

Protocol for dispensing oral emergency contraception

Can be filled in by the client

<p>1. Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd.mm.yyyy)</p> <p>2. Why do you need the "morning-after pill"?</p> <p><input type="checkbox"/> Forgot pill Name of Pill: _____</p> <p><input type="checkbox"/> Condom failed <input type="checkbox"/> No contraception <input type="checkbox"/> Other reason: _____</p> <p>3. Number of hours since last unprotected sexual intercourse: <input type="text"/> <input type="text"/> <input type="text"/> hours</p> <p>4. Beginning of last menstruation: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd.mm.yyyy) Don't know <input type="checkbox"/></p> <p>5. Was your last menstruation different from usual (lighter, shorter, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Have you had unprotected sexual intercourse at any other time since your last menstruation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Have you had an ectopic pregnancy / a tubal inflammation in the past or have you been known to have any other health problems? Which kind? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Are you currently taking medication? Which kind? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Are you allergic to any medication? Which kind? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Are you currently breastfeeding? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Have you already taken the "morning-after pill" since your last menstruation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If so, which pill? <input type="checkbox"/> NorLevo® or a generic drug <input type="checkbox"/> ellaOne®</p>	<p style="text-align: center; font-size: small;">Please write surname, first name and address on the reverse Information is strictly confidential</p> <p>How many missed pills? <input type="text"/> <input type="text"/></p> <p>Number of the missed pill (1-28): <input type="text"/> <input type="text"/></p>
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Issues to be discussed

<p>12. Has any emergency contraception ever been taken before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If so, how well did you tolerate it? _____</p> <p>13. Current method of contraception:</p> <p><input type="checkbox"/> None <input type="checkbox"/> Condom <input type="checkbox"/> Pill <input type="checkbox"/> NuvaRing® or Evra® patch</p> <p><input type="checkbox"/> Coil <input type="checkbox"/> Natural methods <input type="checkbox"/> Other: _____</p> <p>14. Information given on contraception options? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Information given on the risks of sexually transmitted infections (STIs)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Information given on the benefits of regular gynaecological check-ups? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

To be completed by the pharmacist

<p>17. If a pregnancy test is required, result: <input type="checkbox"/> positive <input type="checkbox"/> negative</p> <p>18. Information given on contraception to be used during the next few days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Information given on what to do in the case of vomiting or no menstruation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Does the client have the power of judgement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;"><i>(To be checked by an expert and documented on the reverse, especially for patients under the age of 16)</i></p> <p>21. Emergency contraception dispensed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If so, which? <input type="checkbox"/> NorLevo® or a generic drug <input type="checkbox"/> ellaOne®</p> <p style="margin-left: 20px;">If so, taken on the spot? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If not dispensed, why not? _____</p> <p>22. Has the client been referred to a doctor or a family planning clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If so, to whom? Reason? _____</p> <p>23. Written information provided (on emergency contraception, STIs, contraception, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. Follow-up / other comments (<i>note details on the reverse</i>): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Pharmacist's signature</u></p>	<p>Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd.mm.yyyy) Time: <input type="text"/> h <input type="text"/></p>
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Surname	
First name	
Address	

Evaluation of the patient's power of judgment:

Only patients with the power of judgment can sign an agreement to treat.

The power of judgment is assumed with patients > age 16 for non-severe medical interventions.

With patients < age 16 the power of judgment has to be assessed individually by the health care professional.

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Helpful questions to determine the patient's power of judgment:

<input type="checkbox"/> Does the patient have her own will and can she voice it? <input type="checkbox"/> Is the patient intellectually and character wise developed according to her age? <input type="checkbox"/> Did the patient understand the information on the given diagnosis and the associated risks of the proposed treatment? <input type="checkbox"/> Is the patient able to balance the pros and cons of the treatment and can she consider possible alternatives? <input type="checkbox"/> Can the patient identify the particularities of her individual situation and can she base her decision on this?
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Commentary / assessment of health care professional: