Patient Group Direction For The Supply Of Levonorgestrel For Emergency Hormonal Contraception By Pharmacists Working Within NHS Grampian

Lead Author: Principal Pharmacist, Pharmacy and Medicines Directorate

Consultation Group: See relevant page in the PGD

Approver: NHSG Medicines Guidelines and Policies Group

Signature: 

Identifier: NHSG/PGD/CPEHC/MGPG926

Review Date: February 2020

Date Approved: February 2018

Expiry Date: February 2021

NHS Grampian have authorised this Patient Group Direction to help patients by providing them with more convenient access to an efficient and clearly defined service within the NHS Board. This Patient Group Direction cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 5
**Revision History:**

<table>
<thead>
<tr>
<th>Date of change</th>
<th>Approval date of PGD that is being superseded</th>
<th>Summary of Changes</th>
<th>Section heading</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2017</td>
<td>September 2015</td>
<td>2 year review into new template in which order of appearance may have changed.</td>
<td>Whole document</td>
</tr>
<tr>
<td>September 2017</td>
<td>September 2015</td>
<td>Reference to ciclosporin interaction - removed.</td>
<td>Drug interactions</td>
</tr>
<tr>
<td>September 2017</td>
<td>September 2015</td>
<td>Reference to patient charges - removed.</td>
<td>Patient charges</td>
</tr>
<tr>
<td>September 2017</td>
<td>September 2015</td>
<td>Updated consultative group.</td>
<td>Consultative Group</td>
</tr>
<tr>
<td>September 2017</td>
<td>September 2015</td>
<td>Upper age limit – new. Contraception following delivery or pregnancy loss – update. Taken UPA in the last 7 days – new.</td>
<td>Exclusion criteria</td>
</tr>
<tr>
<td>September 2017</td>
<td>September 2015</td>
<td>Updated paragraph.</td>
<td>Precautions and warnings</td>
</tr>
<tr>
<td>September 2017</td>
<td>September 2015</td>
<td>Check suitability and offer Ulipristal if appropriate.</td>
<td>Action if excluded from treatment</td>
</tr>
<tr>
<td>September 2017</td>
<td>September 2015</td>
<td>The section on consent - updated.</td>
<td>Consent</td>
</tr>
<tr>
<td>September 2017</td>
<td>September 2015</td>
<td>Weight criteria double dose – new (unlicensed).</td>
<td>Dosage/ Total dose</td>
</tr>
<tr>
<td>September 2017</td>
<td>September 2015</td>
<td>New section to the template.</td>
<td>Facilities and supplies required</td>
</tr>
<tr>
<td>September 2017</td>
<td>September 2015</td>
<td>Updated information.</td>
<td>Specialist competencies</td>
</tr>
</tbody>
</table>
Policy Statement: It is the responsibility of individual pharmacist and their line managers to ensure that they work within the terms laid down in this PGD and to ensure that staff are working to the most up to date PGD. By doing so, the quality of the services offered will be maintained, and the chances of staff making erroneous decisions which may affect patient, staff or visitor safety and comfort will be reduced. Supervisory staff at all levels must ensure that staff using this PGD act within their own level of competence.

The lead author is responsible for the review of this PGD and for ensuring the PGD is updated in line with any changes in clinical practice, relevant guidelines, or new research evidence.

Review date: The review date for a PGD needs to be decided on a case-by-case basis in the interest of patient safety. The expiry date should not be more than 3 years from the date the PGD was authorised.

Document: Drafted: August 2017
Completed: February 2018
Approved: February 2018 (published – March 2018)
Organisational Authorisation

This PGD is not legally valid until it has had organisational authorisation

NHS Grampian

<table>
<thead>
<tr>
<th>Designation</th>
<th>Name</th>
<th>Signature</th>
<th>Date Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Director</td>
<td>Nick Fluck</td>
<td></td>
<td>March 2018</td>
</tr>
<tr>
<td>Director of Pharmacy</td>
<td>David Pfleger</td>
<td></td>
<td>March 2018</td>
</tr>
<tr>
<td>Director of Nursing, Midwifery and Allied Healthcare Professionals</td>
<td>Caroline Hiscox</td>
<td></td>
<td>March 2018</td>
</tr>
</tbody>
</table>

