

Treatment Decision – SEE DECISION TREE @ <http://www.cpwpy.org/doc/1891.pdf>

Copper IUD referral	<input type="checkbox"/> Refused <input type="checkbox"/> Accepted	If a woman is referred on for a copper intrauterine device (Cu-IUD), oral EC should still be given in case the Cu-IUD cannot be inserted or the woman changes her mind.
Ulipristal	<input type="checkbox"/> Ulipristal chosen: less than 120 hours after UPSI <input type="checkbox"/> Ulipristal not selected: contraindicated/supply excluded under PGD <input type="checkbox"/> Ulipristal not selected: not indicated/appropriate for this patient	
Levonorgestrel	<input type="checkbox"/> Levonorgestrel chosen: ulipristal not suitable AND 0–72 hours after UPSI <input type="checkbox"/> Levonorgestrel chosen: levonorgestrel previously taken in same cycle <input type="checkbox"/> Levonorgestrel chosen: enzyme inducing drugs <input type="checkbox"/> Levonorgestrel not selected: not indicated/appropriate	

Counselling

Counselling provided regarding the supply of EHC as outlined in the PGD	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ Mode of action ▪ Action if vomits ▪ Follow up discussed ▪ Failure rate & ↓ efficacy over time ▪ Supply PIL – advise client to read ▪ When to seek medical advice ▪ Contraceptive cover ▪ Effect on foetus ▪ Other possible options for EC ▪ Side effects ▪ Next period 		

Advice & Information

Advice provided on the avoidance of pregnancy & STIs through safer sex and condom use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Advice provided on the importance of chlamydia screening? Note: clients can request a home test by texting TESTME followed by their name and address to 80010. A kit will be sent directly to them (free), which can be returned via regular post and they will receive results in 2 weeks or less. Alternatively, a home test kit can be ordered (by the client) via the sexual health services website. See https://sexualhealth.cht.nhs.uk/services/chlamydia-screening/request-a-home-test-for-chlamydia-screening/	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Condoms supplied? (Number supplied dependent on requirement of client. Up to 12 max)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Information provided regarding ongoing contraception including info about LARCs. If using hormonal contraception provide advice re barrier methods – refer to PGDs for info	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signposting

Details supplied of where and how to access services that provide long-term contraceptive methods, sexual health advice and STI services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Referral

Client referred for the following reasons: <input type="checkbox"/> Copper IUD fitting <input type="checkbox"/> Unable to supply EHC as over 120 hours after UPSI <input type="checkbox"/> Unable to supply EHC as pregnancy suspected	<input type="checkbox"/> Unable to supply EHC as client unable to give valid consent <input type="checkbox"/> Unable to supply EHC due to clinical exclusion within PGDs <input type="checkbox"/> Other (please state): _____
Client referred to the following services: <input type="checkbox"/> GP <input type="checkbox"/> Sexual Health service/clinic	<input type="checkbox"/> A + E <input type="checkbox"/> Out of hours service <input type="checkbox"/> Other (please state): _____

EHC Supplied

<input type="checkbox"/> Ulipristal	<input type="checkbox"/> Levonorgestrel	<input type="checkbox"/> Levonorgestrel 3mg (2 x 1.5mg tablets).	<input type="checkbox"/> Advice only	
If EHC supplied record manufacturer, product name, batch no and expiry date:	1	Product Name:	Batch No:	Expiry date:
	2	Product Name:	Batch No:	Expiry date:
Taking of EHC supervised in pharmacy?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

This data needs to be entered onto PharmOutcomes as soon as possible and within 48 hours of the consultation. Refer to service specification for information on storage of records.