SPC provides guidance on these counselling points</b>			
FOLLOW UP/SEXUALLY TRANSMITTED INFECTIONS (STIs)			
STI risk discussed	<input type="checkbox"/> Yes <input type="checkbox"/> No	14 day window period for Chlamydia, Gonococcal & Trichomoniasis swabs	<input type="checkbox"/> Yes <input type="checkbox"/> No
			3 month window period for Syphilis, Hepatitis B, C, HIV
<input type="checkbox"/>	How/where to access STI tests or treatment if appropriate		
<input type="checkbox"/>	Advice on ongoing contraceptive advice		
PRODUCT SUPPLIED			
<b>ULIPRISTAL ACETATE</b>		<b>LEVONORGESTREL</b>	
Product:		Product:	
Batch number:		Batch number:	
Expiry date:		Expiry date:	
REFERAL			
<input type="checkbox"/> Referred to Central Sexual Health <input type="checkbox"/> Referred to Out of Hours <input type="checkbox"/> Referred to GP			
CLIENT CONSENT			
The community pharmacy emergency hormonal contraception treatment programme risks have been fully explained to me and I agree to treatment. I have been informed how data on supply will be stored and who will be able to access that information and how that data may be used.			
Signed: _____		Date: _____	
PHARMACIST'S SIGNATURE			
Signed: _____		Date: _____	