

Appendix B

Pharmacy Supply of Emergency Hormonal Contraception (EHC)

For use in Doncaster Pharmacies for the supply of EHC under the Patient Group Direction as part of local enhanced service agreement

Fill out for all contacts

1. Patient Details:

Name _____ Date of Birth: ___/___/___ Full postcode: _____

Date of Consultation: _____

Is the patient over 16 years Yes No
Is the patient between 13 and 16 years and Fraser Competent? Yes No

2. Reason for EHC:

Unprotected Sexual Intercourse within last 72 Hours Yes No
Unprotected Sexual Intercourse between 72 and 96 hours Yes No
Lack of Protection Due to:
Absence of Contraception Yes No
Failure of Barrier Method Yes No
Pill Error Yes No
Reduced Pill Efficacy due to Vomiting or Diarrhoea Yes No
Reduced Pill Efficacy due to Concurrent Medication Yes No
Vomiting within 3 Hours of taking EHC Yes No

Other:

Please state _____

3. Exclusion of Prior Pregnancy:

Was the last period later than the expected time? Yes No
Was the last period lighter or shorter than normal? Yes No
Was the last period unusual in any way? Yes No
Has Unprotected Sexual Intercourse taken place since last period?
(Without appropriate EHC) Yes No

4. Exclusion of Contraindications to EHC:

Is there a history of allergy to Levonorgestrel? Yes No
Is there a history of liver disease? Yes No
Is there a history of malabsorption syndrome e.g. Crohn's Disease? Yes No
Is there a history of porphyria? Yes No
Is there a history of unexplained/unusual vaginal bleeding? Yes No

5. Concurrent Medication:

Does the patient take any medication for any other conditions?
(This includes prescription, over-the-counter and herbal medicines)

Yes No

If Yes:

Is the medication likely to affect the efficacy of EHC? Yes No

Is the medication likely to have detrimental effects on any subsequent pregnancy? Yes No

Is EHC likely to affect the other medication? Yes No

6. Action Taken:

A. Levonorgestrel 1500 Tablet (Levonelle 1500) supplied

Now complete section 7

B. 2 x Levonorgestrel 1500 Tablet (Levonelle 1500) supplied

Please state reason: _____

Now complete section 7

C. Levonorgestrel 1500 Tablet (Levonelle 1500) supplied & appropriate referral made to:

GP Sexual Health OOH Practice Nurse A&E

Now complete section 7

D. No product supplied & appropriate referral made

Please state reason and to whom:

E. No product supplied & advice given (please state reason)

7. Confirmation of advice to Patient:

Tick

Tick if appropriate advice was given on:

Dosage Instructions

What to do if vomiting occurs within 3 hours

Possibility of early/late/light menstruation

When to seek medical advice:

Period is delayed by more than 7 days

Period is abnormally light, heavy or painful

Patient experiences lower abdominal pain

Expected efficacy of EHC	<i>Lev</i>	
<i>Within 24 hours of Unprotected Sexual Intercourse</i>	<i>95%</i>	<input type="checkbox"/>
<i>Between 24 – 48 hours</i>	<i>85%</i>	
<i>Between 48 – 72 hours</i>	<i>58%</i>	
Between 72 – 120 hours (96 hrs limit in PGD)	<i>Limited</i>	
Long term contraception needs		<input type="checkbox"/>
Sexually Transmitted Infections		<input type="checkbox"/>
Referral details		<input type="checkbox"/>
Details of use outside product licence if appropriate		<input type="checkbox"/>
Read the Patient Information Leaflet with pack		<input type="checkbox"/>
Side Effects:		<input type="checkbox"/>
<i>(Eg. Nausea, tiredness, breast tenderness, headache, dizziness)</i>		

Pharmacist Signature: _____	Date: _____
Print name _____	GPhC Number _____
Batch Number _____	Expiry Date _____

Child Protection Issues: <input type="checkbox"/> Yes <input type="checkbox"/> No
