

This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

## **PATIENT GROUP DIRECTION (PGD)**

### **Supply and/or administration of levonorgestrel 1500micrograms tablet(s) for emergency contraception**

#### **in Brighton and Sussex University Hospitals NHS Trust Sexual Health & Contraception (SHAC) Service**

Version Number 1.0

<b>Change History</b>	
<b>Version and Date</b>	<b>Change details</b>
Version 1 March 2020	New template

This Patient Group Direction (PGD) must only be used by registered professionals who have been named and authorised by their organisation to practise under it (See Appendix A). The most recent and in date final signed version of the PGD must be used.

**PGD DEVELOPMENT GROUP**

Date PGD template comes into effect:	1 <sup>st</sup> March 2020
Review date	September 2022
Expiry date:	28 <sup>th</sup> February 2023

This PGD template has been peer reviewed by the Reproductive Health PGDs Short Life Working Group in accordance with their Terms of Reference. It has been approved by the Faculty for Sexual and Reproductive Health (FSRH) in November 2019.

**This section MUST REMAIN when a PGD is adopted by an organisation.**

<b>Name</b>	<b>Designation</b>
Dr Cindy Farmer	Chair General Training Committee Faculty of Sexual and Reproductive Healthcare (FSRH)
Michelle Jenkins	Advanced Nurse Practitioner, Clinical Standards Committee Faculty of Sexual and Reproductive Healthcare (FSRH)
Michael Nevill	Director of Nursing British Pregnancy Advisory Service (BPAS)
Katie Girling	British Pregnancy Advisory Service (BPAS)
Julia Hogan	CASH Nurse Consultant Marie Stopes UK
Kate Devonport	National Unplanned Pregnancy Association (NUPAS)
Chetna Parmar	Pharmacist adviser Umbrella
Helen Donovan	Royal College of Nursing (RCN)
Carmel Lloyd	Royal College of Midwives (RCM)
Clare Livingstone	Royal College of Midwives (RCM)
Leanne Bobb	English HIV and Sexual Health Commissioners Group (EHSHCG)
Deborah Redknapp	English HIV and Sexual Health Commissioners Group (EHSHCG)
Dipti Patel	Local authority pharmacist
Emma Anderson	Centre for Postgraduate Pharmacy Education (CPPE)
Dr Kathy French	Pan London PGD working group
Dr Sarah Pillai	Pan London PGD working group
Alison Crompton	Community pharmacist
Andrea Smith	Community pharmacist
Lisa Knight	Community Health Services pharmacist
Bola Sotubo	Clinical Commissioning Group pharmacist
Tracy Rogers	Associate Director Specialist Pharmacy Service
Sandra Wolper	Associate Director Specialist Pharmacy Service
Amanda Cooper	Specialist Pharmacy Service
Jo Jenkins (Woking	Specialist Pharmacist PGDs Specialist Pharmacy Service

Group Co-ordinator)	
Samrina Bhatti	Chief Pharmaceutical Officer's Clinical Fellow Specialist Pharmacy Service

## PGD approval - meets local need and guidelines

Name	Job title and organisation	Signature	Date
<b>Lead author:</b> Reproductive Health PGDs Short Life Working Group	As listed on Page 2/3		
<b>Lead Doctor:</b> Dr Juliet Bowie	Associate Specialist, SHAC Service, BSUH	Email approval	02/07/20
<b>Lead pharmacist:</b> Claire Richardson	Lead Pharmacist, HIV & Sexual Health Service, BSUH	Email approval	07/07/20
<b>Lead Clinician for area:</b> Dr Debbie Williams	Consultant HIV & SHAC Service, BSUH	Email approval	02/06/20
<b>Reviewed by:</b> Dr Daniel Richardson	Consultant (HIV & GUM), SHAC, BSUH	Email approval	01/07/20
<b>Representative of other professional group using PGD:</b> Wendy Gardiner	Advanced Nurse Practitioner, SHAC Service, BSUH	Email approval	01/07/20

## Organisational authorisations

**Brighton & Sussex University Hospitals NHS Trust authorises this PGD for use by the services or providers listed below:**

Sexual Health & Contraception (SHAC) Service.

