NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Patient Group Direction For The Supply And/Or Administration Of Levonorgestrel (LNG-EC) 1500micrograms Tablet(s) For Emergency Contraception By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles

Lead Author: Adapted from CoSRH/SPS template PGD Supply And/Or Administration Of Levonorgestrel 1500micrograms Tablet(s) For Emergency Contraception, Version 3.0, Date Published - November 2025		**Approver:** NoS PGD Group **Authorisation:** NHS Grampian
Signature:		**Signature:**
NoS Identifier: NoS/PGD/LNG_EC/1762	**Review Date:** September 2028 **Expiry Date:** February 2029	**Date Approved by NoS:** Valid from 1st March 2026

NHS Grampian, Highland, Orkney, Shetland, Tayside and Western Isles have authorised this Patient Group Direction to help individuals by providing them with more convenient access to an efficient and clearly defined service within the NHS Boards. This Patient Group Direction cannot be used until Appendix 1 and 2 are completed.

Uncontrolled when printed

Version 3.0

Revision History for NoS:

NoS PGD that has been superseded	PGD supersedes NoS/PGD/LNG_EC/MGPG1349, Version 2	
Date of change	**Summary of Changes**	**Section heading**
January 2026	Change of layout and content in line with SPS template.	Throughout
January 2026	Title change in keeping with SPS template.	Throughout
January 2026	Reference to NoS Appendix 1 and 2.	Authorisation
January 2026	Changes reference to Appendix A throughout the document to Appendix 1 and 2.	Throughout
January 2026	Statement added nurses, midwives and pharmacists being registered by the NMC or GPhC.	Professional registration
January 2026	Removed SPS advised training and TURAS NoS PGD training link added. Addition of community pharmacist mandatory training requirements and nurse/midwife recommended training.	Initial Training
January 2026	Information regarding flow chart and EC proforma Appendix 3 and 4 added. Statement about capacity under the age of 13 and legislation added.	Criteria for inclusion
January 2026	Statement added regarding gender based violence.	Cautions including any relevant action to be taken
January 2026	Statement added regarding over labelled stock.	Legal category
January 2026	NICE Competency framework statement removed. Recommended training requirements in sexual health added.	Competency assessment
January 2026	Title change to include – Advice.	Advice/Follow-up treatment
January 2026	Added clinical systems utilised.	Records
January 2026	Additional references added.	References
January 2026	Appendix 3 to 6 added as per previous NoS PGD. Wording added to Appendix 6 – planned treatment.	Appendix

CoSRH/SPS Revision History:

Version and Date	Change details
Version 1 March 2020	New template.
Version 1.1 November 2020	Addition of acute porphyria to exclusion criteria.
Version 2.0 March 2023	Updated template (no clinical changes to expired V1).
Version 3.0 October 2025	Planned end of life review. Updated reference to FSRH to CoSRH. Minor rewording to align the EC PGDs content, and update terminology.

Review date: The review date for a PGD needs to be decided on a case-by-case basis in the interest of safety. The expiry date should not be more than 3 years, unless a change in national policy or update is required.

Authorisation

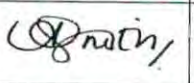
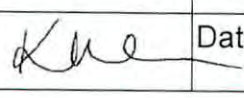
This specimen Patient Group Direction (PGD) template has been produced by the College of Sexual and Reproductive Health (CoSRH)/Specialist Pharmacy Service (SPS) and adapted by North of Scotland PGD Group (NoS) to assist NHS Boards. NHS Boards should ensure that the final PGD is considered and approved in line with local clinical governance arrangements for PGDs.

The qualified health professionals who may administer/supply medicines under this PGD can only do so as named individuals. It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with their own Code of Professional Conduct and to ensure familiarity with the manufacturer's product information/Summary of Product Characteristics (SmPC) for all medicines supply/administered in accordance with this PGD.

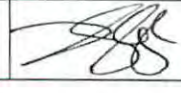
NHS Board governance arrangements will indicate how records of staff authorised to operate this PGD will be maintained. Under PGD legislation there can be no delegation. Administration/supply of the medicines has to be by the same practitioner who has assessed the patient under the PGD.

All authorised staff are required to read the PGD and sign the Agreement to Administer Medicines under PGD (Appendix 1).

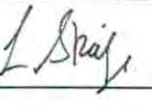
A Certificate of Authorisation (Appendix 2) signed by the authorising professional/manager should be supplied. This should be held in the individual health professional's records, or as agreed within the individual Health Board.

This PGD has been produced for NoS by:					
Doctor	Dr Dianna Reed	Signature		Date Signed	18/02/2026
Pharmacist	Alison Smith	Signature		Date Signed	18/02/2026
Nurse	Kimberley MacInnes	Signature		Date Signed	18/02/2026

Approved for use within NoS by:

NoS Group Chair	Signature	Date Signed
Lesley Coyle		18/02/2026

Authorised and executively signed for use within NoS by:

NHS Grampian Chief Executive	Signature	Date Signed
Laura Skaife-Knight		20/02/2026

Version 3.0 – Approved for NoS from 1st March 2026

PGD Development Group

Date PGD template comes into effect:	1st March 2026
Review date:	1st September 2028
Expiry date:	28th February 2029

This PGD template has been peer reviewed by the Reproductive Health PGDs Short Life Working Group in accordance with their Terms of Reference.

Note the working group and approving organisation(s) agreement to the content only applies to the national template and does not extend to any local adaptations made to any of the content which are solely the responsibility of the organisation authorising the PGD. The most up to date version of the template is available from the SPS national PGD template webpage.

This section must remain when a PGD is adopted by an organisation.

Name or Role	Position
Alison Crompton	Community pharmacist
Bola Sotubo	NHS North East London ICB pharmacist
Carmel Lloyd	Royal College of Midwives (RCM)
Dr Cindy Farmer	Senior Vice President, Professional Learning and Development, College of Sexual and Reproductive Healthcare (CoSRH)
Clare Livingstone	Royal College of Midwives (RCM)
Dipti Patel	Local authority pharmacist
Emma Anderson	Centre for Postgraduate Pharmacy Education (CPPE)
Heather Randle	Royal College of Nursing
Julia Hogan	Clinical Nurse Specialist
Kate Devonport	National Unplanned Pregnancy Association (NUPAS)
Kirsty Armstrong	National Pharmacy Integration Lead, NHS England
Lisa Knight	Community Health Services pharmacist
Michelle Jenkins	Clinical Nurse Specialist Sexual Health Blackpool Teaching Hospitals, and member of Courses and CPD Committee, College of Sexual and Reproductive Healthcare (CoSRH)
Portia Jackson	Lead Pharmacist iCaSH, Cambridgeshire Community Services
Rachel Logan	Senior Pharmacist, BPAS
Tanya Lane	CoSRH Registered Trainer MSI reproductive Choices
Jo Jenkins	Associate Director Medicines Governance, Medicines Use and Safety, Specialist Pharmacy Service

Name or Role	Position
Kieran Reynolds	Advanced Specialist Pharmacist - Medicines Governance, Specialist Pharmacy Service
Rosie Furner (Working Group Co-Ordinator)	Advanced Specialist Pharmacist, PGDs and Medicine Mechanisms, Specialist Pharmacy Service
Sandra Wolper	Out of Hospital Care Lead, Medicines Use and Safety, Specialist Pharmacy Service

Characteristics of staff

The decision to supply and/or administer any medicine rests with the individual registered practitioner who must abide by the PGD and any associated organisation policies.

Qualifications and professional registration	Registered nurses and midwives as recognised by the Nursing and Midwifery Council (NMC), and pharmacists whose name is currently on the register held by the General Pharmaceutical Council (GPhC).
Initial training	The registered HCP 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. Recommended requirement for training would be successful completion of a relevant sexual health module/course accredited or endorsed by the BASHH, CPPE, RCN or a university or as advised in the RCN Sexual Health Education directory. The healthcare professional has completed locally required training (including updates) in safeguarding children and vulnerable adults. **Additionally:** **Pharmacists** Community pharmacists **must** have completed the following TURAS e-learning and assessment packages and be able to provide evidence of this if requested to do so: • Sexual Health for Community Pharmacy : Emergency Contraception (EC) • Sexual Health for Community Pharmacy : Bridging Contraception (BC) • Responding to Rape and Sexual Assault in Community Pharmacies **Nurses and Midwives (Optional)** • Education & Training – The College of Sexual & Reproductive Healthcare

Competency assessment	Registered healthcare professionals (HCPs) operating under this PGD must be assessed as competent (see Appendix 2) or complete an appropriate self-declaration of competence for emergency contraception. Have undertaken NoS PGD module training on TURAS Learn. Recommended requirement for training would be successful completion of a relevant sexual health module/course accredited or endorsed by the BASHH, CPPE, RCN or a university or as advised in the RCN Sexual Health Education directory. The healthcare professional has completed locally required training (including updates) in safeguarding children and vulnerable adults.
Ongoing training and competency	Registered HCPs operating under this PGD are personally responsible for ensuring they remain up to date with the use of the medicine included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising staff to act under the PGD and further training provided as required.

Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	To reduce the risk of pregnancy after unprotected sexual intercourse (UPSI) or regular contraception has been compromised or used incorrectly.
Criteria for inclusion	**Follow the Flowchart for Oral Emergency Contraception (EC): LNG-EC Versus UPA-EC (Appendix 3). Ensure the EC Proforma is completed (Appendix 4)** • Any individual presenting for emergency contraception (EC) between 0 and 96 hours following UPSI or when regular contraception has been compromised or used incorrectly. • All individuals under the age of 19 years – follow local young person's risk assessment or equivalent local process. • An individual under 16 years of age may give consent for the supply and/or administration of Levonorgestrel 1500micrograms tablet, provided they understand fully the benefits and risks involved. The individual should be encouraged to involve a parent/guardian, if possible, in this decision. Where

	there is no parental involvement and the individual indicates that they wish to accept the supply, supply should proceed, if the healthcare professional deems the individual to have the legal capacity to consent. The Age of Legal Capacity (S) Act 1991, s2 (4) states that 'a person under the age of 16 years shall have legal capacity to consent on their own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending them, they are capable of understanding the nature and possible consequences of the procedure or treatment'. • No contraindications to the medication. • Informed consent given.
Criteria for exclusion	• Informed consent not given. • Individuals under 16 years old and assessed as lacking capacity to consent using the Fraser Guidelines. • Individuals 16 years of age and over and assessed as lacking capacity to consent. • This episode of UPSI occurred more than 96 hours ago. **Note:** 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. • Known pregnancy. **Note:** 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. • Less than 21 days after childbirth. • Less than 5 days after miscarriage, abortion, ectopic pregnancy or uterine evacuation for gestational trophoblastic disease (GTD). • Known hypersensitivity to the active ingredient or to any component of the product as detailed in the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website • Use of ulipristal acetate (UPA-EC) emergency contraception in the previous 5 days. • Acute porphyria.
Cautions including any relevant action to be taken	• 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.

	• UPA-EC can delay ovulation until closer to the time of ovulation than levonorgestrel (LNG-EC). Consider UPA-EC if the individual presents in the five days leading up to estimated day of ovulation. • LNG-EC is ineffective if taken after ovulation. • If individual vomits within three hours from ingestion, a repeat dose may be given. • Individuals using enzyme-inducing drugs/herbal products or within 4 weeks of stopping them - see dose frequency section. • Body Mass Index (BMI) >26kg/m^2 or weight >70kg – individuals should be advised that though oral EC methods may be safely used, a high BMI may reduce the effectiveness. A Cu-IUD should be recommended as the most effective method of EC. If LNG-EC is to be given see dosage section. • 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 LNG-EC 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. • If the individual is less than 16 years of age an assessment based on Fraser guidelines must be made and documented. • 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. • If the individual has not yet reached menarche consider onward referral for further assessment or investigation. • Any gender based violence, child protection and welfare issues should be referred through the appropriate channels.
Actions to be taken if the individual is excluded or declines treatment	• Explain the reasons for exclusion to the individual and document in the consultation record. • Record reason for decline in the consultation record. • 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.

Description of treatment

Name, form and strength of medicine	Levonorgestrel 1500micrograms tablet (**Note:** This is equivalent to 1.5mg levonorgestrel).
Legal category	P/POM In accordance with the MHRA all medicines supplied under a PGD must 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.
Route or method of administration	Oral
Off label use	Best practice advice given by College of Sexual and Reproductive Healthcare (CoSRH) is used for guidance in this PGD and may vary from the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website This PGD includes off-label use in the following conditions: • use between 72 and 96 hours post UPSI • consideration of increased dose for individuals with BMI over 26kg/m^2 or weight over 70kg • increased dose for individuals using liver enzyme inducing agents • individuals with previous salpingitis or ectopic pregnancy • severe hepatic impairment • galactose intolerance, total lactase deficiency, glucose-galactose malabsorption. Medicines should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions the local pharmacy or Medicines Management team must be consulted. Where medicines 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. Where a medicine 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 license.

Dose and frequency of administration	• Levonorgestrel 1500mcg (1 tablet) to be taken as soon as possible up to 96 hours after UPSI. **Dose for those individuals taking enzyme inducing medicines or herbal products:** • An individual who requests LNG-EC whilst using enzyme-inducing drugs, or within 4 weeks of stopping them, can be advised to take a total of 3mg levonorgestrel (two tablets of 1500mcg) as a single dose and within 96 hours of UPSI. **Note:** The effectiveness of this regimen is unknown. **Dose for those individuals with a body mass index of more than 26kg/m^2 or who weigh more than 70kg:** • An individual who requests LNG-EC with a body mass index of more than 26kg/m^2 or who weighs more than 70kg can be offered a total of 3mg LNG-EC (two tablets of 1500mcg) as a single dose and within 96 hours of UPSI. **Note:** The effectiveness of this regimen is unknown.
Quantity to be supplied	• Appropriately labelled pack of one tablet. • Two tablets can be supplied for individuals taking enzyme inducing drugs and/or individuals with a BMI of more than 26kg/m^2 or who weigh more than 70kg.
Duration of treatment	• A single dose is permitted under this PGD. • If vomiting occurs within 3 hours of LNG-EC being taken a repeat dose can be supplied under this PGD. • Repeated doses, as separate episodes of care, can be given within the same cycle. Please note: o If within 7 days of previous LNG-EC offer LNG-EC again (not UPA-EC) o If within 5 days of UPA-EC then offer UPA-EC again (not LNG-EC).
Storage	Medicines must be stored securely according to national guidelines and in accordance with the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website
Drug interactions	A detailed list of drug interactions is included in the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website or the BNF Refer also to CoSRH guidance on drug interactions with hormonal contraception

Identification and management of adverse reactions	A detailed list of adverse reactions is included in the Summary of Product Characteristics (SmPC) which can be accessed on the EMC website or the BNF The following side effects are common with LNG-EC (but may not reflect all reported side effects): • Nausea and vomiting are the most common side effects. • Headache, dizziness, fatigue, low abdominal pain and breast tenderness, diarrhoea. • The CoSRH advises that disruption to the menstrual cycle is possible following emergency contraception.
Management of and reporting procedures for adverse reactions	• Healthcare professionals and individuals/carers are encouraged to report suspected adverse reactions to the MHRA's Yellow Card Scheme • Record all adverse drug reactions (ADRs) in the individual's clinical record. • Report via organisation incident policy (include link and any further detail required).
Written information and further advice to be given to individual or carer	• 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. • Ensure that a patient information leaflet (PIL) is provided within the original pack. • If vomiting occurs within three hours of taking the dose, the individual should return for another dose. • Explain that menstrual disturbances can occur after the use of emergency hormonal contraception. • Provide advice on ongoing contraceptive methods, including how these can be accessed. • 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. • 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. • 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.

	• Promote the use of condoms to protect against sexually transmitted infections (STIs) and advise on the possible need for screening for STIs. • There is no evidence of harm if someone becomes pregnant in a cycle when they had used emergency hormonal contraception. • Advise to consult a pharmacist, nurse or doctor before taking any new medicines including those purchased.
Advice/Follow-up treatment	• The individual should be advised to seek medical advice in the event of an adverse reaction. • The individual should attend an appropriate health service provider if their period is delayed, absent or abnormal or if they are otherwise concerned. • Pregnancy test as required (see advice to individual above). • Individuals advised how to access on-going contraception and STI screening as required.
Records to be kept	• The consent of the individual and: o If individual is under 13 years of age record action taken o If individual is under 16 years of age document capacity using Fraser guidelines. If not competent record action taken o If individual over 16 years of age and not competent, record action taken • Name of individual, address, date of birth • GP contact details where appropriate • Relevant past and present medical history, including medication history. Examination finding where relevant, e.g. weight • Any known medication allergies • Name of registered health professional operating under the PGD • Name of medication supplied • Date of supply • Dose supplied • Quantity supplied including batch number and expiry date in line with local procedures • Advice given, including advice given if excluded or declines treatment • Details of any adverse drug reactions and actions taken • Advice given about the medication including side effects, benefits, and when and what to do if any concerns • Any referral arrangements made

	• Any supply outside the terms of the product marketing authorisation • Recorded that supplied via Patient Group Direction (PGD). Records should be signed and dated (or password controlled e-records) and securely kept for a defined period in line with local policy. All records should be clear, legible and contemporaneous. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy. Depending on the clinical setting where supply and/or administration is undertaken, the information should be recorded manually or electronically, in one (or more) of the following systems, as appropriate: • NaSH – Sexual Health Electronic Patient Record. • BadgerNet – Digital Maternity Notes. • HEPMA. • Individual's GP records if appropriate. • Individual service specific systems.

Key references (accessed August 2025)

- SmPC on EMC website
- Current edition of British National Formulary
- College of Sexual and Reproductive Health Clinical Guidance: Emergency Contraception - March 2017 (Amended July 2023)
- CoSRH CEU Statement Response to Edelman 2022 (August 2022)
- College of Sexual and Reproductive Health Drug Interactions with Hormonal Contraception – May 2022
- Royal Pharmaceutical Society Safe and Secure Handling of Medicines
- College of Sexual and Reproductive Health Clinical Guidance: Emergency Contraception - March 2017 (Amended July 2023)
- CoSRH CEU Statement Response to Edelman 2022 (August 2022)

NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Appendix 1 - Healthcare Professional Agreement to Supply/Administer Medicine(s) Under Patient Group Direction

I: _____ (Insert name)

Working within: _____ e.g. Area, Practice

Agree to supply/administer the medicine(s) contained within the following Patient Group Direction:

Patient Group Direction For The Supply And/Or Administration Of Levonorgestrel (LNG-EC) 1500micrograms Tablet(s) For Emergency Contraception By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles, Version 3.0

I have completed the appropriate training to my professional standards enabling me to supply/administer the medicine(s) under the above direction. I agree not to act beyond my professional competence, nor out with the recommendations of the direction.

Signed: _____

Print Name: _____

Date: _____

Profession: _____

Professional Registration number/PIN: _____

NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Appendix 2 - Healthcare Professionals Authorisation to Supply/Administer Medicine(s) Under Patient Group Direction

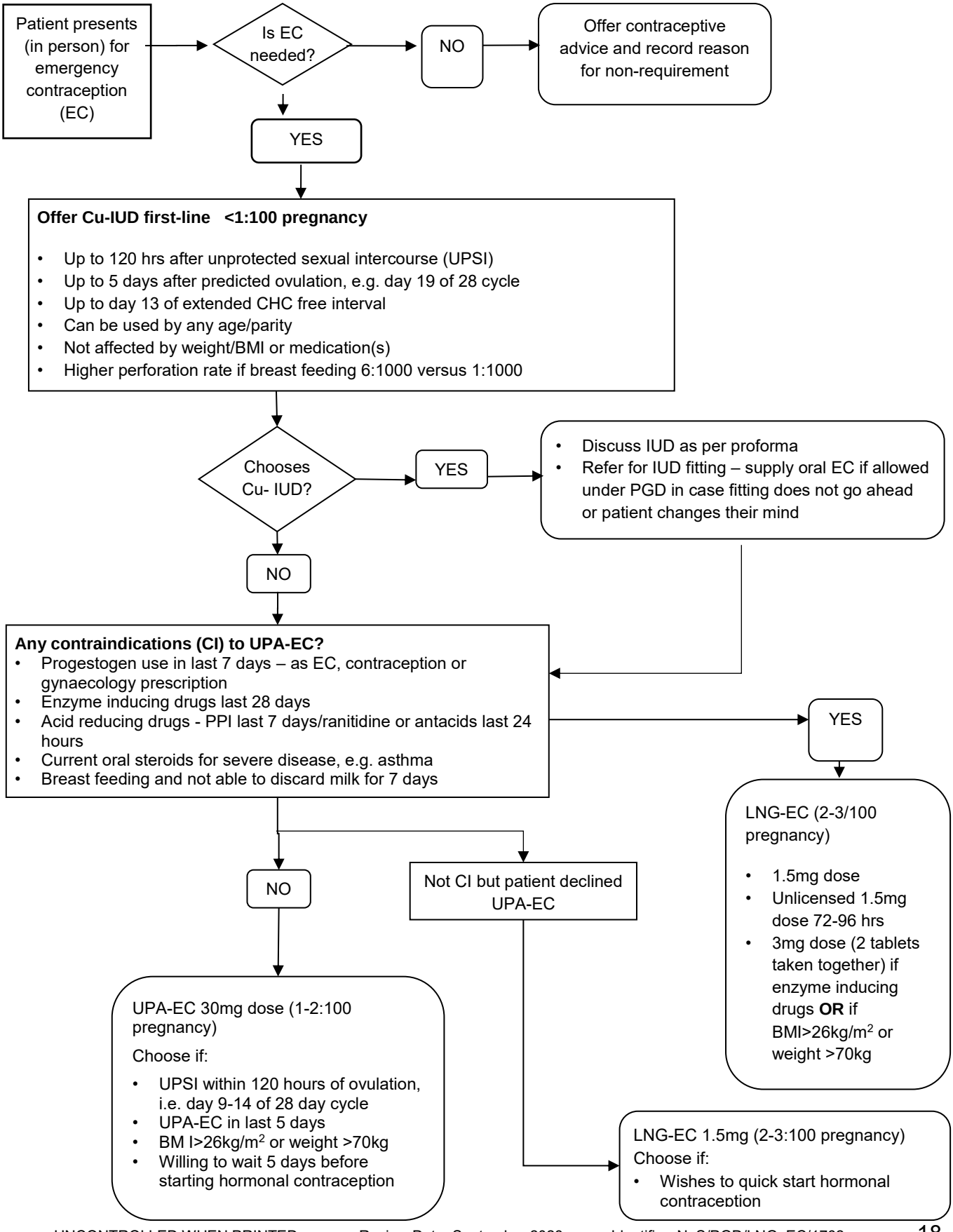
The Lead manager/Professional of each clinical area is responsible for maintaining records of all clinical areas where this PGD is in use, and to whom it has been disseminated.
The Senior Nurse/Professional who approves a healthcare professional to supply/administer the medicine(s) under this PGD is responsible for ensuring that they are competent, qualified and trained to do so, and for maintaining an up-to-date record of such approved persons.
The Healthcare Professional that is approved to supply/administer the medicine(s) under this PGD is responsible for ensuring that they understand and are qualified, trained and competent to undertake the duties required. The approved person is also responsible for ensuring that supply/administration is carried out within the terms of the direction, and according to their individual code of professional practice and conduct.
Patient Group Direction For The Supply And/Or Administration Of Levonorgestrel (LNG-EC) 1500micrograms Tablet(s) For Emergency Contraception By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles, Version 3.0
Local clinical area(s) where the listed healthcare professionals will operate under this PGD:

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

Patient Group Direction For The Supply And/Or Administration Of Levonorgestrel (LNG-EC) 1500micrograms Tablet(s) For Emergency Contraception By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles, Version 3.0

Name of Healthcare Professional	Signature	Date	Name of Manager	Signature	Date

Appendix 3 - Flowchart For Oral Emergency Contraception (EC): LNG-EC Versus UPA-EC



Appendix 4 - Emergency Contraception Proforma

This form is for use within Sexual Health Services (SHS) and in community pharmacies commissioned to provide EHC

Consultation Details

Healthcare Professional Name (PRINT):	Date of Consultation:
Client Name:	Date of Birth: Age:
Client under 16 years of age and assessed as competent under the Fraser Guidelines? Yes ☐ No ☐	
Client not competent or is under 13 years of age referral made to child protection as per local guidance Yes ☐ No ☐	

Circumstances Leading to EHC Request

UPSI
Time since UPSI? ☐ 12 hrs or less ☐ 12-24 hrs ☐ 24-48 hrs ☐ 49-72 hrs ☐ 72-120 hrs ☐ >120 hrs

Reason for UPSI (tick relevant)	
☐	No contraception used
☐	Oral contraceptive failure (indicate reason as below)
	☐ Severe diarrhoea
	☐ Severe vomiting
	☐ Missed pill(s)
☐	Barrier method failure
☐	Late contraceptive injection
☐	Other (please state below)
Was alcohol a contributing factor? Yes ☐ No ☐	

History	
Day 1 of last menstrual period (LMP) (if appropriate)	/ /
LMP regular?	Yes ☐ No ☐
Any other episodes of UPSI since last menstrual period?	Yes ☐ No ☐
If there has been other episode of UPSI was LNG-EC or UPA-EC taken since LMP?	LNG-EC ☐ UPA-EC ☐
Pregnancy test undertaken? (Test should be done if period is late, LMP unsure or LMP unusual) Refer to GP if positive.	Yes ☐ No ☐ Test: Positive ☐ Negative ☐
Are there any concerns in regard to abuse? (If yes refer to the appropriate service as per local guidelines)	Yes ☐ No ☐

Medical History	**Yes**	**No**	**Action/Information**
Allergy to UPA-EC or LNG-EC?			If yes advise Cu-IUD and refer for fitting. If declined refer to GP or Sexual Health Service (SHS).
Current unexplained vaginal bleeding?			If yes refer to GP or Sexual Health Service (SHS)
Previous vomiting with EC?			Advise to return for a repeat dose if vomiting occurs within 3 hours of LNG-EC/UPA-EC.
Progesterone or levonorgestrel in the last 7 days?			If yes UPA-EC less effective – advise Cu-IUD or use LNG-EC.
BMI >26kg/m^2 or >70kg in weight			If yes advise Cu-IUD (first line), UPA-EC if suitable or LNG-EC 3000microgram dose (unlicensed).
Currently breastfeeding?			Not affected by IUD or LNG-EC. Advise to discard breast milk for 7 days after UPA-EC use.
Given birth within the last 3 weeks?			If yes EC is not required. **Note:** Early pregnancy loss **does** require EC.
Severe asthma treated with oral glucocorticoids?			If yes UPA-EC not suitable, consider LNG-EC if UPSI is <96 hours or refer to GP or SHS if greater.
Severe malabsorption syndrome, e.g. Crohn's disease or severe diarrhoea?			If yes suggest Cu-IUD as LNG-EC and UPA-EC may be less effective.

Medical History	Yes	No	Action/Information
Porphyria?			If yes UPA-EC is not suitable – advise Cu-IUD or use LNG-EC.
Currently taking medicines that increase gastric pH?			UPA-EC will have a reduced effect if PPI taken in the last 7 days or H2 antagonist or antacid taken within the last 24 hours.
Currently taking enzyme inducing medication?			If yes UPA-EC is not suitable. The only licensed option is an IUD or consider LNG-EC 3000microgram dose (unlicensed).
Currently taking any interacting medicines? (See BNF Appendix1)			If yes refer to GP or SHS.

Counselling Checklist to be Discussed Prior to Treatment

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% risk of pregnancy with x 1 UPSI
LNG-EC within 96 hours	2-3 in 100 patients will become pregnant
UPA-EC within 120 hours	1-2 in 100 patients will become pregnant
Copper IUD up to 120 hours after UPSI / or ovulation	< 1 in 100 patients will become pregnant

☐	Cu-IUD discusses as most effective 1st line option.	☐	Mode of action, efficacy and failure rates (see above)
☐	Action if vomiting occurs within 3 hours.	☐	Explain any common side effects
☐	If EC fails there is no increased risk of fetal abnormality	☐	Next period may be late/early and light bleeding may occur over the next few days (not to be counted as a period)
☐	Return if there is a further episode of UPSI	☐	Read the PIL for the EC
☐	When to seek medical advice i.e. should severe abdominal pain occur	☐	If no normal menstrual period within 3 weeks take pregnancy test

For 13- 18 year olds or vulnerable adults (poor mental health, drugs or alcohol issues, GBV etc): individual consents to local SEXUAL HEALTH SERVICE being informed to arrange follow up (pregnancy test, STI screen or testing, further contraception discussion and supply)	Yes ☐ No ☐

Planned Treatment **Note:** Tick to confirm that Cu-IUD has been offered to client ☐

☐	Referred for Cu-IUD (please offer oral-EC today in addition to referral in case the Cu-IUD cannot be inserted or the woman changes her mind)	☐	Too late for any EC (Refer to GP or SHS)
☐	LNG-EC 1500microgram single dose under PGD Batch No: Expiry Date: / /	☐	UPA-EC 30mg single dose under PDG Batch No: Expiry Date: / /
☐	LNG-EC 3000microgram single dose under PGD (unlicensed) Batch No: Expiry Date: / /	☐	Too late for either UPA-EC or LNG-EC, but declines Cu-IUD (Refer to GP or SHS)
☐	No EC required		

Referral	Referred to Sexual Health Service ☐	Referred to Out of Hours Service ☐	Referred to GP ☐

STI Advice (when appropriate)

STI risk discussed	Yes ☐ No ☐
How/Where to access STI testing or treatment discussed	Yes ☐ No ☐
14 day window period for chlamydia, gonococcal and trichomoniasis swabs	Yes ☐ No ☐
3 month window period for syphilis, hepatitis B,C and HIV	Yes ☐ No ☐

Contraception Advice (when appropriate)		
Intended Contraception Discussed Yes ☐ No ☐ (Indicate as below if discussed)		
☐ Client declined/undecided	☐ POP	☐ RING
☐ Condoms only	☐ Patch	☐ Injection
☐ IUD	☐ COC	☐ Implant

Additional questions for 13- 15 year olds, or under 18 year olds in care to exclude child sexual abuse and exploitation. *A child protection concern is not an exclusion criteria for the PGD as the pregnancy risk might continue.*		
How old is the person or are the persons you are having sex with? If there is an age gap over 2 years (24 months) between the individual and the person(s) they have sexual contact with- **Follow local Health Board Child Protection Policies**		
Have you ever been made to do something sexual that you didn't want to do?	Yes ☐ No ☐	If the individual says yes – **Follow local Health Board Child Protection Policies**
Have you ever been made to feel scared or uncomfortable by the person/s you have been having sexual contact with?	Yes ☐ No ☐	If the individual says yes – **Follow local Health Board Child Protection Policies**
Has anyone ever given you something like gifts, money, drugs, alcohol or protection for sex?	Yes ☐ No ☐	If the individual says yes – **Follow local Health Board Child Protection Policies**

Consent			
Emergency hormonal contraception treatment risks have been fully explained to me and I agree to treatment. I have been informed of how my data will be stored and who will be able to access that information, as well as how it may be used.			
Client Signature		Date	
Healthcare Professional Supplying Signature		Date	

NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

Appendix 5

Medicines & Healthcare products Regulatory Agency

MHRA Regulating Medicines and Medical Devices

Levonorgestrel emergency contraception: important information for women taking other medicines

Some medicines, or herbal remedies that contain the ingredient St John's wort, might reduce how well levonorgestrel emergency contraception works.

What you need to do

Tell the doctor, pharmacist, or nurse if you are currently taking a medicine to treat any of the following, or you have used one in the past 4 weeks:

- epilepsy (eg, medicines called barbiturates, primidone, phenytoin, or carbamazepine)
- tuberculosis (eg, rifampicin, rifabutin)
- HIV (eg, ritonavir, efavirenz)
- a fungal infection (eg, griseofulvin)
- or if you have taken any herbal remedies that contain the ingredient St John's wort (scientific name *Hypericum perforatum*)

If you are taking any medicines or herbal remedies and are not sure if they might affect levonorgestrel emergency contraception check with your doctor, pharmacist, or nurse.

What happens now?

Your doctor, pharmacist or nurse will talk to you about whether this applies to medicines you have recently taken. If it does, you should either:

- see a doctor or nurse to have another type of emergency contraception called a copper intrauterine device or 'coil' inserted into the womb (this does not interfere with the action of other medicines);

or:

- take a double dose of levonorgestrel emergency contraception. The pharmacist will give you 2 packs, which should be taken together at the same time

Further information about levonorgestrel emergency contraception

Levonorgestrel is a hormonal type of emergency contraception. It can be used within 3 days (72 hours) after unprotected sex or failure of a usual contraceptive method.

Levonorgestrel emergency contraception may not prevent pregnancy every time. It works best the sooner it is taken—preferably within 12 hours.

Advice for women taking levonorgestrel emergency contraception:

- see your doctor or nurse for advice on effective ongoing contraception
- do a pregnancy test to ensure that you are not pregnant if your period does not come at the right time or if you suspect you could be pregnant
- if the test is positive and you are pregnant (even after taking levonorgestrel), see a doctor or nurse as soon as possible to ensure that you receive the best care
- read the leaflet that comes with levonorgestrel, which provides further information about this emergency contraception including any potential side effects
- if you think that you may have had a side effect after taking levonorgestrel, remember you can report it on a Yellow Card (https://yellowcard.mhra.gov.uk/)

Appendix 6

Notification To Local Sexual Health Service To Arrange Follow Up For Under 18 Year Old Patients And Vulnerable Adults After Supply Of EHC

This form is not suitable for urgent referrals of patients for the insertion of an EC IUD), oral EC but unsuitable for treatment via PGD or for the treatment of patients with symptomatic STIs. Please call your local Sexual Health Service to arrange any urgent appointment instead.

CONFIDENTIAL WHEN COMPLETED

Data protection confidentiality note: This message is intended only for the use of the patient or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

Sexual Health Service (name):	
Address	
The following patient has been supplied with oral EC today:	
Patient name	
Date of birth/CHI	
Patient address	
Postcode	
Mobile number	
Landline number	
Any additional requirements (Interpreter etc.):	
GP name	
GP practice address	

☐ The client is consenting to be contacted by the Sexual Health Service phone call/text (mobile)/ phone call (landline)/ by letter.

Please delete any mode of communication the patient is NOT consenting to.

Please arrange a follow up appointment for this patient at your clinic for:

- ☐ pregnancy testing
- ☐ contraceptive counselling
- ☐ contraception supply
- ☐ STI screening or testing
- ☐ other (please specify):

Additional relevant information (please tick which applicable and give details):

- ☐ Repeat unplanned pregnancies:
- ☐ Child(ren) in care:
- ☐ Learning disability:
- ☐ Gender-based violence:
- ☐ Drug misuse:
- ☐ Alcohol misuse:
- ☐ Mental health problems:
- ☐ Homelessness:
- ☐ Complex medical history, drug interactions or contraindications to contraception:
- ☐ Other:

Any other comment:

Other agencies involved:

Patient consent:

I give my permission to allow my healthcare provider to pass, to my local Sexual Health Service, details of this consultation and to arrange follow up within their service.

Patient signature	Date

This form should be sent (in paper form or electronically) to your local Sexual Health Service and a copy retained. Please discuss with your local Sexual Health Service about the quickest and safest way to do this.

Referring health care professional (name):

Referring health care professional (signature):

Job title:

Referring organisation/agency/ service:

Contact number:

E-mail:

Additional Information about confidentiality to patients requesting EC between 13 and 15:

“If you're between 13 to 15, you have the same rights to confidentiality as an adult and your health care provider won't tell your parents, or anyone else, as long as they believe that you fully understand the information and decisions involved. They'll encourage you to consider telling your parents or carers, but they won't make you.

Even if the health care provider feels that you're not able of making a decision yourself, the consultation will still be confidential. They won't tell anyone that you saw them, or anything about what you said.

The only time a health care provider might want to tell someone else is if they believe there is a risk to your safety or welfare, such as abuse, or to the safety of someone else. The risk would need to be serious, and they would usually discuss this with you first”.