

Emergency Hormonal Contraception Record

This form should be completed each occasion the EHC is provided through the Spectrum Scheme

If there is safeguarding concerns the completed form should be retained for 10 years or until the client is 25 years old, whichever is longer. If over 18 or no safeguarding concerns then 2 years.

	Yes	No
Is the patient presenting in person?		
Is the patient 13 or over?	Proceed with SG pro-forma	Refer following S/G board protocol
Is the patient Fraser Competent (13-16 year olds only)?	Proceed with SG proforma	

Date of consultation	
Reference Number (if necessary)	
Patient's Name	
Patient's Address	
Patient's Mobile Number	
Patient's Age and Date of Birth	
Patient's first part of postcode	

Reason for request (Circle):			
UPSI	Missed Pill	Condom Failure	Other (Please State)

Regular Method				
COC	POP	Patch	Ring	Injection
Condoms	Implant	IUD/IUS	None	Other (Please State)

	Yes	No
Date and time of last UPSI		
Number of Hours (>72)	Offer referral for IUD or EllaOne	
Last Menstrual Period (>4/52 needs pregnancy test before supply)		
Was last LMP unusual ?	Offer referral for IUD or EllaOne	
Was the UPSI mid cycle?	Offer referral for IUD or EllaOne/advise LNG not best option	

	Yes	No
Has the patient had any other episodes of UPSI this cycle?	Exclude Pregnancy/Refer	
Has the patient had EHC this cycle?	Refer	
Does the patient have any allergies to Levonogesterol or and of the ingredients?	Refer	
Does the patient have severe hepatic dysfunction/severe arterial disease?	Refer	
Has the patient any malabsorption syndromes or severe vomiting/diarrhoea	Refer	
Does the patient have Porphyria?	Refer	
Does the patient have any unexplained bleeding?	Refer	
Is the patient taking any enzyme inducing medication? Refer to BNF Chapter 7.3.3.	Refer	
Is the patient taking Ciclosporin?	Refer	
Is the patient taking anticoagulant medication?	Refer	
Is the patient presenting more than 72 hours after UPSI?	Refer	
Is the patient breast feeding?		
Has the patient delivered a baby within the last 3 weeks?	Exclude EHC Not required	

Action	Yes	No
Supply OEHC (State which)		
Refer to other provider		
EHC not required		

	Yes	No
Safeguarding Assessment done		
Discuss Mode of Action		
Discuss failure rate		
Discuss effect on menstrual cycle		
Discuss need for follow up and obtain consent for SHS to contact patient to follow up care		
Discuss action if further UPSI		
Action to take if patient vomits		
Discuss need for further contraception		
Discuss risk of STIs and offer chlamydia postal kit		
Supervise dose		

Safeguarding

Please complete Fraser Competence for all under 16 year olds attending service.

Fraser Competence	Yes	No
The young person understands the information provided?		
The young person can not be persuaded to tell their parents they are seeking contraceptive advice?		
The young person is likely to have/continuing having sexual intercourse with or without contraceptive advice/treatment		
The young person's physical or mental health is likely to suffer unless they receive contraceptive advice or treatment		
It is in the young person's best interest to give the contraceptive advice/treatment.		

Please complete safeguarding proforma for all under 19 year olds attending service.

Visit/Discussion	Yes	No
Is the YP currently Sexually Active		
Is the partner more than 5 years older than the YP?		
Has the YP been or ever been forced to have sex?		
Does the YP have any history of exploitation?		
Does the YP miss school/college regularly?		
Has the YP had more than 3 partners in the last 3 months?		
Does the YP receive gifts for sex (money/drugs/alcohol)?		
This person is assessed as competent and safe to receive contraception advice today		
Signed		

If answers yes to any of the above please follow Safeguarding Children's/organisation protocol for safeguarding children.

Please fax or telephone (if consented) to Integrated Sexual Health Services during working hours.