Management and Monitoring of Patient Group Direction

PGD Consultative Group

The consultative group is legally required to include a medical practitioner, a pharmacist and a representative of the professional group who will provide care under the direction

Name: Title:

Mrs Elizabeth Kemp: Lead Author: Principal Pharmacist Pharmacy and Medicines Directorate
Sarah Wallage: Medical Practitioner: Consultant in Sexual and Reproductive Health
Birgit Teismann: Pharmacist: Community Pharmacist,
Dr Pamela Fraser: Associate Specialist Sexual Health Services
Mhairi Robertson: Community Pharmacist
### Clinical indication to which this PGD applies

| Definition of situation/condition | This Patient Group Direction (PGD) will authorise pharmacists to supply levonorgestrel (LNG EC) to patients presenting in person for emergency contraception for their own use within 72 hours of unprotected sexual intercourse (UPSI).

This PGD should be used in conjunction with the recommendations in the current British National Formulary (BNF), British National Formulary for Children (BNFC), individual Summary of Product Characteristics (SPC) and the Faculty of Sexual and Reproductive Healthcare (FSRH) UKMEC guidance (April 2016).

| Inclusion criteria | Women presenting requesting emergency contraception (EC) for their own use within 72 hours of unprotected sexual intercourse (UPSI). NB: Women may be supplied with more than one dose in any one cycle as long as the most recent UPSI was in this time frame.

- Age 13-54 years inclusive.

- Patients who decline an Intra Uterine Device (IUD) which is more effective than LNG EC at all stages of the cycle.

The woman must be told that use of LNG EC in the following 3 situations is unlicensed, however its use in this instance is supported by Faculty of Sexual and Reproductive Healthcare (FSRH) Guidance and it can be supplied under this PGD.

- Patients who decline or are not suitable for Ulipristal EC (UPA EC) who present within 96 hours of UPSI in the 5 days before predicted ovulation.

- Patients who decline or are not suitable for Ulipristal EC (UPA EC) if greater than 70kg/BMI 26.

- Patients who decline or are not suitable for Ulipristal EC (UPA EC) and present between 72 and 96 hours after UPSI.
- This PGD covers supply of a repeat dose for the same episode of UPSI if the patient vomited within 3 hours of the first dose.

- If the patient is presenting for EC for a second time in a cycle, then they should be advised that fitting a copper IUD could be the most appropriate emergency contraception for both this episode and future contraception and can be arranged with an appropriate Consultant/GP. If the patient declines a copper IUD, then re-treatment with levonorgestrel can be provided if other inclusion criteria are still met (unlicensed use). Patients should not be treated with 2 different EC products in the same cycle, i.e. they can only have levonorgestrel if that was what they had the first time (and the same with ulipristal).

- Unprotected intercourse (UPSI) includes condom failure and inadequate use of other hormonal or contraceptive methods.

This includes women with condom failure in the first seven days after ‘quick starting’ hormonal contraception or an IUS, i.e. starting the method out with day 1-5 of their cycle.

**Inadequate use of other contraceptive methods includes:**

**Combined oral contraceptive pills (21 active tablets)**
If two or more pills of any dose have been missed in the first week of pill taking (i.e. days 1–7) and UPSI occurred in week one or the pill-free week.

**Progestogen-only pills**
If one or more Progestogen-only pills (POPs) have been missed or taken >3 hours late for norethisterone/levonorgestrel POP, >12 hours late for desogestrel POP, and UPSI has occurred before a further two pills have been taken appropriately.

**Intrauterine contraception**
If complete or partial expulsion is identified or mid-cycle removal of an IUD/IUS is deemed necessary and UPSI has occurred in the last 7 days.

