



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

**For use by authorised community pharmacists working in a
pharmacy which is contracted by Hertfordshire County Council
to provide the service**

Version Number 1.0a

Reference number HCC202010

Change History	
Version	Change details
Version 1	New national template adopted from Specialist Pharmacy Services (SPS) by HCC with local changes
Version 1a	Appendix A (Registered Pharmacist Authorisation Sheet) amended so that a senior person with designated authority within the provider organisation can sign as authorising manager.

Reference Number: Levonorgestrel HCC202010

Valid from: 1st October 2020

Review date: September 2022

Expiry date: 28th February 2023

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 st October 2020
Review date	September 2022
Expiry date:	28 th 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.

Name	Designation
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)

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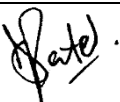
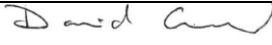
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Clare Livingstone	Royal College of Midwives (RCM)
Leanne Bobb	English HIV and Sexual Health Commissioners Group (EHSCHG)
Deborah Redknapp	English HIV and Sexual Health Commissioners Group (EHSCHG)
Dipti Patel	Local authority pharmacist
Emma Anderson	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 (Working Group Co-ordinator)	Specialist Pharmacist PGDs Specialist Pharmacy Service
Samrina Bhatti	Chief Pharmaceutical Officer's Clinical Fellow Specialist Pharmacy Service

ORGANISATIONAL AUTHORISATIONS

Name	Job title and organisation	Signature	Date
Senior Doctor	Linda Mercy Consultant in Public Health		17/09/2020
Senior pharmacist	Dipti Patel Pharmacy Lead, Essex County Council		17/09/2020
Chair of Hertfordshire Public Health Assurance and Governance Group	David Conrad Consultant in Public Health		17/09/2020

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Hertfordshire Sexual Health PGD Review Group 2020	
Senior Doctor	Linda Mercy
Senior Pharmacist	Dipti Patel
Representative of professional group using the PGD	Helen Musson
Community Pharmacist	Purvi Barchha
Chair of the PH AGG (Public Health Consultant):	David Conrad
Lead Nurse- Sexual Health Herts	Gillian Miles
Health Improvement Lead- Sexual Health	Rob Bacon

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1. Characteristics of staff

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Qualifications and professional registration	Registered healthcare professional listed in the legislation as able to practice under Patient Group Directions and working in premises that hold a public health contract with Hertfordshire County Council.
Initial training	<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>
Competency assessment	<ul style="list-style-type: none"> • Individuals operating under this PGD must be assessed as competent (see Appendix A) or complete a self-declaration of competence for emergency contraception. • Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions
Ongoing training and competency	<ul style="list-style-type: none"> • 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. • Organisational PGD and/or medication training as required by employing organisation.
Additional requirements	<ul style="list-style-type: none"> • The pharmacist must obtain a satisfactory Disclosure & Barring Check (DBS) with Adult & Child Workforce checks. The DBS can be obtained via the pharmacist's employer, an independent provider or Hertfordshire County Council. The DBS should be renewed every 3 years. • The LPC and Herts County Council strongly encourage Pharmacists that have received the updated DBS check from HCC, to then register for the update service online (https://www.gov.uk/dbs-update-service)
The decision to supply any medication rests with the individual registered health professional who must abide by the PGD and any associated organisational policies.	

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2. 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	<ul style="list-style-type: none"> • Females aged over 13 years and under 25 years who must be deemed to be Fraser competent and presenting for emergency contraception (EC) between 0 and 96 hours following UPSI or when regular contraception has been compromised or used incorrectly. • No contraindications to the medication. • Informed consent given.
Criteria for exclusion	<ul style="list-style-type: none"> • 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. 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. • 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). • 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 - see Summary of Product Characteristics • Use of ulipristal acetate emergency contraception in the previous 5 days.

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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.
- 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.
- Levonorgestrel 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) $>26\text{kg/m}^2$ or weight $>70\text{kg}$ – 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 levonorgestrel 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 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.
- 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 (Appendix C)
- If you have concerns regarding an adult who is being abused or neglected, call 0300 123 4042 (open 24 hours a day). For more information visit:
<https://www.hertfordshire.gov.uk/services/adult-social-services/report-a-concern-about-an-adult/professionals-request-social-care/professionals-make-an-social-care-referral.aspx>

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	<ul style="list-style-type: none"> • If the individual has not yet reached menarche consider immediate onward referral for further assessment or investigation to their GP or Sexual Health Hertfordshire Service (SHH) call 0300 008 5522.
<p>Action to be taken if the individual is excluded or declines treatment</p>	<ul style="list-style-type: none"> • Explain the reasons for exclusion to the individual and document in the consultation record (Hertfordshire County Council's Database System (PharmOutcomes)) • Record reason for decline in the consultation record. • Offer suitable alternative emergency contraception or refer the individual as soon as possible to a Sexual Health Hertfordshire clinic or GP if appropriate and/or provide them with information about further options. • Client should be advised of the risk of pregnancy and advised to test for pregnancy via a home test kit or to visit their GP or Sexual Health Hertfordshire Service (SHH) call 0300 008 5522
<p>Additional guidance for client under 16 years of age</p>	<ul style="list-style-type: none"> • Pharmacists will have the same duty of care regardless of client's age. • Pharmacist is able to provide contraceptive, sexual, and reproductive health advice and treatment, without parental knowledge or consent, to young persons over 13 years and under 16 years, provided that: <ul style="list-style-type: none"> ○ Client understands the advice provided and its implications. ○ The young person may be advised to talk to their parents, but must not be persuaded to tell their parents, or persuaded to allow the pharmacist to tell their parents that they are seeking contraceptive advice. ○ The young person is likely to begin or continue having unprotected sex with or without contraceptive treatment. ○ Her physical or mental health would otherwise be likely to suffer and so provision of advice or treatment is in their best interest. • Health professionals who do not offer contraceptive services to under 16s should ensure that alternative arrangements are in place for them to be seen urgently elsewhere. • All services providing contraceptive advice and treatment to young people should have a confidentiality policy making clear that under 16s have the same right to confidentiality as an adult considering Fraser guidelines and safeguarding.

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3. Description of treatment

Name, strength & formulation of drug	Levonorgestrel 1500 micrograms tablet (N.B. this is equivalent to 1.5mg levonorgestrel)
Legal category	P/POM
Route of administration	Oral
Off label use	<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 Summary of Product Characteristics (SPC).</p> <p>This PGD includes off-label use in the following conditions</p> <ul style="list-style-type: none"> ○ Use between 72 and 96 hours post UPSI ○ Increased dose for individuals with BMI over 26kg/m² or weight over 70kg and in individuals using liver enzyme inducing agent ○ Severe hepatic impairment ○ Individuals with previous salpingitis or ectopic pregnancy ○ Lapp-lactase deficiency ○ Hereditary problems of galactose intolerance ○ Glucose-galactose malabsorption <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>
Dose and frequency of administration	<ul style="list-style-type: none"> • Levonorgestrel 1500mcg (1 tablet) to be taken as soon as possible up to 96 hours of UPSI. • Dose for those individuals taking enzyme inducing medicines

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	<p>or herbal products: An individual who requests levonorgestrel whilst using enzyme-inducing drugs, or within 4 weeks of stopping them, can be advised to take a total of 3mg levonorgestrel (two 1500mcg tablets) as a single dose and within 96 hours of UPSI.</p> <ul style="list-style-type: none"> • Dose for those individuals with a body mass index of more than 26kg/m² or who weigh more than 70kg: An individual who requests levonorgestrel with a body mass index of more than 26kg/m² or who weighs more than 70kg can be offered a total of 3mg levonorgestrel (two 1500mcg tablets) as a single dose and within 96 hours of UPSI.
Duration of treatment	<ul style="list-style-type: none"> • A single dose is permitted under this PGD. • If vomiting occurs within 3 hours of levonorgestrel being taken a repeat dose can be supplied under this PGD. • Repeated doses can be given within the same cycle. Please note: <ul style="list-style-type: none"> ○ If within 7 days of previous levonorgestrel offer levonorgestrel again (not ulipristal) ○ If within 5 days of ulipristal then offer ulipristal again (not levonorgestrel)
Quantity to be supplied	<ul style="list-style-type: none"> • 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/m² or who weigh more than 70kg. The pharmacist should make every effort to ascertain an accurate BMI for the client if the appropriate facilities i.e. scales are available to ensure the appropriate dose is given to the client. • An additional dose of one tablet may be supplied as detailed above if vomiting occurs within 3 hours of taking the first dose and still within 96 hours of UPSI.
Storage	Medicines must be stored securely according to national guidelines and in accordance with the product SPC.
Drug interactions	A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk or the BNF www.bnf.org
Identification & management of adverse reactions	A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk and BNF www.bnf.org

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	<p>The following side effects are common with levonorgestrel (but may not reflect all reported side effects):</p> <ul style="list-style-type: none"> • Nausea and vomiting are the most common side effects. • Headache, dizziness, fatigue, low abdominal pain and breast tenderness, diarrhoea. • 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
<p>Management of and reporting procedure for adverse reactions</p>	<ul style="list-style-type: none"> • 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: http://yellowcard.mhra.gov.uk • Record all adverse drug reactions (ADRs) in the individual's medical record. • Report any adverse reactions via organisation incident policy. • Report to Hertfordshire County Council via PHinvoices@hertfordshire.gov.uk
<p>Written information and further advice to be provided</p>	<ul style="list-style-type: none"> • 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. Online information can be accessed from www.hertfordshire.gov.uk/contraception • 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.

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	<ul style="list-style-type: none"> • 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.
Advice/follow up treatment	<ul style="list-style-type: none"> • 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. For more information visit www.hertfordshire.gov.uk/contraception
Records	<ul style="list-style-type: none"> • Records should be signed and dated (or a 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 • PharmOutcomes should be used in the first instance, if not readily available then the pharmacy is able to use paper proformas • The paper copy should be kept in the pharmacy according to the record keeping procedures. The details should be added on to PharmOutcomes as soon as possible and then the paper copy shredded immediately and treated as confidential waste.

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	<ul style="list-style-type: none"> • The PharmOutcomes record will act as the record retained by the Pharmacy for 8 years (adults) or until the 25th birthday in a child (age 26 if entry made when the person was 17) <p><i>In discussion with the patient enter treatment details onto PharmOutcomes to ensure payment within 10 days of the consultation date.</i></p> <p>Record:</p> <ul style="list-style-type: none"> • The consent of the individual and <ul style="list-style-type: none"> ○ If individual is under 13 years of age record action taken ○ If individual is under 16 years of age document capacity using Fraser guidelines. If not competent record action taken. ○ If individual over 16 years of age and not competent, record action taken • Name of individual, postcode, 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 drug allergies • Name of registered health professional operating under the PGD • Name of medication supplied • Date of supply • Dose supplied • Quantity supplied • 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
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	<p>authorisation</p> <ul style="list-style-type: none"> Recorded that supplied via Patient Group Direction (PGD)
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4. Key references

<p>Key references (accessed December 2019)</p>	<ul style="list-style-type: none"> Electronic Medicines Compendium http://www.medicines.org.uk/ Electronic BNF https://bnf.nice.org.uk/ NICE Medicines practice guideline “Patient Group Directions” https://www.nice.org.uk/guidance/mpg2 Faculty of Sexual and Reproductive Health Clinical Guidance: Emergency Contraception - December 2017 Updated December 2018 https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/emergency-contraception/ Faculty of Sexual and Reproductive Health Drug Interactions with Hormonal Contraception - November 2017 https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/drug-interactions/ Royal Pharmaceutical Society Safe and Secure Handling of Medicines December 2018 https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines
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APPENDIX A - Registered Pharmacist Authorisation Sheet

PGD HCC 2020 10 - Levonorgestrel Emergency Contraception

Valid from: 1st October, 2020

Expiry: 28th February, 2023

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

Registered Pharmacist

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.

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.			
Name	Designation	Signature	Date

Authorising manager

I confirm that the registered pharmacists named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of:			
Pharmacy name			
F Code:.....			
for the above named pharmacists who have signed the PGD to work under it.			
Name	Designation	Signature	Date

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

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The patient group direction is to be read, agreed and signed by each registered pharmacist it applies to. One copy should be given to each participating Pharmacist. The original signed copy should be retained and be easily available within the Community Pharmacy.

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APPENDIX B

Emergency Contraception (Levonorgestrel)

Assessment and Supply Form AS1

This data needs to be entered onto PharmOutcomes as soon as possible and should be no later than 10 days after the consultation, in order to secure payment.

CONSULTATION /SERVICE USER DETAILS			
Service Username		Address (first half + first digit)	
Age or DOB <i>(enter as DD-MM-YYYY)</i>		Confidentiality explained Y/N <i>(do not proceed if this is no)</i>	
Height		Weight	BMI
Pharmacist should make every effort to ascertain an accurate BMI if the appropriate facilities i.e. scales are available to ensure the appropriate dose is given			
Consent to follow up <input type="checkbox"/>			
Contact Details			
Ethnicity			
Consultation Date	Time	Pharmacy Stamp or Pharmacy Name & Address	Pharmacist
Child Sexual Exploitation (CSE) Checklist for Under 18s			
CSE considered <i>Please consider the following checklist</i>		Y/N....	

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<p><i>of possible signs of CSE:</i></p> <ul style="list-style-type: none"> • <i>Under the Influence of Alcohol</i> • <i>Under the influence of drugs</i> • <i>Signs of self-harm</i> • <i>Signs of physical injury</i> • <i>Distrust of authority figures</i> • <i>Inappropriate / Harmful sexual behaviour or pregnancy</i> • <i>Looking concerned or frightened in the company of adults</i> • <i>Repeat Clients –</i> <p><i>Provision of EHC</i></p> <ul style="list-style-type: none"> • <i>Disclosure e.g. of Abuse</i> • <i>Older Boyfriend/Girlfriend Relationship</i> 	
Safeguarding concerns	Y/N..... <i>If yes refer to safeguarding information</i>
Cycle Information	
Is the client having periods	Y/N.....
Pregnancy Suspected	Y/N.....
First day of LMP	
Cycle Length	
Pregnancy Suspected	Y/N <i>(Refer to Sexual Health Services or GP if the answer is yes)</i>
Time since unprotected sexual intercourse (UPSI)	<input type="checkbox"/> <24 hours <input type="checkbox"/> 24-48 hours <input type="checkbox"/> 48-96 hours <input type="checkbox"/> 96-120 hours Consider Ulipristal <input type="checkbox"/> >120 hours <i>Refer to Sexual Health Services, or GP complete details below)</i>
Client Referred	

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Referral Information		
Criteria for Inclusion for EHC		
Reason for Request	<input type="checkbox"/> No contraception <input type="checkbox"/> Missed pill Missed pill advice given Y/N <input type="checkbox"/> Condom Failure <input type="checkbox"/> Vomiting/Diarrhoea <input type="checkbox"/> Antibiotic/Drug Therapy <input type="checkbox"/> Other <i>please specify</i>	
Emergency Contraception Options		
All options for EHC discussed (tick to indicate discussion)		<input type="checkbox"/> EHC <input type="checkbox"/> IUCD
Consent for Treatment Y/N		
<i>If no do not proceed any further and indicate reason for not consenting</i>		
Criteria for Referral (Exclusion) for EHC	Yes (refer)	No
<i>Do any of the following apply?</i>		
UPSI occurred more than 96 hours ago <i>(Refer to Ulipristal PGD, Sexual Health Services or GP if over 96 hours since earliest UPSI in cycle – complete details below)</i>		
No consent		
Client already received TWO supplies of EHC in current cycle		
Pregnant or likely to be pregnant		
Knowingly supplying to a third party		
Last period abnormal or more than 5 days late		
Less than 21 days postpartum		
Known hypersensitivity to Levonorgestrel or Excipients		
Client has taken Ulipristal acetate within the previous 5 days <i>Can result in</i>		

