

EMERGENCY HORMONAL CONTRACEPTION PROFORMA

DATE _____ CLIENT NAME _____

DOB _____ AGE _____

Pharmacy Stamp

If 13, 14, 15 YEARS OLD

EXPLAIN CONFIDENTIALITY AND LIMITS

Who is with her? _____	Who knows she is here? _____
How old is partner? _____	Lives with family / friends / in care / homeless
Attends school? <u>Y / N</u>	Concerns drugs/alcohol? <u>Y / N</u>
Concerns re assault/abuse <u>Y / N</u>	

COMPETENT TO CONSENT Yes
 Not competent/ under 13 yrs old/ child protection issues REFER

Last Menstrual Period: NORMAL? Y / N CYCLE (Days) REGULAR? Y / N

PREGNANCY TEST NOT DONE NEGATIVE POSITIVE
 (Do test if period late or LMP unsure or LMP unusual)

CIRCUMSTANCES: UPSI CONDOM FAILURE OTHER: _____

WHEN WAS THE FIRST UPSI SINCE THE START OF HER LAST PERIOD OR SINCE HORMONAL METHOD FAILURE?

DATE _____ TIME _____
 HOURS SINCE _____ > 72 hours since 1st UPSI - Refer
 DAY IN CYCLE OF 1st UPSI _____

	NO	YES	
ANY EHC ALREADY THIS CYCLE	<input type="checkbox"/>	<input type="checkbox"/>	If already used EHC this cycle -Refer
SEXUAL ASSAULT?	<input type="checkbox"/>	<input type="checkbox"/>	If assault refer to local guidelines
PREVIOUS VOMIT WITH EHC	<input type="checkbox"/>	<input type="checkbox"/>	

MEDICAL HISTORY:

	NO	YES	
KNOWN ALLERGY TO LEVONORGESTREL	<input type="checkbox"/>	<input type="checkbox"/>	If YES Refer
SEVERE HEPATIC DYSFUNCTION	<input type="checkbox"/>	<input type="checkbox"/>	If YES Refer
SEVERE ABSORPTION DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	If YES Refer
PORPHYRIA	<input type="checkbox"/>	<input type="checkbox"/>	If YES Refer
SEVERE MALABSORPTION SYNDROME	<input type="checkbox"/>	<input type="checkbox"/>	If YES Refer
UNEXPLAINED VAGINAL BLEEDING	<input type="checkbox"/>	<input type="checkbox"/>	If YES Refer
ON CICLOSPORIN	<input type="checkbox"/>	<input type="checkbox"/>	If YES Refer
ENZYME INDUCING MEDICATION	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, refer for IUD or double dose EHC

(Refer to current BNF)

CONCEPTION RISK for a 25 yr old after 1 episode of UPSI

Days 8-17	20-30% risk of pregnancy
Days 1-7 and >17	2-3% “ “ “

POSTCOITAL CONTRACEPTION OPTIONS

Levonelle® within 72 hours	84% reduction in expected pregnancies
Levonelle® 72 – 120 hours (off licence) - Refer	63% “ “ “ “
Mifepristone 72 – 120 hours (off licence) - Refer	>85% “ “ “ “
Copper IUD up to 120 hrs after UPSI / or 120hrs after predicted ovulation - Refer	>99% “ “ “ “

BOTH ORAL AND IUD EMERGENCY CONTRACEPTION DISCUSSED **PLANNED TREATMENT**

LEVONELLE® 1.5 mg as single dose (PGD supply) Too late for tablets but declines IUD

LEVONELLE® 3 mg single dose (enzyme inducers) (PGD supply – off licence) Too late for any EHC

No EHC needed at all

Referred for IUD:

Referred for other: Details _____

CURRENT CONTRACEPTION

Patch COC POP injection implant IUD/S

Other _____

Continue pills / patch + condoms too for 7 days

Start pills / patch first day of next period

ADVICE CHECKLIST

How to take tablets Failure rate

Action if vomits within 3 hours Pregnancy test in 3 weeks unless normal period

Next period may be early/late If Levonelle® EHC fails not harmful to pregnancy

Return if further UPSI Contact GP/FP clinic for regular contraception

May be light bleeding next few days, don't count as period

SEXUALLY TRANSMITTED INFECTION

STI risk discussed 14 day window period for Chlamydia, Gonococcal & Trichomoniasis swabs 3 month window period for Syphilis, Hepatitis B, C, HIV

How/where to access STI tests or treatment if appropriate **LEVONORGESTREL SUPPLY**

BATCH NUMBER _____

EXPIRY _____

SIGNATURE OF PHARMACIST _____

PRINT NAME _____

DATE _____