### Limitations to authorisation

Only Registered Nurses who work within the SHAC Service, hold a relevant contraception qualification, and are signed to the PGD.

Name	Signature & Name	Date
<b>Chair of PGD Group</b>	Joanne Pendlebury	Email approval 07/07/20
<b>Chief Pharmacist</b>	Mike Cross	Email approval 24/07/20
<b>Medicines Governance Group chair</b>	Mike Okorie	Email approval 27/07/20

Local enquiries regarding the use of this PGD may be directed to [Bsuh.pgdgroup@nhs.net](mailto:Bsuh.pgdgroup@nhs.net) or PGD group chair.

Appendix 1 provides a practitioner authorisation sheet. Individual practitioners must be authorised by name to work to this PGD.

## 1. Characteristics of staff

<b>Qualifications and professional registration</b>	<p>Current contract of employment within the Local Authority or NHS commissioned service or the NHS Trust/organisation.</p> <p>Registered healthcare professional listed in the legislation as able to practice under Patient Group Directions.</p>
<b>Initial training</b>	<p>The registered healthcare professional authorised to operate under this PGD must have undertaken appropriate education and training and successfully completed the competencies to undertake clinical assessment of patients ensuring safe provision of the medicines listed in accordance with local policy.</p> <p>Suggested requirement for training would be successful completion of a relevant contraception module/course accredited or endorsed by the FSRH, CPPE or a university or advised in the RCN training directory.</p> <p>The healthcare professional has completed locally required training (including updates) in safeguarding children and vulnerable adults or level 2 safeguarding or the equivalent.</p> <p>Register and complete PGD training module (certificate can be printed out as evidence) <a href="https://portal.e-lfh.org.uk/">https://portal.e-lfh.org.uk/</a> (3 yearly)</p> <p>Has undertaken training appropriate to recognise and manage allergic/anaphylactic reactions.</p> <p>Has undertaken appropriate Trust resuscitation training.</p>
<b>Competency assessment</b>	<ul style="list-style-type: none"> <li>• Individuals operating under this PGD must be assessed as competent (see section 7) or complete a self-declaration of competence for emergency contraception.</li> <li>• Staff operating under this PGD are encouraged to review their competency using the <a href="#">NICE Competency Framework for health professionals using patient group directions</a></li> </ul>
<b>Ongoing training and competency</b>	<ul style="list-style-type: none"> <li>• Individuals operating under this PGD are personally responsible for ensuring that they remain up to date with the use of all medicines and guidance included in the PGD - if any training needs are identified these should be addressed and further training provided as required.</li> <li>• Organisational PGD and/or medication training as required by employing Trust/organisation, including:             <ul style="list-style-type: none"> <li>➢ PGD e-learning 3 yearly</li> <li>➢ Up to date with mandatory training</li> </ul> </li> </ul>
<p>The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies.</p>	