**Progestogen-only injectables**
If the contraceptive injection is late (>14 weeks from the previous injection for medroxyprogesterone acetate or >10 weeks for norethisterone enantate) and UPSI has occurred within the last 120 hours.
<table>
<thead>
<tr>
<th><strong>Transdermal contraception - Evra® Patch</strong></th>
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</thead>
<tbody>
<tr>
<td>More than 2 days late starting first patch of new pack and has UPSI in week one or the prior patch free week. More than 9 days late starting second/third patch.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Vaginal contraceptive ring – NuvaRing®</strong></th>
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<tbody>
<tr>
<td>Ring removed for more than 3 hours in any 24 hour period and UPSI in last 7 days. Delay inserting new ring by more than 3 hours and UPSI in last 7 days. Delay changing ring – left in place more than 28 days and UPSI in last 7 days.</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Exclusion criteria</strong></th>
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<tbody>
<tr>
<td>• Under 13 years old.</td>
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<td>• 55 years of age and over.</td>
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<tr>
<td>• Pregnancy. This may be excluded by history and if necessary a urine pregnancy test.</td>
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<tr>
<td>• Delivered a baby in last 3 weeks – (EHC not needed). <strong>N.B:</strong> EHC is needed for UPSI 5 days or more after early pregnancy loss.</td>
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<tr>
<td>• Not competent to consent to supply.</td>
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<tr>
<td>• UPSI more than 96 hours ago.</td>
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<tr>
<td>• Already taken ulipristal EC in the last 7 days.</td>
<td></td>
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<tr>
<td>• Severe hepatic dysfunction.</td>
<td></td>
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<tr>
<td>• Severe malabsorption, e.g. current persistent vomiting, severe diarrhoea, or Crohn’s disease.</td>
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</tr>
<tr>
<td>• Porphyria.</td>
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<tr>
<td>• Hypersensitivity to levonorgestrel, or tablet ingredients-potato starch, maize starch, colloidal anhydrous silica, magnesium stearate, talc, lactose monohydrate.</td>
<td></td>
</tr>
<tr>
<td>• Hereditary galactose intolerance.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Precautions and special warnings</strong></th>
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</thead>
<tbody>
<tr>
<td>Levonorgestrel is secreted into breast milk but there is no known clinical significance to the baby from this transient exposure. There is no evidence that breast feeding patterns should be altered.</td>
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<tr>
<td>If patient aged 13-15 child protection issues must be considered and current NHSG guidelines followed.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Referral criteria</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Patients who fall into the categories detailed in the exclusion criteria.</td>
<td></td>
</tr>
</tbody>
</table>
### Action if excluded from treatment

Check patient suitability and eligibility for ulipristal and if appropriate make a supply otherwise:

- Medical advice should be sought – refer to General Practitioner/Consultant (relevant medical practitioner).
- The reason why the patient was excluded under the PGD will be documented in the appropriate patient record.

### Action if patient declines treatment

The patient should be advised of the risks and consequences of not receiving treatment.

- Refer to General Practitioner/Consultant (relevant medical practitioner).
- Record outcome in Patient Medication Record if appropriate, or relevant patient record.

### Consent

Prior to the administration of the drug, valid consent must be obtained. Consent must be in line with current NHSG consent policy.

### Description of treatment available under the PGD

<table>
<thead>
<tr>
<th>Name of medicine</th>
<th>Levonorgestrel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal status</td>
<td>Levonorgestrel is a Prescription-only Medicine (PoM).</td>
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<tr>
<td></td>
<td>In accordance with the MHRA all medicines <strong>supplied</strong> under a PGD <strong>must</strong> either be from over-labelled stock, or be labelled appropriately in accordance with the regulatory body guidelines for the labelling of medicines for the professional providing the supply.</td>
</tr>
<tr>
<td>Form/Strength</td>
<td>Tablet 1500 microgram (mcg).</td>
</tr>
<tr>
<td>Route/Method of administration</td>
<td>For oral administration. Nausea is less likely if taken with or after food.</td>
</tr>
<tr>
<td>Dosage/Total Dose</td>
<td>Standard dose: 1500 micrograms (one tablet) as a single dose.</td>
</tr>
</tbody>
</table>
| Duration of treatment | Single oral dose.  
If vomiting occurs within 3 hours of taking the original dose, another dose should be taken immediately if still within the timeframe for treatment. |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Storage requirements</td>
<td>Store in original packaging in order to protect from light.</td>
</tr>
</tbody>
</table>
| Follow-up (if applicable) | The patient should be advised to make an appointment to discuss any aspect of their emergency hormonal contraception use. The supplier should ensure the client has the contact number for appropriate follow up services.  
Patients should be advised to make an appointment for STI testing if appropriate (e.g. new partner). After a new infection it may take 10 days for a Chlamydia test to show positive and 2 months for an HIV or Syphilis test to show positive. Testing may be deferred for this time if asymptomatic. Women with symptoms of infection should seek medical advice. |
| Advice to patient (Verbal) | Advice should be given on what to expect and what to do for major and minor reactions.  
Advise women using liver enzyme-inducing drugs that an IUD is the preferred option.  
Advise women presenting after UPSI within 5 days of predicted ovulation that ulipristal EC is more effective. |
Advise women >70kg or BMI >26 that LNG EC may be less effective than for lighter women and they may consider IUD or UPA EC if suitable or unlicensed double dose LNG EC.

Advise that there is no evidence of effect on a foetus if pregnancy occurs despite taking levonorgestrel EC.

Advise breastfeeding women that there is no evidence of harm if they continue to breastfeed after taking levonorgestrel EC.

Advise that levonorgestrel may cause nausea or vomiting. This is less likely if taken with or after food. If vomiting occurs within 3 hours of taking levonorgestrel EHC it may not be effective and further advice should be sought. A repeat supply from the supplier or a pharmacy may be required.

Advise that this dose of EHC will only have an effect on the risk of pregnancy after this episode of UPSI. If there is further UPSI woman should seek further advice.

If she is taking the oral contraceptive pill or using a patch or ring and EHC is needed she should continue her usual method and use barrier contraception or abstain until she has taken the pill or used patch or ring correctly for 7 days (2 days POP).

Give individual advice about ongoing contraception/abstinence if EHC has been needed because of inadequate use of Depo-Provera®, Nexplanon® or an IUD or IUS.

Advise her to do a urine pregnancy test 3 weeks after taking EHC to exclude pregnancy. This could be omitted if she has had a normal period within 7 days of the expected date.

Advise that light bleeding 2-3 days after taking levonorgestrel EHC is common and should not be assumed to be a period or a guarantee that the Levonorgestrel EHC has been effective.

Discuss future contraceptive options and supply or signpost to supplier as appropriate.

Advise her to consider whether she has been at risk of sexually transmitted infection and provide information about window periods and how to access testing if needed.
### Advice to patient (Written)

- Written information about locally available contraception services and methods of contraception.
- Written information about locally available services providing sexual health advice.

The Patient Information Leaflet (PIL) contained in the medicine(s) should be made accessible to the patient, parent, guardian, or person with parental responsibility. Where this is unavailable, or unsuitable, sufficient information should be given in a language that they can understand.

Copies of PIL and SPCs for medicines can be found at [http://www.medicines.org.uk](http://www.medicines.org.uk) or [http://www.mhra.gov.uk/spc-pil/index.htm](http://www.mhra.gov.uk/spc-pil/index.htm)

### Concurrent Medications/Drug Interactions

#### Reduced Efficacy of Levonorgestrel

Levonorgestrel metabolism is enhanced by concomitant use of liver enzyme inducers or use of such in the previous 28 days. These medicines can reduce the effect of levonorgestrel EHC.

A full list is available in Appendix 1 of the BNF and in the SPC of the product being used.

These drugs include:

- Anticonvulsants: Barbiturates including primidone, phenytoin, carbamazepine and derivatives, topiramate.
- Antifungal: Oral griseofulvin.
- Rifamycins: rifampicin, rifabutin.
- Endothelin receptor antagonists: bosentan.
- Herbal medicines: St John’s Wort (hypericum perforatum)
- Some HIV antiretroviral medicines.

#### Effect of Levonorgestrel on other Medication

There is possibility that levonorgestrel EHC may increase oral hypoglycaemic and insulin requirements, therefore, it is a local recommendation that blood sugar levels should be monitored closely for 24 hours, after taking EHC.

