

Does the patient have any of the following contraindications to **CHC or DMPA? (skip this step if your patient prefers POP)**

- Diabetes with microvascular complications (e.g. retinopathy, neuropathy, nephropathy) or diabetes > 20 years
- Uncontrolled hypertension (SBP \geq 160 mm Hg or DBP \geq 100 mm Hg) or hypertension with vascular disease
 - No** → Continue
 - Yes to any** → Not a candidate for CHC or DMPA. Prescribe POP, non-hormonal contraception \pm refer

Does the patient have any of the following contraindications to **CHC? (skip this step if your patient prefers DMPA or POP)**

- Venous thromboembolism (current or past) (e.g. DVT or PE)
- Complicated valvular heart disease (e.g. atrial fibrillation, pulmonary hypertension, etc.)
- Thrombogenic mutations (e.g. Factor V Leiden, prothrombin mutation, protein S, protein C and antithrombin deficiencies, etc.)
- Migraine **with** aura at **any** age
- Migraine without aura if \geq 35 years old
- Diagnosis of hypertension: Controlled or uncontrolled SBP \geq 140 mm Hg or DBP \geq 90 mm Hg
- Smoker \geq 35 years old (**any amount**)
- Inflammatory bowel disease (e.g. Crohn's, colitis)
- Prolonged immobilization (e.g. major surgery)
- Acute viral hepatitis
 - No** → Continue
 - Yes to any** → Not a candidate for CHCs, consider DMPA, POP, non-hormonal contraception \pm refer

Does the patient have **two or more of the following risk factors? (skip this step if your patient prefers POP)**

- Age \geq 35 years old
- Smoker (**any amount**) < 35 years old
- Diabetes (controlled)
- Dyslipidemia: low HDL, high LDL or high TGs
- High blood pressure: SBP \geq 140 mm Hg or DBP \geq 90 mm Hg
- Obesity (BMI $>$ 30kg/m²)
- Migraine without aura and < 35 years old
 - No** → Continue
 - Yes to \geq 2 risk factors** → CHCs & DMPA may not be the best options, prescribe POP or non-hormonal contraception \pm refer

Other Medical History:

Symptom Review Summary

- Appropriate to proceed with minor ailment treatment
- Advised to see another health care provider as out of scope

Contraceptive Recommended (based on assessment completed above)

- Combined hormonal contraceptive (CHC)
 - Oral
 - Transdermal patch
 - Vaginal ring
- Progestin only pill (POP)
- Depo medroxyprogesterone acetate (DMPA)
- *See guideline for available products and guidance on choosing therapy
- Other:

Prescription Issued for Minor Ailment

Rationale for prescribing:

Rx:

Quantity:

(If new prescription: provide two month supply, or 3 month supply for DMPA, Seasonale or Seasonique)

(If renewal of SAME product: provide 1 year supply)

Directions:

Other Recommendations (e.g., OTC, self-care, referral to other healthcare provider):

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

- Start date, correct use of the product, and when contraceptive effect begins (i.e. need for backup contraception)
- What to do about missed doses and where to find information
- Side-effect advice (ACHES mnemonic) and management strategies; reassure patients minor side effects usually resolve within 3 to 6 months
- STI prevention and safe sex practice

Follow up scheduled in [1 month (CHC/POP); 2 months (DMPA)]:

Note: no follow up required for prescription renewals of SAME product

- In pharmacy Telephone
- If product is acceptable to the patient → Provide refills for up to one year
- If product is not acceptable or tolerable to the patient → Trial a different product (Maximum of two trials)
- Check adherence and knowledge about missed dose management
- Check for any changes in medical or medication history
- Assess for side effects → If minor, reassure that they usually resolve within 3 to 6 months.
→ If very bothersome, prescribe a different product or refer. (Maximum of two trials)

Prescribing Pharmacist:

Name:

Pharmacist License Number:

Pharmacy:

Pharmacy Address:

Signature: *Rph*

Date:

Telephone:

Fax:

Primary care provider notified (Date):

Method of Notification:

Primary Care Practitioner:

Fax:

Pharmacist Minor Ailment Prescribing Record

To

This document is to inform you I met with your patient below who presented with a request for **hormonal 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:		PHN:	
Address:		DOB:	
Telephone:		<input type="checkbox"/> Breastfeeding/Chestfeeding	
Blood Pressure: mmHg	Height: cm	Weight: kg	BMI: m ² /kg

Prescription Issued on:

MEDICATION:

DIRECTIONS:

QUANTITY:

Rationale for prescription / relevant patient information:

I will follow up with the patient on _____ and discuss these items:

- If product is acceptable to the patient → Provide refills for up to one year
- If product is not acceptable or tolerable to the patient → Trial a different product (Maximum of two trials)
- Check adherence and knowledge about missed dose management
- Check for any changes in medical or medication history
- Assess for side effects → If minor, reassure that they usually resolve within 3 to 6 months.
→ If very bothersome, prescribe a different product or refer. (Maximum of two trials)

Prescribing Pharmacist:

Name:	Pharmacist License Number:
Pharmacy:	Pharmacy Address:
Signature: <i>Rph</i>	Date:
Telephone:	Fax:

Primary care provider notified (Date): _____ Method of Notification: _____

Name:	Fax:
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