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<i>reduced effectiveness LNG - refer to Sexual Health Clinic</i>		
Acute active porphyria		
Severe malabsorption syndrome		
Unexplained vaginal bleeding		
Fulfils any of the other exclusion criteria listed in the PGD		
<i>If you have answered yes to any of the above question, advise to see (as soon as possible) GP or doctor at Family planning clinic or out of hours doctor service</i>		N/A
Choice of EHC		
Taking any other medications	Y/N... If yes is the client taking liver enzyme inducers? Y/N If so a double dose must be supplied - see PGD for list of medicines.	

Counselling/Actions <i>Discuss the following</i>	
<input type="checkbox"/> Explain treatment - Mode of action etc. <input type="checkbox"/> Explain that this treatment will have no effect on previous UPSI in cycle <input type="checkbox"/> Effectiveness including failure rate <input type="checkbox"/> Side effects - nausea, breast tenderness, cycle disruption etc. <input type="checkbox"/> If more than one use in cycle period may be affected <input type="checkbox"/> Action if vomits within 3 hours <i>Repeat dose provided within 96-hour limit if not refer as per PGD</i> <input type="checkbox"/> Action if next period late or abnormal <i>Pregnancy test and seek medical advice</i> <input type="checkbox"/> If pregnancy results advise client to contact Sexual Health Hertfordshire <input type="checkbox"/> Seek medical advice if client experiences lower abdominal pain <i>indicative of ectopic pregnancy</i> <input type="checkbox"/> Stress the need for the use of a reliable method of contraception <i>Signpost into local services</i> <input type="checkbox"/> Discuss STI risk and condom use <input type="checkbox"/> Breast feeding mothers should be advised of excretion in breast milk <i>advise to leave a gap after taking before next feed</i>	

Reference Number: Levonorgestrel HCC202010

Valid from: 1st October 2020

Review date: September 2022

Expiry date: 28th February 2023

EHC is an occasional method
This should not replace regular contraception

Leaflets supplied

No evidence to suggest risk of teratogenicity
Should EHC fail and woman becomes pregnant

Chlamydia and Gonorrhoea Screening	
Chlamydia and Gonorrhoea screen kit supplied? All clients accessing this service should be advised to complete a Chlamydia and Gonorrhoea screen.	Y/N..... If no, please state reason: <input type="checkbox"/> No change of sexual partner <input type="checkbox"/> Other
Referral necessary? Y/N.....	If yes please enter referral information:

How did the Service User hear about the scheme? (Please tick all that apply)

Used scheme before	<input type="checkbox"/>	Family Planning Clinic/Sexual Health Clinic	<input type="checkbox"/>
Friend	<input type="checkbox"/>	School/College	<input type="checkbox"/>
Another Pharmacy	<input type="checkbox"/>	GP	<input type="checkbox"/>
Walked in	<input type="checkbox"/>	Other – please specify	<input type="checkbox"/>

Condom supplied	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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This form should be securely retained in the pharmacy for 6 months after the consultation after which time it should be shredded / treated as confidential waste. Please do not send this form to Hertfordshire County Council.

Reference Number: Levonorgestrel HCC202010

Valid from: 1st October 2020

Review date: September 2022

Expiry date: 28th February 2023

The PharmOutcomes record will act as the record retained by the Pharmacy for 8 years (adults) or until 25th birthday in a child (age 26 if entry made when person was 17).

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Valid from: 1st October 2020

Review date: September 2022

Expiry date: 28th February 2023

Recognise, Respond and Refer

Children have a right to be cared for and protected and protecting them is everyone's responsibility



If you know of a child who is being neglected or abused – it's simple...



Design ref: 076348

Children have a right to be cared for and protected and protecting them is everyone's responsibility

Safeguarding Children