## 2. Clinical condition or situation to which this PGD applies

<b>Clinical condition or situation to which this PGD applies</b>	To reduce the risk of pregnancy after unprotected sexual intercourse (UPSI) or regular contraception has been compromised or used incorrectly.
<b>Criteria for inclusion</b>	<ul style="list-style-type: none"> <li>• Any individual presenting for emergency contraception (EC) between 0 and 96 hours following UPSI or when regular contraception has been compromised or used incorrectly.</li> <li>• No contraindications to the medication.</li> <li>• Informed consent given.</li> </ul>
<b>Criteria for exclusion</b>	<ul style="list-style-type: none"> <li>• Informed consent not given.</li> <li>• Individuals under 16 years old and assessed as lacking capacity to consent using the Fraser Guidelines.</li> <li>• Individuals 16 years of age and over and assessed as lacking capacity to consent.</li> <li>• This episode of UPSI occurred more than 96 hours ago. N.B. A dose may be given if there have been previous untreated or treated episodes of UPSI within the current cycle if the most recent episode of UPSI is within 96 hours.</li> <li>• Known or suspected pregnancy (N.B. a previous episode of UPSI in this cycle is not an exclusion. Consider pregnancy test if more than three weeks after UPSI and no normal menstrual period since UPSI).</li> <li>• Less than 21 days after childbirth.</li> <li>• Less than 5 days after miscarriage, abortion, ectopic pregnancy or uterine evacuation for gestational trophoblastic disease (GTD).</li> <li>• Known hypersensitivity to the active ingredient or to any component of the product - see <a href="#">Summary of Product Characteristics</a></li> <li>• Use of ulipristal acetate emergency contraception in the previous 5 days.</li> </ul>
<b>Cautions including any relevant action to be taken</b>	<ul style="list-style-type: none"> <li>• All individuals should be informed that insertion of a copper intrauterine device (Cu-IUD) within five days of UPSI or within five days from earliest estimated ovulation is the most effective method of emergency contraception. If a Cu-IUD is appropriate and acceptable supply oral EC and refer to the appropriate health service provider.</li> <li>• Ulipristal acetate can delay ovulation until closer to the time of ovulation than levonorgestrel. Consider ulipristal if the individual presents in the five days leading up to estimated day of ovulation.</li> <li>• Levonorgestrel is ineffective if taken after ovulation.</li> <li>• If individual vomits within three hours from ingestion, a repeat dose may be given.</li> <li>• Individuals using enzyme-inducing drugs/herbal products or within 4 weeks of stopping them - see dose frequency section.</li> <li>• Body Mass Index (BMI) &gt;26kg/m<sup>2</sup> or weight &gt;70kg – individuals should be advised that though oral EC methods may be safely used, a high BMI may reduce the</li> </ul>

	<p>effectiveness. A Cu-IUD should be recommended as the most effective method of EC. If levonorgestrel is to be given see dosage section.</p> <ul style="list-style-type: none"> <li>• Consideration should be given to the current disease status of those with severe malabsorption syndromes, such as acute/active inflammatory bowel disease or Crohn’s disease. Although the use of levonorgestrel is not contra-indicated it may be less effective and so these individuals should be advised that insertion of Cu-IUD would be the most effective emergency contraception for them and referred accordingly if agreed.</li> <li>• If the individual is less than 16 years of age an assessment based on Fraser guidelines must be made and documented.</li> <li>• If the individual is less than 13 years of age the healthcare professional should speak to local safeguarding lead and follow the local safeguarding policy.</li> <li>• If the individual has not yet reached menarche consider onward referral for further assessment or investigation.</li> </ul>
<p><b>Action to be taken if the individual is excluded or declines treatment</b></p>	<ul style="list-style-type: none"> <li>• Explain the reasons for exclusion to the individual and document in the consultation record.</li> <li>• Record reason for decline in the consultation record.</li> <li>• Offer suitable alternative emergency contraception or refer the individual as soon as possible to a suitable health service provider if appropriate and/or provide them with information about further options.</li> </ul>

