

Client Record Form

Supply and Administration of Emergency Hormonal Contraception

This form should be retained in the pharmacy where the consultation took place and stored securely for 8 years in adult clients, or until the 25th birthday for clients aged under 18 years.

Patient Details:		
Date:	Pharmacist Name:	Registration Number:
Client Name:	Postcode (first 4 digits):	
Time from UPSI (hours):	Age:	Complete a client competence form for clients under the age of 16. Consider safeguarding if appropriate
Ethnic Category Code: (refer to list on back page)		
Is the client presenting in person?	YES/NO	If NO advise client must present in person

Date of first day of last menstrual period (LMP)		
Was the LMP normal?	YES/NO	If NO carry out pregnancy test
Is it more than 4 weeks since LMP?	YES/NO	If YES carry out pregnancy test
Does anything else indicate the client could already be pregnant?	YES/NO	If YES carry out pregnancy test
Is the client pregnant?	YES/NO	If YES refer

Reason for Request					
Unprotected Sex	<input type="checkbox"/>	Failed contraception	<input type="checkbox"/>	Vomited within 3 hours of taking Ulipristal EC	<input type="checkbox"/>
				Vomited within 3 hours of taking Levonorgestrel EC	<input type="checkbox"/>
Has Oral EC been taken previously during this menstrual cycle				YES/NO Record which drug used:	
If yes, clients should ideally be considered for use of the same drug on this occasion unless there is a clinical reason not to.					

Are both Ulipristal and Levonorgestrel drugs contra-indicated?	
If the client answers YES to any of the questions below, supply of oral hormonal emergency contraception from the Community Pharmacy is not appropriate, refer client to GP or sexual health service.	
Does the client have unexplained or unusual vaginal bleeding?	YES/NO
Does the client have severe liver disease?	YES/NO
Does the client have a severe intestinal malabsorption syndrome?	YES/NO
Does the client have hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption?	YES/NO
Did UPSI occur more than 120 hours ago?	YES/NO

Is Ulipristal contraindicated/unsuitable?

If the client answers YES to any of the questions below, supply of Ulipristal from the Community Pharmacy is not appropriate.

Is it more than 120 hours since UPSI occurred?	YES/NO
Is the client allergic to Ulipristal or any of excipients in the product?	YES/NO
Has the patient taken a liver enzyme inducing drug or ritonavir within the past 4 weeks	YES/NO
Is the client taking medication which increases the gastric pH (e.g. regular use of antacids, H2 antagonists, proton pump inhibitors)	YES/NO
Does the client have severe asthma managed with oral glucocorticoids?	YES/NO
Is the patient currently taking or has taken progestogen within the previous 7 days except a vomited dose of Ulipristal within the previous 3 hours?	YES/NO
Is the client breastfeeding and unwilling to express and dispose of breast milk for 7 days following administration?	YES/NO

Is Levonorgestrel contraindicated/unsuitable?

If the client answers YES to any of the questions below, supply of Levonorgestrel from the Community Pharmacy is not appropriate.

Is it more than 72 hours since UPSI occurred?	YES/NO
Is the client allergic to Levonorgestrel or any of excipients in the product?	YES/NO
Does the client have acute active porphyria?	
Does the client have active trophoblastic disease?	YES/NO
Does the client have a history of ectopic pregnancy or salpingitis (inflammation or infection of the fallopian tubes)	YES/NO
Is the client taking ciclosporin?	YES/NO
Has the client taken Ulipristal within the past 5 days?	YES/NO

If Levonorgestrel is suitable, does the client require a double dose?	YES/NO
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Based on the information provided by the client, discuss appropriate options in line with the Faculty of Sexual and Reproductive Health (FSRH) guidance for emergency Contraception

<https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-emergency-contraception-march-2017/>

Action Taken

Supplied Ulipristal 30mg Tablet	<input type="checkbox"/>	Batch number and expiry date:		
Supplied Levonorgestrel Tablet Use double dose if:	<input type="checkbox"/>	1 x 1.5mg tablet; Batch number and expiry date:		
	<input type="checkbox"/>	2 x 1.5mg tablet; Batch number and expiry date:		
	<input type="checkbox"/>	Record Weight/BMI if applicable.....		
EHC Not Supplied	<input type="checkbox"/>	Reason:		
Client referred	<input type="checkbox"/>	Referral to:		
Condoms offered	<input type="checkbox"/>	Condoms accepted: YES/NO	Pregnancy test carried out: YES/NO	Positive/Negative

