



## Client Record Sheet for Supply of Levonelle-1500

**This should be used in conjunction with the Patient Group Direction (PGD 87.8) for community pharmacists to supply levonorgestrel 1500 micrograms (Levonelle-1500) to clients ages 13 to 18.**

Date of consultation	
Client initials	
Date of birth	
Client's postcode	
If under 16 years has client been assessed as being Fraser competent ? See appendix 1	

CLIENT HISTORY		
Normal length of menstrual cycle	days	
Is the cycle regular or irregular?	Regular	Irregular
First day of last menstrual period		
Day in cycle/ number of days post-partum		
Has the client had Levonelle since the last menstrual period?		

CRITERIA FOR INCLUSION	Yes	No	N/A
Is the client beyond the 5 <sup>th</sup> day of a spontaneous menstrual cycle?			
<b>OR</b>			
Has the client missed her contraceptive pill?			
Advice was given if missed contraceptive pill?			
<b>OR</b>			
Is the client at least 21 days post-partum?			
<b>AND</b>			
Since the last menstrual period or childbirth has the client only had unprotected intercourse within the last 72 hour period?			
All options for emergency contraception discussed including emergency coil? <sup>1</sup>			
Client prefers hormonal method			
CRITERIA FOR REFERRAL (EXCLUSION)	YES	NO	Notes
Has the client used levonorgestrel more than once within this cycle?			If 'yes' – refer. If levonorgestrel has been taken and vomited a further dose may be given if circumstances fit PGD criteria.
Is the client on any interacting medication?			Refer to current BNF and manufacturer's information, e.g. SPC.

<sup>1</sup> Telephone number of Buckinghamshire Healthcare NHS Trust emergency coil fitting service in High Wycombe or Aylesbury phone 0844 2252408 or visit [www.sexualhealthbucks.nhs.uk](http://www.sexualhealthbucks.nhs.uk) for information on all Buckinghamshire contraceptive and sexual health services.



			Please list interacting drugs taken in last 28 days.
Is the client pregnant or likely to be pregnant?			If 'yes' - refer
Is the client post-partum by 6 months or less, fully breastfeeding (at least every 5 hours) with no menstrual bleed?			Refer for further advice.
Compared to her usual cycle is her period overdue?			If 'yes' – advise to carry out a pregnancy test & refer
Was her vaginal bleed (period) in any way abnormal? (Different length and flow to previous periods)			If 'yes' – refer
Did unprotected sexual intercourse occur more than 72 hours ago?			If 'yes' - Discuss emergency coil fitting and EllaOne & refer.
Does the client have severe liver disease, acute porphyria, history of salpingitis/ectopic pregnancy, a severe malabsorption syndrome or any other serious disease?			If 'yes' - refer

<b>OTHER RELEVANT NOTES</b> (If unable to supply please include reasons here)

<b>COUNSELLING</b>	<b>YES</b>	<b>NO</b>
Mode of action of drug discussed		
Failure rate discussed		
Side effects discussed		
Possible effects on foetus discussed		
Importance of tablet being taken as soon as possible discussed		
Has the written information been provided, e.g. Patient Information Leaflet?		
Follow-up discussed		
Patients advised to return to contraceptive/ sexual health clinic or GP 3 weeks after taking Levonelle 1500 taking a urine sample if expected period is delayed		
Contraception and STI testing discussed, including where services are located <a href="http://www.sexualhealthbucks.nhs.uk">www.sexualhealthbucks.nhs.uk</a>		
Condoms and condom wallet given <sup>2</sup>		

<b>ACTION TAKEN</b>		
	<b>YES</b>	<b>NO</b>
Levonelle 1500 (supplied/ administered)* in pharmacy *Delete as appropriate		
Offered a chlamydia test kit to all those aged between 15 and 24 years		

<sup>2</sup> For further supplies please email: [jade.lenton@buckshealthcare.nhs.uk](mailto:jade.lenton@buckshealthcare.nhs.uk)



Client accepted the chlamydia test kit		
<b>Levonelle 1500</b>	<b>Batch Number:</b>	<b>Expiry date:</b>
<b>Referral:</b>		
<b>Advice given:</b>		

**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 by the pharmacist.**

Client's signature ..... Date .....

**The action specified was based on the information given to me by the client, which, to the best of my knowledge, is correct.**

Pharmacist's signature ..... Date .....

Buckinghamshire County Council accepts no liability for loss of any nature to persons, organisations or institutions which may arise as a result of any errors or omissions.

**Please ensure this form is retained securely within the community pharmacy.**



## Appendix 1

<b>Assessment of Fraser Competence for under 16's</b> (Must be completed before consultation can proceed)	
<p>Any competent young person in the United Kingdom can consent to medical, surgical or nursing treatment, including contraception and sexual and reproductive health. They are said to be competent if they are capable of fully understanding the nature and possible consequences of the treatment.</p> <p>Consent from parents is not legally necessary, although the involvement of parents is encouraged.</p>	
	Please tick
That the young person understands the advice and has sufficient maturity to understand what is involved	<input type="checkbox"/>
That the health professional could not persuade the young person to inform their parents, nor allow the health professional to inform them	<input type="checkbox"/>
That the young person would be very likely to begin, or continue having sexual intercourse with or without contraceptive treatment	<input type="checkbox"/>
That, without contraceptive advice or treatment, the young person's physical or mental health would suffer	<input type="checkbox"/>
That it would be in the young person's best interest to give such advice or treatment without parental consent	<input type="checkbox"/>