### 3. Description of treatment

<b>Name, strength &amp; formulation of drug</b>	Levonorgestrel 1500 micrograms tablet (N.B. this is equivalent to 1.5mg levonorgestrel)
<b>Legal category</b>	P/POM
<b>Route of administration</b>	Oral
<b>Off label use</b>	<p>Best practice advice given by Faculty of Sexual and Reproductive Healthcare (FSRH) is used for guidance in this PGD and may vary from the <a href="#">Summary of Product Characteristics</a> (SPC).</p> <p>This PGD includes off-label use in the following conditions</p> <ul style="list-style-type: none"> <li>○ Use between 72 and 96 hours post UPSI</li> <li>○ Increased dose for individuals with BMI over 26kg/m<sup>2</sup> or weight over 70kg and in individuals using liver enzyme inducing agent</li> <li>○ Severe hepatic impairment</li> <li>○ Individuals with previous salpingitis or ectopic pregnancy</li> <li>○ Lapp-lactase deficiency</li> <li>○ Hereditary problems of galactose intolerance</li> <li>○ Glucose-galactose malabsorption</li> </ul> <p>Drugs should be stored according to the conditions detailed in the Storage section in this table. However, in the event of an inadvertent or unavoidable deviation of these conditions the local pharmacy or Medicines Management team must be consulted. Where drugs have been assessed by pharmacy/Medicines Management in accordance with national or specific product recommendations as appropriate for continued use this would constitute off-label administration under this PGD. The responsibility for the decision to release the affected drugs for use lies with pharmacy/Medicines Management.</p> <p>Where a drug is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the drug is being offered in accordance with national guidance but that this is outside the product licence</p>
<b>Dose and frequency of administration</b>	<ul style="list-style-type: none"> <li>• Levonorgestrel 1500mcg (1 tablet) to be taken as soon as possible up to 96 hours of UPSI.</li> <li>• <b>Dose for those individuals taking enzyme inducing medicines or herbal products:</b> An individual who requests levonorgestrel whilst using enzyme-inducing drugs, or within 4 weeks of stopping them, should be advised to take a total of 3 mg levonorgestrel (two 1500mcg tablets) as a single dose and within 96 hours of UPSI.</li> <li>• <b>Dose for those individuals with a body mass index of more than 26kg/m<sup>2</sup> or who weigh more than 70kg:</b> An individual who requests levonorgestrel with a body mass index of more than 26kg/m<sup>2</sup> or who weighs more than 70kg, can be offered a total of 3mg levonorgestrel (two</li> </ul>



	1500mcg tablets) as a single dose and within 96 hours of UPSI.
<b>Duration of treatment</b>	<ul style="list-style-type: none"> <li>• A single dose is permitted under this PGD.</li> <li>• If vomiting occurs within 3 hours of levonorgestrel being taken a repeat dose can be supplied under this PGD.</li> <li>• Repeated doses can be given within the same cycle. Please note: <ul style="list-style-type: none"> <li>○ If within 7 days of previous levonorgestrel offer levonorgestrel again (not ulipristal)</li> <li>○ If within 5 days of ulipristal then offer ulipristal again (not levonorgestrel)</li> </ul> </li> </ul>
<b>Quantity to be supplied</b>	<ul style="list-style-type: none"> <li>• Appropriately labelled pack of one tablet.</li> <li>• Two tablets should be supplied for individuals taking enzyme inducing drugs or individuals with a BMI of more than 26kg/m<sup>2</sup> or who weigh more than 70kg.</li> </ul>
<b>Storage</b>	Medicines must be stored securely according to national guidelines and in accordance with the product SPC.
<b>Drug interactions</b>	A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: <a href="http://www.medicines.org.uk">www.medicines.org.uk</a> or the BNF <a href="http://www.bnf.org">www.bnf.org</a>
<b>Identification &amp; management of adverse reactions</b>	<p>A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: <a href="http://www.medicines.org.uk">www.medicines.org.uk</a> and BNF <a href="http://www.bnf.org">www.bnf.org</a></p> <p>The following side effects are common with levonorgestrel (but may not reflect all reported side effects):</p> <ul style="list-style-type: none"> <li>• Nausea and vomiting are the most common side effects.</li> <li>• Headache, dizziness, fatigue, low abdominal pain and breast tenderness, diarrhoea.</li> <li>• The FSRH advises that bleeding patterns may be temporarily disturbed and spotting may occur, but most individuals will have their next menstrual period within seven days of the expected time</li> </ul>
<b>Management of and reporting procedure for adverse reactions</b>	<ul style="list-style-type: none"> <li>• Healthcare professionals and individuals are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: <a href="http://yellowcard.mhra.gov.uk">http://yellowcard.mhra.gov.uk</a></li> <li>• Record all adverse drug reactions (ADRs) in the individual's medical record.</li> <li>• Report any adverse reactions via organisation incident policy.</li> </ul>
<b>Written information and further advice to be provided</b>	<ul style="list-style-type: none"> <li>• All methods of emergency contraception should be discussed. All individuals should be informed that fitting a Cu-IUD within five days of UPSI or within five days from the earliest estimated ovulation is the most effective method of emergency contraception.</li> <li>• Ensure that a patient information leaflet (PIL) is provided within the original pack.</li> <li>• If vomiting occurs within three hours of taking the dose, the individual should return for another dose.</li> <li>• Explain that menstrual disturbances can occur after the use of emergency hormonal contraception.</li> <li>• Provide advice on ongoing contraceptive methods,</li> </ul>

