

**ASSESSMENT FORM FOR EMERGENCY HORMONAL CONTRACEPTION
(LEVONELLE® 1500)**

Patient History	ID Number:
Patient name (if known):	Age: If under 16years <input type="checkbox"/> 16 to 19 <input type="checkbox"/> 20 to 24 <input type="checkbox"/> 25 to 29 <input type="checkbox"/> 30 and over
Date of consultation:	Time of consultation
Post code (first 4 digits):	Date and time of UPSI:
Date of Last Menstrual Period (LMP):	regular / irregular cycle (delete as applicable)
Therefore day of cycle @ UPSI hours since UPSI
Reason for seeking Emergency Contraception:	Usual method of contraception:

Fraser Competence and Confidentiality

This section must be completed for all patients under 16 years of age or where competence is uncertain.

Whilst it is permissible to offer young people confidential contraceptive advice they must be made aware that there can be occasions when this confidentiality may be broken and other agencies involved. This is usually if the professional suspects that someone is hurting or harming the patient. In some situations, such as where there is a discrepancy in age between a young patient (under 16) and their partner, concerns may be raised. For children under 13, see Appendix 2. If you are unsure, discuss the situation with a colleague or contact the designated Child Protection Nurse. It is probably not in the patient's best interests to withhold emergency contraception but record keeping should reflect details of the consultation.

Does the patient understand the advice given including potential risks and benefits? Yes No

Has the patient been encouraged to involve her parents? Yes No

If unwilling to talk to parents/adult have the reasons been discussed Yes No

Is the young person's physical or mental health likely to suffer unless she receives contraceptive treatment? Yes No

Are these actions in the best interest of the patient? Yes No

**All the above areas must be fully discussed during the consultation. This should be documented and include an assessment of the patients maturity.
If any question is answered no, the patient must be referred as below.**

Inclusion Criteria

A Has the patient had unprotected sexual intercourse (UPSI) in this menstrual cycle?

i.e.

- No contraception used
- Barrier contraceptive failure (e.g. burst condom, displaced diaphragm) Yes No
- Oral contraceptive pill taken, but patient has missed dose(s) and meets the inclusion criteria for this situation (see separate notes)
- Other suspected contraceptive failure

B Since the LMP, has the patient had unprotected intercourse **only** within the last 120 hours? Yes No

C Use of both IUD and Levonelle discussed with the patient and hormonal method appropriate? Yes No

To be eligible for supply of Levonelle® 1500 under this protocol, ALL answers to sections A, B and C must be yes. If NO is answered to any of these, the patient should be referred to a GP, Family Planning Service, OOH or A&E

EHC may be considered for use between 73 and 120 hours after UPSI, but women should be informed of the limited evidence of efficacy and offered the alternative option of an IUD

Exclusion Criteria	
D Has the patient used any form of emergency contraception within the current menstrual cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E If the last menstrual period (LMP) was more than four weeks ago - Does the LMP history of the patient fall into the exclusion criteria (2.3)	<input type="checkbox"/> Yes <input type="checkbox"/> No
F Is the patient pregnant or likely to be?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G Did unprotected intercourse occur more than 120 hours ago?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H Does the patient have severe liver disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I Does the patient have active acute porphyria?	<input type="checkbox"/> Yes <input type="checkbox"/> No
J Has the patient had a previous allergic reaction to Levonorgestrol or any of its ingredients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
K Rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption (only applies to Levonelle®1500)	<input type="checkbox"/> Yes <input type="checkbox"/> No
L Acute episode of severe intestinal malabsorption syndrome e.g. Crohn's disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is yes to any of questions E to K – refer as above. Yes to L - EHC should be provided and the woman referred for IUD fitting as well for most effective emergency contraception	
M Please specify any other medications the woman is taking:	
Please specify any action taken regarding interacting drugs:	
Patient Counselling	
All the following subjects must be discussed with the patient before supply.	
The mode of action of Levonelle® 1500 and effects on menstrual cycle	<input type="checkbox"/> Yes <input type="checkbox"/> No
The failure rate with Levonelle® 1500 and other methods	<input type="checkbox"/> Yes <input type="checkbox"/> No
Possible adverse effects and side effects	<input type="checkbox"/> Yes <input type="checkbox"/> No
Possible effects on the foetus if pregnancy occurred	<input type="checkbox"/> Yes <input type="checkbox"/> No
How to take Levonelle® 1500	<input type="checkbox"/> Yes <input type="checkbox"/> No
Possibility of ectopic pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Action to take if vomiting occurs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Protection for rest of cycle	<input type="checkbox"/> Yes <input type="checkbox"/> No
Future contraception, including supply of leaflets	<input type="checkbox"/> Yes <input type="checkbox"/> No
STIs risk discussed, especially Chlamydia for the under 25's, and patient advised to seek advice as soon as possible,	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recommend pregnancy test after three weeks or if next period is abnormal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scheme information leaflets provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Action Taken	
Please indicate the outcome of the consultation: Supplied Levonelle® 1500 / Referred to	
If supplied, record the following: Batch Number:	Expiry Date:
Has the first dose been taken, supervised at the consultation: If no, please state reason:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any further notes/advice given	
Confirmation	
The above information 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.	
Patient signature:	Date:
The action specified was based on the information given to me by the patient, which, to the best of my knowledge is correct. All the information detailed above, and in the protocol for EHC, has been discussed with and given to the patient.	
Pharmacist signature:	Date: