

PHARMACIST ASSESSMENT RECORD – Emergency Contraception

Patient		
Name:	HSN:	Height:
		Weight:
Address:	DOB:	
Telephone:	<input type="checkbox"/> Breastfeeding → levonorgestrel oral EC of choice	
Medical History: There are no medical contraindications to ECP		
Drug History/ Drug allergies: <input type="checkbox"/> Enzyme inducing drug (eg, carbamazepine, phenytoin, topiramate, St. John's wort) <input type="checkbox"/> Hormonal contraception		
Patient History		
Date last menstrual period started <input type="checkbox"/> Less than 28 days ago (or usual cycle length) → Continue <input type="checkbox"/> Period overdue → Recommend pregnancy test +/- referral		
Emergency Contraception		
Discuss copper IUD (Cu-IUD) – most effective option in all situations <input type="checkbox"/> Patient choice Cu-IUD → Refer <input type="checkbox"/> Patient prefers oral ECP → Continue Time since unprotected intercourse <input type="checkbox"/> Less than 72 hours → levonorgestrel or ulipristal acetate <input type="checkbox"/> 73 to 120 hours → ulipristal acetate preferred <input type="checkbox"/> >120 hours to 7 days → Cu-IUD best option Weight <input type="checkbox"/> < 165 lbs (<75 kg or BMI < 25) → levonorgestrel or ulipristal acetate <input type="checkbox"/> 165 to 220 lbs (75 to 110 kg or BMI 25 to 35) → ulipristal acetate <input type="checkbox"/> >220 lbs (>110 kg or BMI >35) → Cu-IUD best option Hormonal contraception <input type="checkbox"/> Levonorgestrel → Can continue/start immediately + 7 days abstinence / barrier method (2 days for progestin-only product) <input type="checkbox"/> Ulipristal acetate → Wait 5 days before starting + 14 days abstinence / barrier method <i>(Note: ulipristal is relatively contraindicated if reason for ECP is missed hormonal contraceptive doses)</i> Potential drug induction interaction <input type="checkbox"/> Levonorgestrel + referral for Cu-IUD <input type="checkbox"/> Ulipristal acetate + referral for Cu-IUD Repeat use of ECP in cycle <input type="checkbox"/> If levonorgestrel used for previous ECP → can repeat levonorgestrel PRN <input type="checkbox"/> If ulipristal acetate used for previous ECP → Cu-IUD may be best option Request for prophylactic ECP (to have on-hand in case of failure of routine contraceptive method) <input type="checkbox"/> Levonorgestrel or ulipristal acetate depending on weight, routine contraceptive method		

Prescription Issued

Rationale for prescribing:

Rx:

- ☐ Levonorgestrel 1.5 mg (2 x 0.75 mg or 1 X 1.5 mg)
☐ Ulipristal acetate 30 mg

Quantity (one dose):

Directions:

Counseling ☐ May have prescription filled at pharmacy of choice ☐ PAR will be communicated to primary care provider as part of collaborative practice

- ☐ Abstinence/use of barrier contraception after ECP
☐ Resuming or starting regular contraception after ECP
☐ Pregnancy test if menstruation does not occur within 21 days
☐ Side effects – repeat dose if vomit within 1 to 2 hours
☐ Discuss methods of contraception for routine use (if not currently being used)

No follow-up recommended**Prescribing Pharmacist:**

Name:

Signature:

Pharmacy:

Telephone:

Fax:

Email:

Date:

Primary Care Practitioner:**Fax Number:**

Pharmacist Minor Ailment Prescribing Record

To

This document is to inform you I met with your patient below who presented with a request for **emergency contraception**. After an assessment, a prescription was issued for

The prescription details and rationale for my decision are documented below. This is for your information to keep your records for this patient up to date.

Patient Demographics:

Name:	HSN:	Height: Weight:
Address:	DOB:	
Telephone:	<input type="checkbox"/> Breastfeeding	

Prescription Issued on _____

MEDICATION:

DIRECTIONS:

QUANTITY:

Rationale for prescription / relevant patient information:

Prescribing Pharmacist:

Name:	Signature:
Name of Pharmacy:	Telephone:
Email:	Fax:

Primary Care Practitioner notified:

Name:	Telephone:
Address:	Fax: