



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU

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. Healthcare professionals should always access the PGD via the PTHB internet to ensure that they are always working to the most up to date version

Patient Group Direction

supply and/or administration of

levonorgestrel 1500 micrograms (1.5mg) tablet(s)

for **emergency contraception**

in Powys Teaching Health Board (PTHB)

by **Registered Nurses** or **Midwives**

Version number: **PGD 0033G**

Change history

Version number	Change details	Date
PGD0018-A & PGD0019-A	Initial review – updating to LHB and amending to new licensed dose	06/02/04
PGD0018-B & PGD0019-B	Update of document including change of product to Levonelle 1500	15/02/06
PGD0033	Initial issue – Amendment of PGD0018-B and PGD-0019-B to include patients over 13 years of age	18/08/06
PGD0033-A	Review and update- removal of forms and pathway from the PGD	01/02/16
PGD0033-B	Amendment of document – change of product description, to Levonorgestrel 1500	01/04/14
PGD0033-C	Amendment Issue	01/04/15
PGD0033-D	Review Issue	30/08/19
PGD0033-E	Review Issue to include SPS PGD template adoption. Minor formatting change, updated safeguarding information.	27/07/22
PGD0033-F	Review issue in line with SPS template version 2.0. Amended to cover supply or administration.	01/02/23
PGD 0033 G	Updated according to SPS template version number 3.0: Planned end of life review. Updated reference to FSRH to CoSRH. Minor rewording to align the EC PGDs content, and update terminology. Minor formatting change for consistency with other PTHB PGDs.	01/02/26

Reference number: PGD 0033G

Valid from: 01/02/2026

Review date: 01/09/2028

Expiry date: 31/01/2029

This Powys Teaching Health Board (PTHB) PGD is based on template v3.0 developed on behalf of the Specialist Pharmacy Service (SPS), which had been peer reviewed by the Reproductive Health PGDs Short Life Working Group in accordance with their Terms of Reference. The template has been adapted for use in Powys Teaching Health Board.

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](#).

NOTE

This Patient Group Direction is intended for use by NHS-commissioned services only.

It is recognised by the short life working group who developed the PGD template on behalf of the SPS that levonorgestrel for emergency contraception is a Pharmacy only (P) medicine and as such can be purchased from a registered pharmacy premises and as such individuals could be directed to purchase this preparation rather than it be supplied under a PGD. However, it was recognised that many services are commissioned to provide the medication required by the condition guidelines at the time of the consultation which includes P medicines.

Reference number: PGD 0033G
Valid from: 01/02/2026
Review date: 01/09/2028
Expiry date: 31/01/2029

Acknowledgements:

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
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



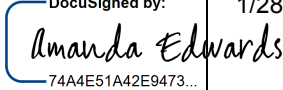

Reference number: PGD 0033G

Valid from: 01/02/2026

Review date: 01/09/2028

Expiry date: 31/01/2029

PGD authorisation

Name	Job title and organisation	Signature	Date
Senior Doctor Dr Kate Wright	Lead Doctor for PTHB	 1F267952823F473...	1/14/2026
Chief Pharmacist Jonathan Boyd	Chief Pharmacist for PTHB	 6D8ECFE8C9EB423...	1/16/2026
Clinical Governance Lead Amanda Edwards	Clinical Governance Lead for PTHB- Assistant Director for Innovation and Improvement	 74A4E51A42E9473...	1/28/2026
Senior Representative of Professional Group using the PGD Paul Hooton	Executive Director of Nursing and Midwifery for PTHB	 EEABC83AC83F4B9...	1/22/2026

[Appendix A](#) provides a staff accreditation sheet. Individual practitioners must be authorised by name to work to this PGD. Those using this PGD must ensure that it is organisationally authorised and signed by an appropriate authorising person, relating to the class of person by whom the product is to be supplied, in accordance with Human Medicines Regulations 2012 (HMR2012)¹. **The PGD is not legal or valid without signed authorisation in accordance with [HMR2012 Schedule 16 Part 2](#).**

The final authorised copy of this PGD should be kept by PTHB for 25 years after the PGD expires.

¹ This includes any relevant amendments to legislation
Reference number: PGD 0033G
Valid from: 01/02/2026
Review date: 01/09/2028
Expiry date: 31/01/2029

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.

<p>Qualifications and professional registration</p>	<p>Current contract of employment with Powys Teaching Health Board and be working in MIUs, School Nursing, Health Visiting, Midwifery, or providing Sexual Health Services. Practitioners must only work under this PGD where they are competent to do so.</p> <p>Practitioners working under this PGD must also be a registered healthcare professional (HCP) listed in The Human Medicines Regulation 2012, Schedule 16 Part 4 legislation as able to practice under Patient Group Directions, registered with the following body:</p> <ul style="list-style-type: none"> nurses and midwives currently registered with the Nursing and Midwifery Council (NMC) <p>Practitioners must also fulfil the additional requirements detailed below.</p> <p>Check Appendix A: Staff accredited to use the Patient Group Direction to confirm whether all practitioners listed above have organisational authorisation to work under this PGD.</p>
<p>Initial training</p>	<p>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.</p> <p>Suggested requirement for training would be successful completion of a relevant contraception module/course accredited or endorsed by the CoSRH (sign in with your Athens account, then search for Emergency Contraception), HEIW, or a university or as advised in the RCN training directory.</p> <p>The registered HCP has undertaken appropriate training for working under PGDs for the supply and administration of medicines. Recommended training -</p>

Reference number: PGD 0033G
 Valid from: 01/02/2026
 Review date: 01/09/2028
 Expiry date: 31/01/2029

	<p>eLfh PGD elearning programme, PTHB staff to access via ESR.</p> <p>The registered HCP has completed training and is up to date with at least level 2 safeguarding or the equivalent for safeguarding children and vulnerable adults, as applicable to the role.</p> <p>Additionally, practitioners:</p> <ul style="list-style-type: none"> • must be competent in the use of PGDs (see NICE Competency framework for health professionals using patient group directions) • must have knowledge of the uses of levonorgestrel, be familiar with its contraindications and adverse effects, and be alert to changes in the BNF and Summary of Product Characteristics • must have undertaken training appropriate to this PGD as required by local policy • must have access to the PGD and associated online resources • must be competent to assess an individual’s capacity to understand the nature and purpose of the treatment and capacity to give or refuse consent to treatment • should fulfil any additional requirements defined by local policy • must be competent in the recognition, management and reporting of recognised adverse reactions, including anaphylaxis. Must be competent in the administration of adrenaline 1 in 1000, and have up to date Basic Life Support /Intermediate Life Support skills as applicable to the role <p>THE PRACTITIONER MUST BE AUTHORISED BY NAME, AS AN APPROVED PRACTITIONER, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.</p>
<p>Competency assessment</p>	<p>Registered healthcare professionals (HCPs) operating under this PGD must be assessed as competent (see Appendix A). The HCP must complete an appropriate self-declaration of competence for emergency contraception in their Personal Appraisal and Development Review (PADR) – the personal development plan (yellow) section of the PADR booklet should be used</p>

Reference number: PGD 0033G
 Valid from: 01/02/2026
 Review date: 01/09/2028
 Expiry date: 31/01/2029

	<p>to record completion of Statutory and Mandatory training, including annual PGD e-learning.</p> <p>Registered HCPs operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health professionals using patient group directions.</p> <p>Practitioners must be competent, recognise their own limitations and personal accountability and act accordingly.</p>
<p>Ongoing training and competency</p>	<p>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.</p> <p>Organisational PGD and/or medication training as required by PTHB: annual PGD training- evidence of ongoing PGD training to be submitted to line manager annually- this should include an annual completion certificate of PGD e-learning or a dated screenshot of the PGD e-learning assessment results as proof of completion.</p> <p>Updating at least every 2 years on the use of levonorgestrel 1500microgram.</p> <p>Registered HCPs must ensure they are up to date with relevant issues and clinical skills, management of anaphylaxis and Life Support Skills (Basic/Intermediate Life Support as applicable to the role).</p> <p>Appropriate Continued Professional Development (CPD) must be maintained and made available on request.</p> <p>Compliance with all mandatory NHS training including safeguarding at level relevant to the role.</p> <p>It is the responsibility of the healthcare professional to maintain their own competency to practice within this PGD.</p>

Reference number: PGD 0033G
 Valid from: 01/02/2026
 Review date: 01/09/2028
 Expiry date: 31/01/2029

Clinical condition or situation to which this PGD applies

<p>Clinical condition or situation to which this PGD applies</p>	<p>To reduce the risk of pregnancy after unprotected sexual intercourse (UPSI) or regular contraception has been compromised or used incorrectly.</p> <p>It is the responsibility of the supplying or administering healthcare professional to ensure that the individual is within the inclusion criteria, and that there are no reasons for exclusion before proceeding with the treatment. If there is any reason for concern, seek medical advice.</p>
<p>Criteria for inclusion</p>	<ul style="list-style-type: none"> • The individual is 13 years of age or over. • Any individual 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. • Medical and drug history taken, no reason for exclusion. • Informed consent given by the individual or a person legally able to act on the person’s behalf. The patient information leaflet should be available to inform consent. 13, 14 and 15 year-olds are included provided they meet the criteria of the Fraser Guidelines on consent to medical treatment. NB Refer to PTHB Consent to Treatment and Examination Policy. <p>The CoSRH decision-making algorithm for Oral Emergency contraception can be found in Appendix B.</p> <p>The CoSRH decision-making algorithm for Emergency Contraception (EC): Copper Intrauterine Device (Cu-IUD) vs Oral EC can be found in Appendix C.</p> <p>Any vulnerable adult or child protection concerns should be referred to Safeguarding and PTHB safeguarding policies followed, where appropriate. Where there are safeguarding concerns (Child Protection or Protection of Vulnerable Adults, POVA) advice from the local Safeguarding team should be sought (see below).</p>
<p>Criteria for exclusion</p>	<ul style="list-style-type: none"> • Informed consent not given. Individuals for whom valid consent, or ‘best-interests’ decision, in

Reference number: PGD 0033G
 Valid from: 01/02/2026
 Review date: 01/09/2028
 Expiry date: 31/01/2029

	<p>accordance with the Mental Capacity Act 2005, has not been obtained or received.</p> <ul style="list-style-type: none"> • Individuals under 13 years old. If an individual is aged under 13 years, a referral to social services should be made in line with the Child Protection Procedures of the Health Board, and the healthcare professional should speak to local safeguarding lead and follow the local safeguarding policy. • Individuals 13, 14 or 15 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 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 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. • Conditions outside of the clinical situations criteria. <p>Refer to section "actions to be taken if the individual is excluded or declines treatment"</p>
<p>Cautions including any relevant action to be taken</p>	<ul style="list-style-type: none"> • 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, and cannot be fitted immediately, refer to the appropriate health service provider. Supply oral EC (with instructions to take levonorgestrel within 96

Reference number: PGD 0033G
 Valid from: 01/02/2026
 Review date: 01/09/2028
 Expiry date: 31/01/2029

