

**CHECKLIST FOR VALPROATE USE IN FEMALE PATIENTS**

<u>Checklist</u>	<u>Answer</u>	<u>Comment</u>
<u>Which valproate drug is prescribed?</u>		
<u>Which brand of valproate is prescribed?</u>		
<u>Dose / frequency</u>		
Reason for using valproate (bipolar / epilepsy / other?)		
What is patient's status with regards to childbearing potential?	<input type="checkbox"/> <u>Pre-menarchal</u> <input type="checkbox"/> <u>Post-menopausal</u> <input type="checkbox"/> <u>Is <b>permanently</b> not of childbearing potential for reason other than menopause.</u> <u>What reason?</u> ..... <input type="checkbox"/> <u>Is of childbearing potential but there is a compelling reason to indicate that there is no risk of pregnancy, and is therefore not on a pregnancy prevention programme.</u> <u>What is the compelling reason?</u> ..... <input type="checkbox"/> <u>Is of childbearing potential and should be on a pregnancy prevention programme.</u>	
Is she aware of the need for highly effective contraception, and the need to be on a PPP while taking valproate?	<u>Yes</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/>	
Is she on a PPP?	<u>Yes</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/>	
What type of contraception is she using for the PPP?	<b><u>A HIGHLY EFFECTIVE METHOD</u></b> <input type="checkbox"/> <u>Long acting reversible contraceptive (LARC)</u> <input type="checkbox"/> <u>Copper intrauterine device (Cu-IUD)</u> <input type="checkbox"/> <u>Levonorgestrel intrauterine system (LNG-IUS)</u> <input type="checkbox"/> <u>Progestogen only implant (IMP)</u> <input type="checkbox"/> <u>Female sterilisation</u> <input type="checkbox"/> <u>Progestogen-only injections (if 100% compliant)</u>	

<b><u>NOT A HIGHLY EFFECTIVE METHOD</u></b>		
<input type="checkbox"/> <u>Condom</u> <input type="checkbox"/> <u>Cap</u> <input type="checkbox"/> <u>Diaphragm</u> <input type="checkbox"/> <u>Combined oral contraceptive pill</u> <input type="checkbox"/> <u>Progestogen-only contraceptive pill (POP)</u> <input type="checkbox"/> <u>Fertility awareness methods</u>  <input type="checkbox"/> <u>Other. What method?.....</u>  <input type="checkbox"/> <u>Unknown</u> <input type="checkbox"/> <u>Not applicable?</u>		
Has this contraception been used uninterrupted, with full compliance and full effectiveness?	<u>Yes</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/>	
Has she recently had unprotected sex that might have resulted in pregnancy?	<u>Yes</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/>	
Did you inform her of the known risks of valproate in pregnancy, and ensure that she understands she must not get pregnant whilst taking valproate?	<u>Yes</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/>	
When was her last annual valproate review with her specialist (psychiatrist/ neurologist/ paediatrician)?	<u>Date:</u>	
Is her Annual Risk Valproate form filed in the electronic patient record?	<u>Yes</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/>	
Is the form on record up to date (within last 12 months), and completely and accurately reflects her current medical history and risks, and confirms that she is fulfilling all conditions of the PPP (where in place)?	<u>Yes</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/>	<u>If "no", what is not up to date on the form?</u>

Is a new form required?	<u>Yes</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>N/A</u> <input type="checkbox"/>	
-------------------------	--	--

SAMPLE - DO NOT USE