

Sexual Health Services from Community Pharmacies
Confidential – Patient Record (EHC4)
Supply of Levonelle-1 under a Patient Group Direction

Record Sheet

Client Identifier (initials)	First part of Post Code
Date of Birth	

- If client is under the age of 16 years you must ensure that an assessment of 'Frazer Guidelines' are followed during the consultation, and that the assessment form is completed and filed with this record.

Date and Time of consultation	
Date and time of unprotected sexual intercourse (UPSI)	
Time elapsed since UPSI (hours)	

Criteria for Inclusion – If ALL answers are “YES”

Episode of sexual intercourse without the use of effective contraception since day 1 of last normal period (or vomited previous EHC dose within 3 hours and still within 72 hours of only act of unprotected sexual intercourse this cycle)	Yes	No
Other options for EC Discussed	Yes	No
Client prefers hormonal method	Yes	No
Is it clinically appropriate to supply EHC (consider clients clinical condition and current treatment)	Yes	No

- If all answers are 'YES' proceed to questions about exclusion criteria. If the client has answered 'NO' to any of the questions refer client to her GP or Family Planning Clinic.

Criteria for Exclusion – If any answers are “Yes”

	Yes	No	Notes
If any interacting treatment being taken now or within the last month	Yes	No	Refer to the current versions of the BNF
Is it possible from the menstrual/sexual history that the client may be pregnant?	Yes	No	Is the period late? Was the last period lighter or shorter than normal? Was the last period unusual in any way? Since the last period has the client had unprotected sex at any time before this time? Refer the client to the Community Contraception Service of GP if further advise is required
Does the client have an existing pregnancy?	Yes	No	
Was unprotected sexual intercourse more than 72 hours ago?	Yes	No	If yes, refer without delay. IUD may be appropriate.
Does the client have severe malabsorption or chronic diarrhoea?	Yes	No	If yes, refer to GP as EHC may not be sufficiently absorbed

Is the client allergic to any of the ingredients of Levonelle-1?	Yes	No	If yes, refer to Community Contraception Clinic or GP as IUD may be appropriate.
Does the client wish to see a doctor?	Yes	No	If yes, refer to GP or Community Contraception Service

- If the answer is “no” to all the question in the exclusion criteria please continue on to the Counselling Section. If any of the answers are “Yes” please refer to GP or Community Contraception Service.

Counselling

Tick to indicate you have covered the following (all need to be covered before continuing)

Failure Rate discussed – over 90% if taken 3 hours since intercourse and 58% if taken 72 hours since intercourse	
Side effects discussed (including symptoms of ectopic pregnancy)	
Follow up discussed – client advised to return to GP or Community Contraception clinic 3 weeks after taking Levonelle-1 (taking a urine sample) if the expected period is delayed more than a week or is unusually light	
Future contraception – information provided about where services are located	
Information given about safer sex practices and where to go to get Sexual Health Screening	

Other Notes

Action taken

Supply:

Batch number/expiry date:

Referral Advice:

Advice Given:

The information above 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.

This does not need to be signed if you do not wish to

Client's Signature:	Date:
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The stated action was based on the information given to me by the client, which is correct to the best of my knowledge

Pharmacists Name:	Date:
Pharmacists Signature:	