	<p>hours of UPSI if Cu-IUD insertion is delayed, not possible, or the individual changes her mind).</p> <ul style="list-style-type: none"> • UPA-EC can delay ovulation until closer to the time of ovulation than levonorgestrel (LNG-EC). Consider UPA-EC (see ulipristal acetate PGD0090) 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 under this PGD, provided individual is still within 96 hours of UPSI. • Check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic products. See interactions section for further details. • Individuals using enzyme-inducing drugs/herbal products or within 4 weeks of stopping them - see dose and frequency section. Refer to drug interactions section for further information. • Body Mass Index (BMI) >26kg/m² or weight >70kg – individuals should be advised that although oral EC methods may be safely used, a high BMI or weight 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 13, 14 or 15 years of age an assessment based on Fraser guidelines must be made and documented. • If the individual has not yet reached menarche consider onward referral for further assessment or investigation. • Any young person (under 18 years) who attends for sexual health/contraception should have their risk for child sexual exploitation assessed using CSERQ. See safeguarding advice. <p>Under Section 128 and 130 of the Social Services and Wellbeing (Wales) Act 2014, staff have a duty to inform the Local Authority if they have reasonable cause to</p>
--	--

Reference number: PGD 0033G

Valid from: 01/02/2026

Review date: 01/09/2028

Expiry date: 31/01/2029

	<p>suspect that an adult or child is at risk. Any vulnerable adult or child protection concerns should be referred to Safeguarding and PTHB safeguarding policies followed. Consider discussing with GP.</p> <p>Any safeguarding concerns need to be directed to Safeguarding Hub:</p> <ul style="list-style-type: none"> • to generic email address: PowysTHB.Safeguarding@wales.nhs.uk <p>and</p> <ul style="list-style-type: none"> • Central Safeguarding number: 01686 252806. • Out of hours: 0345 0544847. <p>Advice can also be sought from local Safeguarding Leads.</p>
Arrangements for referral for medical advice	<ul style="list-style-type: none"> • Refer the individual as soon as possible to a GP/ suitable health service provider – see below
Actions to be taken if the individual is excluded or declines treatment	<ul style="list-style-type: none"> • 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 (If UPSI was within 5 days (120 hours) the individual may be suitable for copper IUD, or ulipristal acetate PGD0090), 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. Contact sexual health clinic in the first instance, who will support the individual to access the most suitable clinic. • Children under 13 years old: the child protection team must be contacted for children under 13 years old who present having had sexual intercourse- see exclusions. The healthcare professional should also speak to local safeguarding lead and follow the local safeguarding policy.

Description of treatment

Name, form and strength of medicine	Levonorgestrel 1500 microgram tablet (N.B. this is equivalent to 1.5mg levonorgestrel)
Legal category	P/POM

Reference number: PGD 0033G
 Valid from: 01/02/2026
 Review date: 01/09/2028
 Expiry date: 31/01/2029

Route or method of administration	Oral
Off-label use	<p>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.</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 • consideration of increased dose for individuals with BMI over 26kg/m² 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 <p>Note some products may be licenced only for certain age groups (e.g. 16 years and over) – administration/supply of these products outside the licensed age groups is permitted under this PGD.</p> <p>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.</p> <p>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 licence.</p>
Dose and frequency of administration	<ul style="list-style-type: none"> • Levonorgestrel 1500microgram (1 tablet) to be taken as soon as possible up to 96 hours after UPSI.

Reference number: PGD 0033G
 Valid from: 01/02/2026
 Review date: 01/09/2028
 Expiry date: 31/01/2029

	<p>Dose for those individuals taking enzyme inducing medicines or herbal products:</p> <ul style="list-style-type: none"> 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 1500microgram) as a single dose and within 96 hours of UPSI. Note the effectiveness of this regimen is unknown. <p>Dose for those individuals with a body mass index of more than 26kg/m² or who weigh more than 70kg:</p> <ul style="list-style-type: none"> An individual who requests LNG-EC with a body mass index of more than 26kg/m² or who weighs more than 70kg can be offered a total of 3mg LNG-EC (two tablets of 1500microgram) as a single dose and within 96 hours of UPSI. Note the effectiveness of this regimen is unknown.
<p>Quantity to be administered or supplied</p>	<ul style="list-style-type: none"> Appropriately labelled pack of one tablet. Two tablets can be administered or supplied (with an appropriate label) for individuals taking enzyme inducing drugs and/or individuals with a BMI of more than 26kg/m² or who weigh more than 70kg
<p>Duration of treatment</p>	<ul style="list-style-type: none"> A single dose is permitted under this PGD. If vomiting occurs within 3 hours of LNG-EC being taken a repeat dose can be administered/supplied under this PGD. Repeated doses, as separate episodes of care, can be given within the same cycle. Please note: <ul style="list-style-type: none"> If within 7 days of previous LNG-EC offer LNG-EC again (not UPA-EC) If within 5 days of UPA-EC then offer UPA-EC again (not LNG-EC), see ulipristal acetate PGD0090.
<p>Storage</p>	<p>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</p> <ul style="list-style-type: none">