Levonorgestrel EHC may enhance or reduce the anticoagulant effects of warfarin and phenindione. Additional monitoring may be needed for 72 hours post administration.
### Identifying and managing possible adverse reactions

<table>
<thead>
<tr>
<th>Side Effect</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea and/or vomiting</td>
<td>Headache</td>
</tr>
<tr>
<td>Lower abdominal pain</td>
<td>Diarrhoea</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Breast Tenderness</td>
</tr>
</tbody>
</table>

**N.B:** Nausea and/or vomiting are less likely if taken with or after food.

Advise that light bleeding 2-3 days after taking levonorgestrel EHC is common and should not be assumed to be a period or a guarantee that the levonorgestrel EHC has been effective.

This list is not exhaustive. Please also refer to current BNF/BNFC and manufacturers SPC for details of all potential adverse reactions.

**BNF:**
[https://www.medicinescomplete.com/mc/BNF/current/](https://www.medicinescomplete.com/mc/BNF/current/)
[https://www.medicinescomplete.com/mc/BNFC/current/](https://www.medicinescomplete.com/mc/BNFC/current/)

**SPCs/PILs and risk minimisation materials:**
[https://www.medicines.org.uk/emc/](https://www.medicines.org.uk/emc/)
[http://www.medicines.org.uk/emc/medicine/22894#rmm](http://www.medicines.org.uk/emc/medicine/22894#rmm)

If an adverse reaction does occur give immediate treatment and inform relevant medical practitioner as soon as possible.

Report the reaction to the MHRA using the Yellow Card System. [https://yellowcard.mhra.gov.uk/](https://yellowcard.mhra.gov.uk/)

### Facilities and supplies required

The following should be available at sites where the medication is to be supplied:

- Appropriate storage facilities.
- An acceptable level of privacy to respect patient’s right to confidentiality and safety.
- Access to medical support (this may be via the telephone).
- Approved equipment for the disposal of used materials.
- Clean and tidy work areas, including access to hand washing facilities.
- Copies of the current PGD for the medicine specified in the PGD.
Characteristics of staff authorised to supply medicine under PGD

<table>
<thead>
<tr>
<th>Professional qualifications</th>
<th>Pharmacists whose name is currently on the register of pharmacists held by the General Pharmaceutical Council (GPhC).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist competencies</td>
<td>Be competent to assess the patient’s capacity to understand the nature and purpose of the supply in order for the patient to give or refuse consent.</td>
</tr>
<tr>
<td></td>
<td>Has undertaken appropriate training to carry out clinical assessment of patients leading to a diagnosis that requires treatment according to the indications listed in the PGD.</td>
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<td></td>
<td>Be aware of current treatment recommendations and be competent to discuss issues about the drug with the patient.</td>
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<tr>
<td></td>
<td>Turas Learn module entitled Womens Health – contraception is available at: <a href="https://learn.nes.nhs.scot/461/pharmacy/cpd-resources/women-s-health-contraception">https://learn.nes.nhs.scot/461/pharmacy/cpd-resources/women-s-health-contraception</a>.</td>
</tr>
<tr>
<td>Ongoing training and competency</td>
<td>Maintain their skills, knowledge and their own professional level of competence in this area according to their Code of Professional Conduct.</td>
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<tr>
<td></td>
<td>The practitioner must be familiar with the SPC for all medicines supplied in accordance with this PGD.</td>
</tr>
<tr>
<td>Professional managers/Lead Nurses will be responsible for:</td>
<td>Ensuring that the current PGD is available to staff providing care under this direction.</td>
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<tr>
<td></td>
<td>Ensuring that staff have received adequate training in all areas relevant to this PGD and meet the requirements above.</td>
</tr>
<tr>
<td></td>
<td>Maintain up to date record of all staff authorised to supply drug specified in PGD.</td>
</tr>
</tbody>
</table>

Documentation

| Authorisation of administration | Pharmacists working within NHS Grampian can be authorised to supply the drug specified in this PGD by their Director of Pharmacy. |
All authorised staff are required to read the PGD and sign the Agreement to Supply Medicines Under PGD (Appendix 1).

This should be held in the individual practitioners records, or as agreed locally.

A Certificate of Authorisation (Appendix 2) signed by the authorising doctor/manager and staff working to the PGD, should be held as agreed locally.

### Record of administration/supply

An electronic or paper record for recording the screening of patients and the subsequent supply of the drug specified in this PGD must be completed in order to allow audit of practice. This should include as a minimum:

- Date and time of supply/administration
- Patients name
- Patient Date of birth and/or CHI if available
- Details of parent/guardian, or person with parental responsibility where applicable
- Exclusion criteria, record why the drug was not supplied
- Consent to the administration (if not obtained elsewhere)
- Signature and name in capital letters of practitioner who supplied the drug
- If the medication was administered at the time or given away with the patient (administered at the time is the preferred option)
- Record of any adverse effects (advise patient’s doctor).

### Audit

All records of the drug(s) specified in this PGD will be filed with the normal records of medicines in each practice/service. A designated person within each H&SCP/practice/service will be responsible for auditing completion of drug forms and collation of data.

### References

Electronic Medicines Compendium
[http://www.medicines.org.uk](http://www.medicines.org.uk)  Consilient 1500 microgram tablet; – Date of revision of text 12/04/17, accessed 05/12/17

British National Formulary
[https://www.medicinescomplete.com/mc/bnf/current/](https://www.medicinescomplete.com/mc/bnf/current/) accessed 05/12/17
<table>
<thead>
<tr>
<th>British National Formulary for Children</th>
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<tbody>
<tr>
<td>Faculty Sexual and Reproductive Health</td>
</tr>
</tbody>
</table>
Appendix 1

Health Care Professional Agreement to Supply Medicines Under Patient Group Direction

I: ________________________________ (Insert name)

Working within: ________________________________ e.g. H&SCP, Practice

Agree to supply medicines under the direction contained within the following Patient Group Direction

**Patient Group Direction For The Supply Of Levonorgestrel For Emergency Hormonal Contraception By Pharmacists Working Within NHS Grampian**

I have completed the appropriate training to my professional standards enabling me to supply medicines under the above Patient Group Direction. I agree not to act beyond my professional competence nor out with the recommendations of the Patient Group Direction.

Signed: ________________________________

Print Name: ________________________________

Date: ________________________________

Professional Registration No: ________________________________
Health Professionals Authorisation to Administer Medicines Under Patient Group Direction

The healthcare professional of each clinical area is responsible for maintaining records of all clinical areas where this PGD is in use, and to whom it has been disseminated.

The manager who approves a healthcare professional to supply and/or administer medicines under the patient group direction, is responsible for ensuring that he or she is competent, qualified and trained to do so and for maintaining an up-to-date record of such approved persons in conjunction with the Head of Profession.

The healthcare professional who is approved to supply and/or administer medicines under the direction is responsible for ensuring that he or she understands and is qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that administration or supply is carried out within the terms of the direction, and according to his or her code of professional practice and conduct.

### Patient Group Direction For The Supply Of Levonorgestrel For Emergency Hormonal Contraception By Pharmacists Working Within NHS Grampian

Local clinical area(s) where these healthcare professionals will operate under this PGD:

<table>
<thead>
<tr>
<th>Name of Healthcare Professional</th>
<th>Signature</th>
<th>Date</th>
<th>Name of Manager</th>
<th>Signature</th>
<th>Date</th>
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</thead>
<tbody>
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</table>
Emergency Contraception Example Proforma Appendix 3

DATE: __________________________ NAME: __________________________________________

DOB: __________________________ AGE: __________________________________________

LMP: ______________ NORMAL? YES ☐ NO ☐ CYCLE ______________ REGULAR? YES ☐ NO ☐

PREGNANCY TEST: ___________ NOT DONE ☐ NEGATIVE ☐ POSITIVE ☐

Do test if period late or LMP unsure or LMP unusual. Refer to Doctor if positive.

CIRCUMSTANCES: UPSI ☐ OTHER (SPECIFY): __________________________

When did the UPSI happen?

