

## EHC – Registration

November 2020

Date		Patient Name			
DOB		Postcode		Ethnicity	

## 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	
----------------------------	--	------------------	--	----------------------	--

## Safeguarding

None		Is client under 13?		If under 16 is partner 4yrs+?	
Client forced/coerced to sex?		Client being sexually abused?		Concern about other issue?	
Details of concerns...					
Consent to Refer?	Yes		No		

**If a child <13 years requests EHC, and there is a reasonable concern that sexual activity has taken place, the pharmacist should always contact the First Point of Contact (FPOC) on 0345 6789021 and there must always be a presumption that the case will be referred to the Children's Social Care Services in the area where the child lives. A record of the referral should be maintained in the pharmacy. If you think the child or young person is in immediate danger telephone 999**

**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 hours		24 – 48 hours		48 – 72 hours	
72 – 120 hours		Over 120 hours (REFER)			

## Alcohol / Drug use involved

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

## 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. No evidence of efficacy post-ovulation. Less effective than IUD and UPA. If method fails - no evidence of risk to foetal abnormality but no guarantee of normal pregnancy either. Can be given more than once in a cycle.

**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 efficacy post-ovulation. No evidence of foetal abnormality but UPA new drug - limited data about this. The dose may be repeated in the same menstrual cycle if necessary (but no more than two doses in any given cycle)

**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?

Failed OC?		Less than 72hrs since UPSI		Breastfeeding?		<b>If EHC indicated now go to LNG 1500mg</b>
72-120hrs since UPSI		Hypersensitive to LNG?		Over 70kg or BMI > 26 kg/m <sup>2</sup>		<b>If EHC indicated now go to UPA 30mg</b>

## Consultation outcome

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 Supply - LNG 1500mg

Client taking enzyme-inducing drugs OR over 70kg or 26kg/m<sup>2</sup> BMI but excluded from UPA 30mg may receive a double-dose of LNG 1500mg unless also excluded

### Exclusion Criteria

Hypersensitivity to LNG?	Likelihood of pregnancy?	Declines to take tablet?
Unexplained vaginal bleeding?	Current or history of breast cancer?	More than 72 hrs post UPSI?
< 5days after ectopic pregnancy or at risk of ectopic pregnancy	< 5 days since a dose of UPA	< 5 days after miscarriage, abortion or uterine evacuation
< 21 days after childbirth	Active acute Porphyria?	Severe malabsorption syndrome
Severe liver disease	Current VTE & under treatment	None of the above

## EHC Supply - UPA 30mg

Client over 70kg or 26kg/m<sup>2</sup> BMI but excluded from UPA 30mg may receive a double-dose of LNG 1500mg unless also excluded.

### Exclusion Criteria

Outside 72-120 hrs post UPSI and not >70kg or 26kg/m <sup>2</sup> BMI	More than one previous use of UPA this cycle?	Suspected pregnancy?
< 5days after ectopic pregnancy or at risk of ectopic pregnancy	< 5 days after miscarriage, abortion or uterine evacuation	< 21 days after childbirth
Galactose intolerance?	Unexplained vaginal bleeding?	Unexplained amenorrhoea?
Interacting medicines?	Severe asthma? (grade 5 BTS)	Renal or hepatic dysfunction?
Diabetes with complications?	Breast cancer?	Active acute Porphyria?
Breastfeeding? (unless willing to suspend feeding for 7 days)	Lapp lactase deficiency or glucose-galactose malabsorption?	Any hormonal contraceptive use in last 7 days
Severe malabsorption disease	Hypersensitivity to UPA?	None of the above
Taking drugs increasing gastric pH	Enzyme inducers taken in last 4 wks	Currently taking ritonavir

## Counselling – all patients taking EHC

Mode of Action	Side Effects	What to do if vomit
Effect on foetus	Failure rate	LARC and other contraception
Ectopic pregnancy	When to seek medical advice	Follow up
Patient information leaflet given	Chlamydia and other STIs	Breastfeeding (UPA) 7day break
Next period not within 21 days, >7 days late or any way abnormal see GP or SxH clinic for pregnancy test		

## Medication Supply Information

Drug given:  LNG 1500mg x1  LNG 1500mg x2  UPA 30mg  Batch no: \_\_\_\_\_ 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 Reg no:	Date:
--	--------------	-------