Reference number: PGD 0033G
 Valid from: 01/02/2026
 Review date: 01/09/2028
 Expiry date: 31/01/2029

<p>Drug interactions</p>	<p>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 (these information sources must be consulted).</p> <p>Refer also to FSRH guidance on drug interactions with hormonal contraception and MHRA leaflet Levonorgestrel emergency contraception: important information for women taking other medicines.</p> <p>Where a clinically significant interaction is identified discuss with appropriate prescriber and document advice given.</p>
<p>Identification and management of adverse reactions</p>	<p>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.</p> <p>The following side effects are common with LNG-EC (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 CoSRH advises that disruption to the menstrual cycle is possible following emergency contraception.
<p>Management of and reporting procedures for adverse reactions</p>	<ul style="list-style-type: none"> • Healthcare professionals and individuals/carers are encouraged to report suspected adverse reactions to the MHRA's Yellow Card Scheme. For established medicines, serious adverse events in adults or all suspected adverse reactions in children that may be attributable to the medication should be reported. • Record all adverse drug reactions (ADRs) in the individual's clinical record and inform their primary care clinician. • Report any adverse reactions and any administration errors via the organisation incident policy Once for Wales Reporting System <p>In case of an acute anaphylactic reaction occurring, adequate treatment provision must be available for immediate use: Anaphylaxis and resuscitation equipment including adrenaline (1 in 1000) injection and a working telephone.</p> <p>In the case of anaphylaxis:</p> <ul style="list-style-type: none"> • Refer to adrenaline (epinephrine) PGD 0017 and anaphylaxis procedure

Reference number: PGD 0033G

Valid from: 01/02/2026

Review date: 01/09/2028

Expiry date: 31/01/2029

	<ul style="list-style-type: none"> • Request medical assistance urgently. If the GP is not immediately available dial 999 to transfer to A&E • Ensure reaction is fully documented in individual's notes • Ensure all individual's records are marked ALLERGIC TO levonorgestrel and state Brand and reaction. • The individual may be advised to wear a MedicAlert or similar device to alert other healthcare providers
<p>Written information and further advice to be given to individual or carer</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. • Advise on likely side effects and their management • 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.

Reference number: PGD 0033G
 Valid from: 01/02/2026
 Review date: 01/09/2028
 Expiry date: 31/01/2029

	<ul style="list-style-type: none"> • Give appropriate advice if medication is used off-label. • The individual should contact their GP if any lower abdominal pain occurs that is different from their usual period pain (possibility of ectopic pregnancy). • Individuals taking enzyme inducing drugs should be advised to seek prompt medical advice if they do become pregnant. • If applicable, provide the MHRA leaflet Levonorgestrel emergency contraception: important information for women taking other medicines
<p>Follow-up treatment</p>	<ul style="list-style-type: none"> • The individual should be advised to seek medical advice in the event of an adverse reaction or other cause for concern. Contact GP via surgery or emergency on call service. • 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.
<p>Records to be kept</p>	<p>Record consultation details as required by local procedures. In addition, 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 13, 14 or 15 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 ○ Record name of representative who gave consent if appropriate • 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 and previous adverse events • Printed name and signature of registered health professional operating under the PGD • Any reasons for decline, exclusion or referral, including actions taken

