

## Summary record of consultations

**NHS North of Tyne**

[illegible]

Total number of consultations:	Total number of referrals:
Total number of <i>ellaOne</i> ® ▼supplied:	Total time taken (minutes):
Total number of <i>Levonelle</i> ® supplied:	

**Invoice and Summary Sheet to be returned to:**

**Medicines Management, Bevan House, 1 Esh Plaza, Sir Bobby Robson Way, Great Park, Gosforth, Newcastle Upon Tyne, NE13 9BA**

**Key:****(1) Reason for client's concern:**

U = unprotected, C = contraceptive failure, M = missed pill, O = other

**(2) Was a pregnancy test given:**

P = pre-supply, A = post-supply, B = both

**(3) Was EHC supplied:**

L = Levonelle, E = EllaOne, N = no

**(4) What dose was supplied:**

S = standard dose, A = additional dose (enzyme inducer), R = repeat dose after vomiting

**(5) Was the client referred:**

N = no, G = GP practice, H = specialist service, P = another pharmacy, S = school health adviser

**(6) Is the client known to have requested EHC in the previous three months:**

Y = yes, O = unknown, N = no

**(7) Time taken:** enter the time, in minutes taken to complete the consultation and associated records**(8) Source: where the client heard about the scheme:**

M = Media (Newspaper, Radio, Flyer)

P = Poster

R = Recommendation from a friend/ relative

H = Recommendation from a health professional (GP, Nurse, Health Visitor, Sexual Health Clinic)

O = Other

**(9) Ethnicity Codes:**

White		Black or Black British	
<b>A</b>	British	<b>M</b>	Caribbean
<b>B</b>	Irish	<b>N</b>	African
<b>C</b>	Any other white background	<b>P</b>	Any other Black background
Mixed		Any Other ethnic categories	
<b>D</b>	White and Black Caribbean	<b>R</b>	Chinese
<b>E</b>	White and Black African	<b>S</b>	Any other ethnic category
<b>F</b>	White and Asian	Not Stated	
<b>G</b>	Any other mixed background	<b>Z</b>	Not Stated
Asian or Asian British			
<b>H</b>	Indian		
<b>J</b>	Pakistani		
<b>K</b>	Bangladeshi		
<b>L</b>	Any other Asian background		

**(10) Reason for refusal to attend CASH**

MD = missed dose of current oral contraceptive

GP = to access planned contraception via GP surgery

NA = does not wish to attend CASH clinic

ND = not disclosed

## Record of consultation for Plan B (EHC)

<b>Date</b>	__/__/201__	<b>Name of pharmacy</b>					
<b>Client details</b>							
<b>Name:</b>		<b>DOB</b>	/	/	<b>Age</b>		<b>Post code</b>
<b>Ethnicity</b>		<b>NHS Number</b>				<b>Ref No</b>	
<b>Confidentiality and safe guarding (under 16 yrs)</b>							Yes    No
Confidentiality discussed with client							
Safe guarding issues discussed with all clients aged under 16yrs							
<b>Client history</b>							
Date of first day of last menstrual cycle*				therefore day		of cycle	
*Consider asking about recent consecutive cycling of packs of OCs to prevent break through bleed.							
Has the client had Levonelle® / ellaOne® since last period?				<b>Yes/ No</b>		In previous 3 months?	
						<b>Yes/ No</b>	
NB. ellaOne® can not be repeated within same cycle.				<b>Reason for request:</b> (tick as appropriate)			
<b>UPSI</b>		<b>Contraceptive failure</b>		<b>Missed pill</b>		<b>Other</b>	
						<b>Self referral</b>	
						<b>Referred</b>	
<b>Consultation aide memoir</b>				<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Notes</b>
If client is under 16 yrs are they competent (Fraser guidelines)							If client is not assessed as competent you must refer to CASH
Is the client beyond the 3 <sup>rd</sup> day of a spontaneous menstrual cycle?							If the regular menstrual cycle is short may need to consider POEC before 3 <sup>rd</sup> day.
Has the client missed her contraceptive pill?							Client may not need POEC on medical grounds on the basis of failed contraception but if they have extreme anxiety about conceiving they may still safely receive a supply
Advice given if missed contraceptive pill?							
Client has received EHC but has vomited within two (Levonelle®) or three hours (ellaOne®▼)							Consider supply provided still within 120 hour period post UPSI
Have all options for emergency contraception including copper IUD discussed?							
Client has stated a preference for a hormonal method							
Did UPSI occur less than 72 hours ago?							If 'yes' and reasonably sure not pregnant can consider supply of Levonelle®
Did UPSI occur between 72 and 120 hours ago?							If 'yes' and reasonably sure not pregnant discuss copper IUD as first choice, but can supply ellaOne®▼ as the preferred drug option, or Levonelle® may be considered (o/s PL)
Has the client used Levonelle® or ellaOne®▼ within this cycle?							If 'yes' – discuss more effective contraceptive methods, further Levonelle® can not be supplied when ellaOne®▼ has been used in same cycle
Is the client pregnant or likely to be?							Pregnancy status to be established***
<b>What action would you have taken if Plan B had not been available from a pharmacy?</b> (brief details)							

Pregnancy status to be established		Yes	No	Notes
Is client under 16 yrs pregnant or likely to be pregnant?				If 'yes' – refer directly, document appointment and obtain confirmatory signature. If 'no' proceed
If the client ( $\geq 16$ yrs) is not using hormonal contraception was her last period more than 4 weeks ago?				If 'yes' perform a pregnancy test if there are suitable facilities or provide*** a pregnancy test or refer.
If the client ( $\geq 16$ yrs) is not using hormonal contraception was her period abnormal, or of different length or flow?				If 'yes' perform a pregnancy test if there are suitable facilities or provide a pregnancy test*** or refer.
Relevant medical history		Yes	No	Notes
Does the client have breast cancer?				If 'yes' – refer
Does the client have severe liver disease?				If 'yes' – refer
Does the client have porphyria?				If 'yes' – refer
Is client on any other concurrent medication that will influence EHC provision? (inc. prescription, OTC, herbal, recreational drugs and dietary supplements)				NB. The use of ellaOne® ▼ is not recommended for client's using drugs that affect gastric pH (antacids H2 antagonists and PPIs) or enzyme-inducing drugs or who have stopped them within last 28 days.
Additional information		Yes	No	Reason (e.g. malabsorption disease, concurrent liver enzyme inducer?)
Does the client require a 3mg single dose (two Levonelle® tablets)				
Counselling	Yes	No	Yes	No
Mode of action discussed			Future contraception discussed	
Failure rate discussed			Follow-up discussed	
Side effects discussed			Pregnancy test*** supplied and what to do once result known discussed	
Dose taken on premises			Chlamydia screening offered to clients aged 15 – 24 yrs	
Possible effects on foetus			Supply of condoms offered	
Relevant advice provided about use of a reliable barrier method as appropriate for POEC supplied				
Has a client been offered a referral to a CASH clinic? (tick)			Has client accepted offer of referral?	
If offer refused why?				
*** If a pregnancy test is provided the onus is on the client to perform the test and to act appropriately in light of the result, unless the client returns post-haste and return is not delayed a second full consultation will need to be considered. Be mindful of need to refer if the time since UPSI is likely to exceed 120 hrs				
Other relevant information:				
Where the client heard about the scheme		Time taken to complete consultation (mins)		
Action taken	Has referral to CASH been made?	Yes / No	Was referral refused?	Yes / No
Reason				
If supply made: <b>Levonelle® 1500 / ellaOne® ▼ / First Response Early Pregnancy Test</b> (delete as applicable)				
Batch number:		Expiry date:		
Advice given:				
The above information is <b>correct</b> to the <b>best of my knowledge</b> and I have <b>understood the advice</b> given to me by the pharmacist. I have been (delete as applicable):				
<ul style="list-style-type: none"> <li>counselled on the use of <b>emergency contraception</b></li> <li><b>provided with a pregnancy test</b> (16 yrs and over only)</li> <li>provided with an <b>onward referral</b></li> </ul>				
Client's signature:		Date: __/__/201__		
The action specified was based on the information provided to me by the client, which, to the best of my knowledge, is correct.				
Pharmacist's signature:		Date: __/__/201__		
Pharmacist's Name (Print):		GPhC No:		

## Referral for Contraceptive Support

NHS North of Tyne

Client identifiable information – private and confidential					
First Name			Last Name		
DOB/ AGE		NHS Number:		Pharmacy contact date	__/ __/ 201__
Address:					
GP details:				1 <sup>st</sup> day of LMP	__/ __/ 201__
				EHC provided:	Y / N
I have agreed with the client that their preferred method of contact is: (Please circle preferred method)					
Post	Telephone call to land line		Telephone call to mobile		Text message
Write down the client's telephone number					
Address:					
Reason for referral					
Referring pharmacy name, Tel. no. & address					
I have agreed with the client that I will pass their details onto the sexual health service who will contact them to arrange an appointment.					
Pharmacist's name (Please Print)			GPhC Number		
Pharmacist Signature			Date	__/ __/ 201__	
<b>Please return by Fax to chosen sexual health clinic for follow up appointment</b>					
<b>NORTHUMBERLAND</b> The Morpeth Clinic Morpeth Northumberland NE61 1SR Tel: 01670 515151 <b>FAX: 01670 500539</b>	<b>NORTH TYNESIDE</b> 1 – 1 Centre Brenkley Avenue Shiremoor NE27 0PK Tel: 0191 2970441 <b>FAX: 0191 2979857</b>	<b>NEWCASTLE</b> New Croft Centre Market Street Newcastle NE1 6ND Tel: 0191 229 2999 <b>FAX: 0191 261 0206</b>			

## Assessing client competence according to Fraser guidelines

A young person's competence to understand their treatment must be assessed. The assessment must be fully documented and should include an assessment of the client's maturity. The discussion with the client should explore the following issues at each consultation:

Assessment of competence (tick)		Yes	No
Understanding of advice given			
Encouraged to involve parents			
The effect on the physical or mental health of the young person if advice / treatment is withheld			
Action is in the best interest of the young person			
<b>Pharmacist's name &amp; GPhC number</b> (Block capitals)			
<b>Pharmacist's signature</b>		<b>Date</b>	__/__/201__
<b>Client's name</b> (Block capitals)			
<b>Client's signature</b>		<b>Date</b>	__/__/201__