	<p>including how these can be accessed.</p> <ul style="list-style-type: none"> <li>• Repeated episodes of UPSI within one menstrual cycle - the dose may be repeated more than once in the same menstrual cycle should the need occur.</li> <li>• Individuals using hormonal contraception should restart their regular hormonal contraception immediately. Avoidance of pregnancy risk (i.e. use of condoms or abstain from intercourse) should be advised until fully effective.</li> <li>• Advise a pregnancy test three weeks after treatment especially if the expected period is delayed by more than seven days or abnormal (e.g. shorter or lighter than usual), or if using hormonal contraception which may affect bleeding pattern.</li> <li>• Promote the use of condoms to protect against sexually transmitted infections (STIs) and advise on the possible need for screening for STIs.</li> <li>• There is no evidence of harm if someone becomes pregnant in a cycle when they had used emergency hormonal contraception.</li> </ul>
<b>Advice/follow up treatment</b>	<ul style="list-style-type: none"> <li>• The individual should be advised to seek medical advice in the event of an adverse reaction.</li> <li>• The individual should attend an appropriate health service provider if their period is delayed, absent or abnormal or if they are otherwise concerned.</li> <li>• Pregnancy test as required (see advice to individual above).</li> <li>• Individuals advised how to access on-going contraception and STI screening as required.</li> </ul>
<b>Records</b>	<p>Record:</p> <ul style="list-style-type: none"> <li>• The consent of the individual and <ul style="list-style-type: none"> <li>○ If individual is under 13 years of age record action taken</li> <li>○ If individual is under 16 years of age document capacity using Fraser guidelines. If not competent record action taken.</li> <li>○ If individual over 16 years of age and not competent, record action taken</li> </ul> </li> <li>• Name of individual, address, date of birth</li> <li>• GP contact details where appropriate</li> <li>• Relevant past and present medical history, including medication history. Examination finding where relevant e.g. weight</li> <li>• Any known drug allergies</li> <li>• Name of registered health professional operating under the PGD</li> <li>• Name of medication supplied</li> <li>• Date of supply</li> <li>• Dose supplied</li> <li>• Quantity supplied</li> <li>• Advice given, including advice given if excluded or declines treatment</li> <li>• Details of any adverse drug reactions and actions taken</li> </ul>

	<ul style="list-style-type: none"> <li>• Advice given about the medication including side effects, benefits, and when and what to do if any concerns</li> <li>• Any referral arrangements made</li> <li>• Any supply outside the terms of the product marketing authorisation</li> <li>• Recorded that supplied via Patient Group Direction (PGD)</li> </ul> <p>Records should be signed and dated (or a password controlled e-records) and securely kept for a defined period in line with local policy.</p> <p>All records should be clear, legible and contemporaneous.</p> <p>A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.</p>
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## Audit