Reference number: PGD 0033G
 Valid from: 01/02/2026
 Review date: 01/09/2028
 Expiry date: 31/01/2029

	<ul style="list-style-type: none">• Name, form, strength, dose and route of medication administered or supplied• Date and time of administration or supply• Quantity supplied or administered, including batch number and expiry date in line with local procedures• Advice given, including advice given if excluded or declines treatment• Any advice received from medical cover• 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 – eg. referral for Cu-IUD, include where referred to and anticipated fitting date• Any administration or supply outside the terms of the product marketing authorisation• Recorded that administered/supplied via Patient Group Direction (PGD)- record PGD title, number and version <p>Records should be signed and dated (or a password controlled e-records) and securely kept for a defined period in line with local policy.</p> <p>All records should be clear, legible and contemporaneous.</p> <p>A record of all individuals receiving treatment under this PGD should be kept for audit purposes in accordance with local policy.</p>
--	---

Key references (accessed August 2025)

- [SmPC on EMC website](#)
- [Current edition of British National Formulary](#)
- [NICE Medicines practice guideline MPG2 - Patient Group Directions - Last Updated 27 March 2017](#)
- [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](#)
- MHRA Drug Safety Update: Levonorgestrel-containing emergency hormonal contraception: advice on interactions with hepatic enzyme inducers and contraceptive efficacy Volume 10 Issue 2 September 2016
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/553274/Sept_2016_DSU.pdf
- MHRA leaflet: Levonorgestrel emergency contraception: important information for women taking other medicines
https://assets.publishing.service.gov.uk/media/57d7d2d840f0b6533a00046/Levonorgestrel_patient_sheet.pdf

Appendix A Staff accredited to use the Patient Group Direction

Authorising Manager: I confirm that the practitioners named below have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of Powys Teaching Health Board for the named healthcare professionals below who have signed the PGD to work under it. *The authorising manager must use the competency checklist (below).*

Practitioner: By signing this PGD you are indicating that you agree to its contents and that you will work within it. PGDs 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.

Printed name of registered health professional	Signature of registered health professional	Printed name of senior representative authorising health professional	Signature of senior representative authorising health professional	Date

The authorising manager should retain a copy of the list, which will be required for audit purposes. This list should be kept by PTHB for 25 years after the PGD expires.

The healthcare professional should retain a copy of the document after signing it.

Reference number: PGD 0033G
 Valid from: 01/02/2026
 Review date: 01/09/2028
 Expiry date: 31/01/2029

Competency check list for manager or senior team lead to use as part of the authorising process for health professionals to work to a Patient Group Direction (PGD). Review of authorisation will take place on each PGD update and at the individual’s annual PADR.