Counselling	
Client advised that an IUD is the most effective option. Client advised they can still get an IUD even if they take EHC and advised where to obtain this.	<input type="checkbox"/>
Advise client that the available evidence suggests that oral emergency contraception administered after ovulation is ineffective.	<input type="checkbox"/>
Client advised that Ulipristal has been demonstrated to be more effective than Levonorgestrel.	<input type="checkbox"/>
Client advised that it is possible that higher weight or BMI could reduce the effectiveness of oral EHC, particularly Levonorgestrel and that the effectiveness of the Cu-IUD is not known to be affected by weight or BMI.	<input type="checkbox"/>
Mode of action of EHC provided discussed.	<input type="checkbox"/>
Failure rate of EHC provided discussed.	<input type="checkbox"/>
Side effects of EHC provided discussed including possible effects on next period.	<input type="checkbox"/>
Manufacturers PIL provided to patient.	<input type="checkbox"/>
Client advised on action to take if they vomit within 3 hours of taking EHC.	<input type="checkbox"/>
Client advised that EHC will not provide on-going protection against pregnancy for the remainder of the cycle.	<input type="checkbox"/>
Client advised that EHC not as effective as using a regular method of contraception.	<input type="checkbox"/>
Client advised to abstain from sexual intercourse or to consistently and correctly use a reliable barrier method until the next period.	<input type="checkbox"/>
Client offered pack of condoms.	<input type="checkbox"/>
For clients taking hormonal contraception, provide appropriate missed dose advice and advice on restarting after EHC.	<input type="checkbox"/>
Client advised if they wish to quickstart a hormonal contraceptive method, they should wait for at least 5 days after Ulipristal administration. Contact details for local sexual health service provided if required.	<input type="checkbox"/>
Pregnancy test recommended after 3 weeks if taking regular hormonal contraception, or if no period, if period is delayed by 7 days or if period abnormal in any way.	<input type="checkbox"/>
Risk and symptoms of ectopic pregnancy discussed.	<input type="checkbox"/>
Possible effects on foetus if client becomes pregnant after taking EHC discussed. Advise to see GP if pregnancy occurs.	<input type="checkbox"/>
Future contraception discussed for those not using contraception, or those who may need a review of their current method of contraception.	<input type="checkbox"/>
Risk of STI's discussed including how to get tested/treated. Contact details for the local sexual health services provided if required.	<input type="checkbox"/>
Clients on warfarin who have taken Levonorgestrel advised on possible effect on INR and need for additional monitoring.	<input type="checkbox"/>
Client advised that if Levonorgestrel is provided outside of the product license in accordance with the PGD that this is in line with current FRS guidance.	<input type="checkbox"/>
If the client is provided with Ulipristal, advise that it may have a minor or moderate influence on the ability to drive or use machines due to dizziness or less commonly somnolence and blurred vision and that they should not drive or use machines if they are experiencing such symptoms.	<input type="checkbox"/>

Declaration	
The information provided to the pharmacist is correct to the best of my knowledge. I have been counselled on the use of Emergency Hormonal Contraception and understand the advice given to me by the pharmacist. For the purposes of local monitoring, audit, service evaluation and payment I consent to the disclosure of relevant information about myself to Wigan Council.	
Clients Signature:	Date:
The action specified was based on the information given to me by the client, which, to the best of my knowledge, is correct.	
Pharmacists Signature:	Date:

Ethnic Category Code:		
White A. British B. Irish C. Any other White Background	Mixed D. White and Black Caribbean E. White and Black African F. White and Asian G. Any other mixed background	Asian or Asian British H. Indian J. Pakistani K. Bangladeshi L. Any other Asian Background
Black or Black British M. Caribbean N. African P. Any other background	Other Ethnic Groups R. Chinese S. Any other ethnic group Z. Not stated	