DATE: ______________ TIME: _______________ DAY OF CYCLE: ___________ HOURS SINCE: ______________

<table>
<thead>
<tr>
<th>MEDICAL HISTORY</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI&gt;26kg/m² or &gt;70kg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any EC already this cycle</td>
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<tr>
<td>Progestogen use in last 7 days?</td>
<td></td>
<td></td>
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<tr>
<td>Sex Consensual</td>
<td></td>
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<tr>
<td>Previous vomiting with EHC</td>
<td></td>
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<tr>
<td>Allergy LNG or UPA preparation</td>
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<tr>
<td>Severe liver disease</td>
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<tr>
<td>Severe absorption problems</td>
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<tr>
<td>Porphyria</td>
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<tr>
<td>Antacid drugs, e.g. omeprazole/ranitidine</td>
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<tr>
<td>Breastfeeding</td>
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<tr>
<td>Enzyme inducing medication</td>
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</tr>
</tbody>
</table>

IUD or UPA-EC if suitable or unlicensed double dose LNG-EC
If LNG-EC in last 7 days or UPA-EC in last 5 days use same method if chooses rpt oral
UPA less effective if has taken hormonal contraception or other progestogens in last 7 days– use IUD or LNG-EC
If assault refer to guidelines
If yes, give domperidone 10mg orally 20 minutes before EC
If yes – alternative or Refer to Doctor
If yes Refer to Doctor
If yes Refer to Doctor
No effect on IUD or LNG-EC
Reduced effect UPA-EC if PPI taken last 7 days-
H2antagonist or antacid last 24hrs -UPA-EC not suitable
Not affected by IUD or LNG-EC
Higher risk uterine perforation IUD (6:1000)
Discard milk 7 days after UPA-EC
IUD licensed option. Double dose LNG-EC unlicensed
Not suitable for UPA-EC

If 13, 14, 15 YEARS OLD
Explain confidentiality
Is anyone with her? If so who? __________________________________________
Who knows she is here? __________________________________________
How old is partner? __________________
Attends school? _______________ Lives with: family/friends/in care/homeless
Concerns re assault/abuse? _______________
Concerns drugs/alcohol? _______________

ASSESSED FRASER COMPETENT Yes ☐ Not competent/12 years old/child protection issues ☐
Follow Child protection Guidance
### PREGNANCY RISK

| Days 9-16 of /28 cycle | 20-30% risk of pregnancy with x 1 UPSI |
| Days 1-8 and >16 of /28 cycle | 2-3% |

| LNG-EC within 96 hours | 2-3 in 100 women will become pregnant |
| UPA-EC within 120 hours | 1-2 in 100 women will become pregnant |
| Copper IUD up to 120 hours after UPSI / or ovulation | < 1 in 100 women will become pregnant |

### EMERGENCY CONTRACEPTION METHODS DISCUSSED

| ORAL | IUD |

### EC ISSUED

- **LNG-EC** (1.5mg single dose)
  - Batch No: 
  - Expiry date: 
  - No EC needed
  - Too late for EC
  - IUD this visit
  - Refer for IUD

- **LNG-EC** (3 mg as single dose) off licence but can give under PGD if UPA cannot be used and declines IUD
  - Batch No: 
  - Expiry date: 
  - Domperidone 10mg PGD

- **UPA**
  - Batch No: 
  - Expiry date: 

### ADVICE CHECKLIST

- Action if vomits within 3 hours
- May be light bleeding next few days - don’t count this as period
- Next period may be early or late
- Return if further UPSI
- Failure rate
- Do Pregnancy test in 3 weeks unless normal period
- No increased risk of fetal abnormality if any type of EC fails
- FPA EC leaflet offered

### INTENDED CONTRACEPTION

| DECLINED | POP | INJECTION |
| UNDECIDED | PATCH | IMPLANT |
| CONDOMS ONLY | COC | IUD/IUS |
| RING |

- After UPA EC
- Do not use pills /patch for 5 days. Use condoms /abstain for these 5 days. Can then restart pills/get injection/implant and abstain/use condoms for another 7 days (another 2 days if POP)

- After LNG EC
- Continue or quickstart any method except IUS/IUD and use condoms/abstain 7 days (2 days if POP)
- FPA leaflet/Clinic details
- Arrange IUS/IUD fit with next period or after 21 days no further UPSI + neg pregnancy test

### SEXUALLY TRANSMITTED INFECTION

- STI risk discussed
- 10 day window period for Chlamydia, GC
- 2 month window period for syphilis, HIV
- 6 months Hep B & C
- How to access STI tests
Female presents for emergency contraception (EC)

Is EC needed?