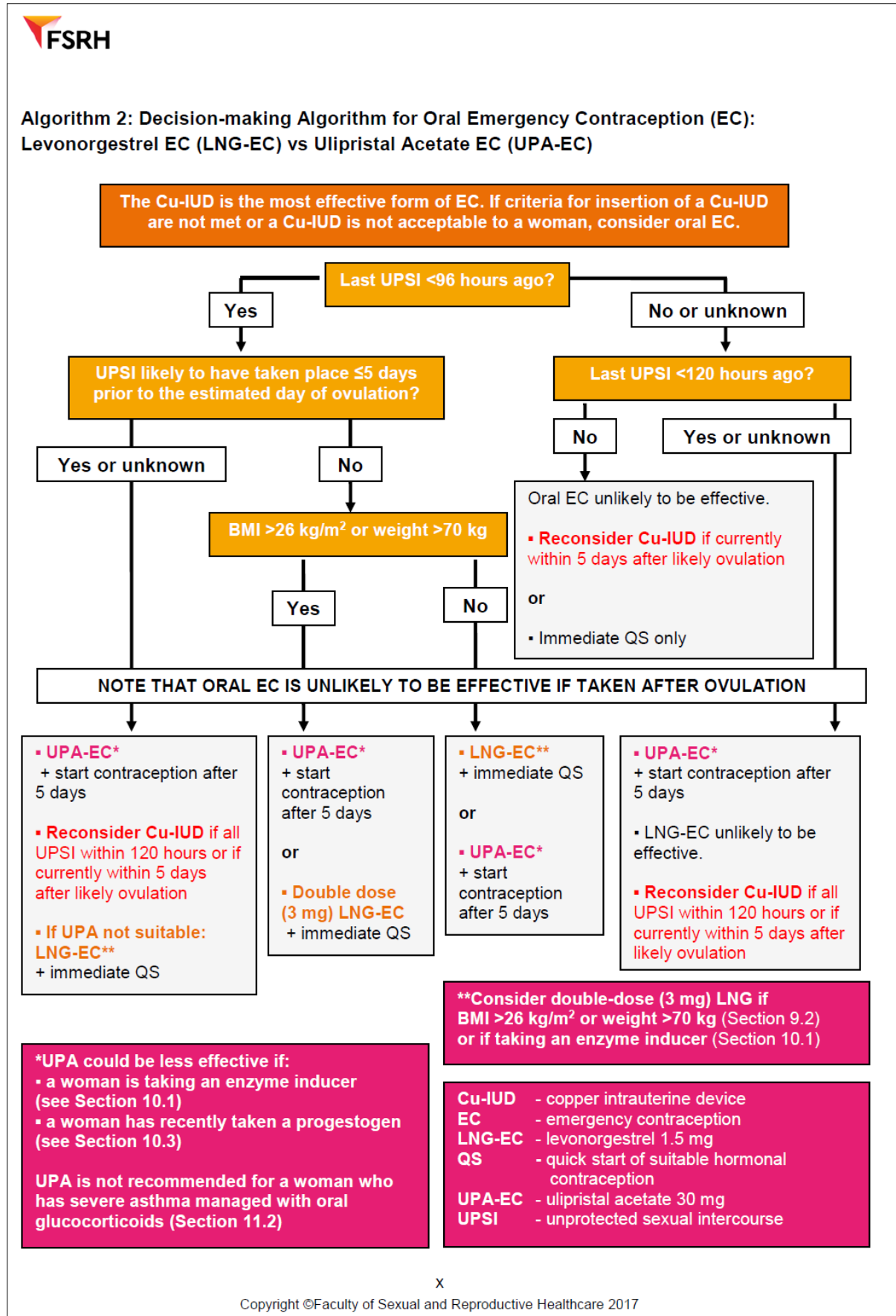
Name: Role:		Sign / Initial	Further training identified (Y/N) Specify in " comments	Comments
1	The PGD sign off is for the following PGD:(document the exact title and PGD number) _____			
2	We have discussed the expiry of the PGD and are using a version accessed electronically			
3	The member of staff has the appropriate qualifications and professional registration as outlined in the PGD			
4	The Patient Group Direction has been read in full by the staff member			
5	The identified training has been completed as specified in the PGD and is in date			
6	We have discussed some examples of inclusion criteria and exclusion criteria			
7	The staff member is confident in the administration method and doses			

Staff member print & sign name		Date
Manager or senior team lead to print & sign name		Date

Please send a copy of this completed form to individual’s line manager and to the staff member, in conjunction with the PGD Appendix A authorisation sheet. A copy of this form should also be kept by service lead in the training file.

Reference number: PGD 0033G
 Valid from: 01/02/2026
 Review date: 01/09/2028
 Expiry date: 31/01/2029

Appendix B



Reference number: PGD 0033G

Valid from: 01/02/2026

Review date: 01/09/2028

Expiry date: 31/01/2029

Appendix C

(Copyright ©Faculty of Sexual and Reproductive Healthcare 2017)

Decision-making Algorithms for Emergency Contraception

Algorithm 1: Decision-making Algorithm for Emergency Contraception (EC):
Copper Intrauterine Device (Cu-IUD) vs Oral EC