<b>Plan for audit</b> , It is essential for PGD renewal that audits have occurred.	<p>Service audit to be completed using the recommended BSUH PGD audit template.</p> <p>N. B. Individual PGD users should keep records to audit their own use of PGDs / procedures.</p>
<b>Frequency</b>	<p>Minimum of once in lifetime of PGD</p> <p>2 years after start date of PGD to inform PGD review.</p>
<b>Nominated lead to manage audit</b>	<p>Advanced Nurse Practitioner, SHAC Service will manage Service PGD audit process and support / guide those completing the audit.</p> <p>SHAC Nurse(s) who use the PGD will complete the service audit.</p>

## 4. Key references

<b>Key references (accessed December 2019)</b>	<ul style="list-style-type: none"> <li>• Electronic Medicines Compendium <a href="http://www.medicines.org.uk/">http://www.medicines.org.uk/</a></li> <li>• Electronic BNF <a href="https://bnf.nice.org.uk/">https://bnf.nice.org.uk/</a></li> <li>• NICE Medicines practice guideline “Patient Group Directions” <a href="https://www.nice.org.uk/guidance/mpg2">https://www.nice.org.uk/guidance/mpg2</a></li> <li>• Faculty of Sexual and Reproductive Health Clinical Guidance: Emergency Contraception - December 2017 Updated December 2018 <a href="https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/emergency-contraception/">https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/emergency-contraception/</a></li> <li>• Faculty of Sexual and Reproductive Health Drug Interactions with Hormonal Contraception - November 2017 <a href="https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/drug-interactions/">https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/drug-interactions/</a></li> <li>• Royal Pharmaceutical Society Safe and Secure Handling of</li> </ul>
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Medicines December 2018

<https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines>

- Learning for Health <https://portal.e-lfh.org.uk/>
- BSUH policies and procedures:
  - C085 – Policy for Patient Group Directions: accessed on BSUH intranet <https://nww.bsuh.nhs.uk/search/?q=c085+policy+for+patient+group+directions>
  - SHAC Service Standard Operating Procedure for supply of medicines following telephone / video consultations

## Appendix A - Registered health professional authorisation sheet

PGD Name/Version: **Supply and/or administration of levonorgestrel 1500micrograms tablet(s) for emergency contraception / Version 1**

Valid from: **June 2020**

Expiry: **28 February 2023**

Before signing this PGD, check that the document has had the necessary authorisations. Without these, this PGD is not lawfully valid.

### Registered health professional

By signing this patient group direction you are indicating that you agree to its contents and that you will work within it.

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

<b>I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.</b>			
<b>Name</b>	<b>Designation</b>	<b>Signature</b>	<b>Date</b>

### Authorising manager

<b>I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of Brighton and Sussex University Hospitals NHS Trust for the above named health care professionals who have signed the PGD to work under it.</b>			
<b>Name</b>	<b>Designation</b>	<b>Signature</b>	<b>Date</b>

### Note to authorising manager

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD.

Approved date **JUNE 2020**

Expiry date **28 FEBRUARY 2023**

## **SHAC SERVICE RETENTION OF PGD AUTHORISATION RECORDS**

Records of the authorisation of nurses for the use of this PGD are stored as follows:

- **HARD COPY:**

A paper copy of the signature sheet will be kept with the PGD in the PGD Master Copy File in the SHAC Nurse Management Office.

- **ELECTRONIC RECORD:**

- A scanned copy of each authorisation sheet to be saved.
- An electronic record of SHAC Nurse authorisation for this PGD will be stored on the SHAC Service PGD Assessment Record database.
- The scanned authorisation sheets and the database are stored in the shared Integrated Sexual Health file (within the specific PGD file).

- **INDIVIDUALS:**

Individual nurses are provided with the PGD assessment sheet which details the assessment process for PGD approval for their own records. A copy of this document is stored in the individual nurses' Personal File.