Community Pharmacists EHC Assessment and Record Sheet – for females aged 13 to 24 years

Name:	DOB:	GP Practice:
Date: Time consultation begins: Day of the week: M T W TH F Sat Sun (PLEASE CIRCLE)	Name of school/college if applicable (**Torbay only**)	Postcode (first part only):

Did the risk take place within the previous 72 hours and has the patient declined an IUD/Ulipristal acetate ?

Time since unprotected sexual intercourse:

NO ⇨ Refer to Contraception Services or GP for consideration of Ulipristal or insertion of Post Coital IUD

YES ⇩

Last Menstrual Period (LMP) date if known……

Was this a normal period for you?

Was it at the expected time?

NO ⇨ Explain to patient that you cannot give EHC if she is already pregnant or there is a risk of pregnancy, and refer to her GP/Contraception Services.

Special considerations ⇩ YES

BMI>30

Is patient taking the contraceptive pill / using contraceptive patches / contraceptive vaginal ring?

YES ⇨ Levonorgestrel 1500 may be supplied but consider referral to GP or Contraception Services for Ulipristal acetate or IUD.

Refer to PGD or current BNF for further guidance/phone for advice to Contraception Services

Does the patient have a baby less than 3 weeks old?

YES ⇨ EHC not needed, contraception should be used from day 21.

NO ⇩

Time limits

Any earlier unprotected sex since LMP?

YES ⇨ Levonorgestrel 1500 may be given, but consider referral to Contraception Services or GP for advice and Ulipristal or insertion of Post Coital IUD

NO ⇩

Levonorgestrel 1500 given already on one or more occasions since LMP?

YES ⇨ Levonorgestrel 1500 may be supplied up to twice per cycle. If inappropriate, refer to contraceptive services or GP for consideration of IUD.

Medical advice required NO ⇩

Does the patient have: known allergy to any ingredient in the tablet? Active severe liver disease or acute active porphyria? Any malabsorption Syndrome e.g. Chrohn's disease? Previous history of salpingitis / ectopic pregnancy Any hereditary galactose intolerance e.g. Lapp lactase deficiency or glucose-galactose malabsorption? Any other significant condition / illness?	YES ⇨	Refer to Contraception Services or GP

NO

Concurrent Medication

Is the patient taking a hepatic enzyme-inducing drug? For example (check with PGD and current BNF)	YES ⇨	Refer to Contraception Services or GP
Is the patient taking Ciclosporin?	YES ⇨	Refer to Contraception Services or GP.
Is the patient taking anticoagulant medication (warfarin or phenindione)	YES ⇨	Levonorgestrel 1500 may be given. Refer to GP to ensure follow up occurs and INR checked 3 days later

NO

Is patient breastfeeding?	YES ⇨	Levonorgestrel 1500 may be given. Tablets should be taken immediately after a breastfeed. Also consider IUD.

For clinical advice from the specialist Contraception and Sexual Health Service please contact:	
Devon County Council area	Exeter Centre: 07580 448759 Barnstaple Centre : 01271 341369
Plymouth City Council area	Cumberland Centre : 01752 434429
Torbay Council area	Castle Circus Health Centre: 01803 656500

Females aged 13-18 years only	Please tick
Do you consider the young person is sufficiently mature and able to understand the advice you have given?	YES/NO
Do you consider it in the young person's best interests to have EHC?	YES/NO
Have you considered the possibility that the young person may have been sexually abused or raped or is being sexually exploited? *Suggestions of questions you may wish to ask* ● *Is there anything you are worried about or want to tell me?* ● *Did you feel you could say No? (to unprotected sexual intercourse)* ● *Have you felt pressured or frightened in your relationship?* ● *Is there someone you can talk to about this?*	YES/NO
Have you advised the young person to discuss the situation with her parents/guardian?	YES/NO
Have safeguarding issues been addressed?	YES/NO

All females aged 13 years to 24 years			
Counselling provided regarding the supply of EHC as outlined in the PGD		YES/NO (please circle below)	
Mode of action	Side effects	Action if vomits	Effect on foetus
Failure rate	Next period	When to seek medical advice	Follow up arrangements especially if no period

Advice on ongoing contraception and risk of pregnancy in this cycle - refer to local contraception services/GP	YES/NO
Advice on prevention of sexually transmitted infections and condom use and referral to sexual health services	YES/NO
Chlamydia Screening (Devon County Council/Plymouth City Council areas)	
Chlamydia screening offered and discussed	YES/NO
Chlamydia screening kit supplied	YES/NO
If No – please give reason for refusal	
Repeat chlamydia screening recommended in 2 weeks (window period following unprotected sex)	YES/NO
Confidentiality	
Has the client understood that the consultation is confidential? **N.B. Confidentiality can only be maintained as long as there are no considerations of harm For females less than 16 years of age this will be providing safeguarding issues have been addressed.**	YES/NO
Does the client wish the GP to be informed?	YES/NO

Patient outcome		
Levonorgestrel 1500 given and Levonorgestrel product information leaflet supplied to patient	**YES**	**NO**
Levonorgestrel 1500 supply	**Batch Number:**	**Expiry Date:**
Pharmacist's Name	Signature	
Patient's Name	Signature	

These forms will be held in a secure manner to maintain patient confidentiality (taking into account child protection issues) and will only be used for record and audit purposes. All records should be retained for 8 years (in adults) or until 25th birthday in a child (age 26 if the record is made when the young person was 17).