NO

Offer contraceptive

YES

First choice - offer Copper IUD first-line <1:100 pregnancy
- Up to 120 hrs after unprotected sexual intercourse (UPSI)
- Up to 5 days after predicted ovulation, e.g. day 19 of 28 cycle
- Up to day 13 of extended CHC free interval
- Can be used by any age/parity
- Not affected by weight/BMI or drugs
- Higher perforation rate if breast feeding 6:1000 versus 1:1000

Chooses Copper IUD?

YES

- Discuss IUD as proforma
- Arrange fitting – consider oral EC too in case fitting does not go ahead

NO

Any contraindications to EHC-Ulpiristal?
- Progestogen use in last 7 days – as EC/contraception or gynaecology prescription
- Enzyme inducing drugs last 28 days
- Acid reducing drugs - PPI last 7 days /ranitidine or antacids last 24 hours
- Current oral steroids for severe disease, e.g. asthma
- Breast feeding and not able to discard milk for 7 days

YES

EHC-Levonorgestrel (2-3/100 pregnancy)
- 1.5mg dose
- Unlicensed 1.5mg dose 72-96 hrs
- 3mg dose (2 tablets taken together) if used enzyme inducers in last 28 days OR if BMI >26kg/m² or weight >70kg

NO

Select best option from below

EHC-Ulpiristal 30mg dose (1-2/100 pregnancy)
Choose if:
- UPSI within 120 hours of ovulation, i.e. day 9-14 of 28 day cycle
- EHC-Ulpiristal in last 5 days
- BMI >26kg/m² or weight >70kg
- Willing to wait 5 days before starting hormonal contraception

EHC-Levonorgestrel 1.5mg (2-3/100 pregnancy)
Choose if:
- Lower risk of UPSI, i.e. day 1 to 8 or ≥15 of 28 day cycle
- Wishes to quick start hormonal contraception

Is EC needed?

NO

Offer contraceptive

YES

Choose from below

Any contraindication to EHC-Ulpiristal?
- Progestogen use in last 7 days – as EC/contraception or gynaecology prescription
- Enzyme inducing drugs last 28 days
- Acid reducing drugs - PPI last 7 days /ranitidine or antacids last 24 hours
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Is EC needed?

NO

Offer contraceptive

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Choose from below

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Offer contraceptive

YES

Choose from below

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EHC-Levonorgestrel 1.5mg (2-3/100 pregnancy)
Choose if:
- Lower risk of UPSI, i.e. day 1 to 8 or ≥15 of 28 day cycle
- Wishes to quick start hormonal contraception

Is EC needed?

NO

Offer contraceptive

YES

Choose from below
Emergency Contraception

Appendix 5

How to arrange supply from pharmacy/ A&E nurse

1/ Levonorgestrel EC up to 96 hours – PGD nurse or PGD pharmacy.

2/ Ulipristal EC up to 120 hours - licensed for use under PGD or pharmacy supply.

3/ Copper IUD

Some GP practices will be able to fit a postcoital IUD but the tight timescale may not fit in with room/IUD trained Doctor availability- need to check with her GP practice.

Moray

The referring nurse/pharmacist/A&E Doctor should page the on call gynaecology F2/GPST through ARI switchboard - give the patients clinical details in particular the deadline for IUD insertion.

The Gynae F2/GPST will liaise with the on call gynaecology consultant about time/place of fitting. This will usually be at the gynaecology clinic at Dr Gray’s Hospital.

The Dr Gray’s Sexual Health IUD clinic only runs x3 /month- probably won’t suit deadline. However check by calling SRH Health Village 0345 337 9900 – Moray women are welcome to travel to the Health Village

The Gynae F2/GPST will call the referrer back with arrangement details.

Aberdeen City/Aberdeenshire

The referring nurse/pharmacist can phone or ask the patient to phone the Sexual Health Services based in the Aberdeen Community Health Village, telephone number 0345 337 9900. The address is Aberdeen Community Health Village, 50 Frederick Street, Aberdeen AB25 5HY. Emergency IUDs are fitted by appointment Monday - Friday. The woman needs to know the deadline for IUD insertion.

Please photocopy the completed Grampian EC proforma and send with patient.

Supply oral EC too (if eligible under PGD) in case she does not actually attend for IUD.