



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

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

Protocol for the **administration of**
lidocaine 10mg per metered dose spray
to facilitate intrauterine contraception (IUC) insertion or removal
 by registered Nurses or Midwives
 in Powys Teaching Health Board (PTHB) Sexual Health Service

Document Reference No:	PTHB / MMP 400	
Version No:	2	
Issue Date:	05/01/2026	
Expiry Date:	31/12/2028	
Author:	Medicines Management Pharmacist (using SPS template version 2.0)	
Document Owner:	Chief Pharmacist	
Accountable Executive:	Executive Medical Director	
Approved By:	Local signatories (see p.4)	
Approval Date:	January 2026	
Document Type:	Protocol	Clinical
Scope:	Authorised registered healthcare professionals who provide Sexual Health Services in PTHB	

Do not print this document. The latest version will be accessible via the internet. If the review date has passed, please contact the Author for advice.

Change history

Version number	Change details	Date
MMP 400	New protocol – SPS template v1.0 adopted	16/10/2023
MMP 400 v2	<p>Updated according to SPS template version number 2.0:</p> <ul style="list-style-type: none"> • Planned end of life review. • Updated reference from FSRH to CoSRH. • Update SLWG and references. <p>Inclusion, exclusion criteria and cautions reviewed in line with SPS protocol template.</p> <p>Removal of Appendix B: Powys Teaching Health Board Sexual Health Service IUD (Cu-IUD)/LNG-IUD Checklist from this protocol, for consistency with PGD 0160 (LNG-IUD)</p>	05/01/2026

This Powys Teaching Health Board (PTHB) protocol is based on template v2.0 developed on behalf of the Specialist Pharmacy Service (SPS), which has been peer reviewed by the Reproductive Health PGD/protocols Short Life Working Group in accordance with their Terms of Reference. It has been approved by the College of Sexual and Reproductive Health (CoSRH) in October 2025. 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 protocol. The most up to date version of the template is available here: <https://www.sps.nhs.uk/home/guidance/patient-group-directions-and-legal-mechanisms/national-pgd-templates/>. The template has been adapted for use in PTHB.

For advice on protocol use in practice/advised supporting governance please refer to [When not to use a PGD](#) and [About the SPS Medicines Governance Do Once Programme](#).

See [local infection control/PPE guidance](#) relevant to the use of this product.

Acknowledgements – SPS protocol development group:

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Protocol authorisation

Name	Job title and organisation	Signature	Date
Senior doctor Dr Kate Wright	Lead doctor for PTHB	DocuSigned by: <i>Kate Wright</i> 1F267952823F473...	1/14/2026
Chief Pharmacist Jonathan Boyd	Chief Pharmacist for PTHB	Signed by: <i>Jon Boyd</i> 6D8ECFE8C9EB423...	1/15/2026
Senior representative of professional group using the PGD Paul Hooton	Executive Director of Nursing and Midwifery for PTHB	Signed by: <i>Paul Hooton</i> EEABC83AC83F4B9...	1/14/2026
Clinical Governance Lead Amanda Edwards	Clinical Governance Lead for PTHB – Assistant Director for Innovation and Improvement	DocuSigned by: <i>Amanda Edwards</i> 74A4E51A42E9473...	1/20/2026

[Appendix A](#) provides a Staff permitted to use the protocol signature sheet. Individual practitioners must be authorised by name to work to this protocol.

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

Staff competencies	
Qualifications and professional registration	<p>Practitioners must only work under this protocol where they are competent to do so. Practitioners working under this protocol must also be a registered professional with the following body:</p> <ul style="list-style-type: none"> nurses and midwives currently registered with the Nursing and Midwifery Council (NMC) <p>All registered health professionals should have a current contract of employment with PTHB, be providing Sexual Health Services and holding a Letter of Competence in Intrauterine Techniques (LoC IUT).</p> <p>The practitioners must also fulfil the training and additional requirements detailed below.</p> <p>Check Appendix A: Staff permitted to use the protocol signature sheet to confirm whether all practitioners listed above have organisational authorisation to work under this protocol.</p>
Initial training	<ul style="list-style-type: none"> The administration of lidocaine 10 mg/metered dose spray during intrauterine contraception insertion (Refer to PGD 0160 for the administration of levonorgestrel intrauterine system (LNG-IUD) where appropriate, or the CU-IUD SOP), or removal, and knowledge of its uses, contraindications and adverse effects. Be alert to changes in the BNF/ Summary of Product Characteristics (SPC) 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 (BLS) skills. <p>Additionally, practitioners:</p> <ul style="list-style-type: none"> must be authorised by name as an approved practitioner under the current terms of this protocol before working to it must have undertaken appropriate training for working under protocols for supply/administration of medicines (Team leaders may access 'Protocol and guideline

	<p>awareness training’ by sending a request to info.medicinesmanagement.powys@wales.nhs.uk - the team leader will then train their team)</p> <ul style="list-style-type: none"> • must have access to the protocol and associated online resources • must have undertaken and completed at least level 2 Safeguarding of Children, Young people and Vulnerable adults – Training and Competency passport, as applicable to the role • must work within PTHB guidelines, PGDs/protocols, SOPs and departmental policies that they have been accredited to work to • 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 <p>Recommended 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 Contraception), HEIW, or a university or as advised in the RCN training directory. Individuals working under this protocol should hold an in date CoSRH (previously FSRH) Letter of Competence Intrauterine Techniques (LoC IUT) which has been achieved or recertified within the last 5 years.</p> <p>Protocol users should have read thoroughly and be familiar with the CoSRH IUC guidance.</p> <p>THE PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PROTOCOL BEFORE WORKING ACCORDING TO IT.</p>
<p>Competency assessment</p>	<p>Practitioners must be competent, recognise their own limitations and personal accountability and act accordingly.</p> <p>Individuals operating under this protocol must be assessed as competent (see Appendix A). Practitioners must make a self-declaration of competency in their Personal Appraisal and Development Review (PADR) – the personal</p>

	<p>development plan (yellow) section of the PADR booklet should be used to record completion of annual protocol training.</p> <p>ESR records of mandatory NHS training.</p> <p>A minimum of level 2 safeguarding.</p> <p>Evidence of training in BLS (or higher level appropriate to the role) and anaphylaxis.</p>
<p>Ongoing training and competency</p>	<p>Updating at least every 2 years on the use of protocols and lidocaine 10 mg/metered dose spray.</p> <p>CoSRH LoC IUT must be recertified every 5 years (refer to CoSRH LoC IUT Training).</p> <p>Practitioners must ensure they are up to date with relevant issues and clinical skills and management of anaphylaxis, BLS Skills, a minimum of level 2 safeguarding, with evidence of appropriate Continued Professional Development (CPD), which must be retained and made available on request.</p> <p>Compliance with all mandatory NHS training.</p> <p>Practitioners should be constantly alert to any sources of medicines information.</p> <p>It is the responsibility of the healthcare professional to maintain their own competency to practice within this protocol. If any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the protocol and further training provided as required.</p>
<p>The decision to administer any medication rests with the individual registered practitioner who must abide by the protocol and any associated organisation policies.</p>	

Clinical condition or situation	
Clinical situation	<p>Administration of lidocaine 10 mg/metered dose spray to facilitate intrauterine contraception (IUC) insertion or removal.</p> <p>It is the responsibility of the administering healthcare professional to ensure that the individual is within the inclusion criteria, and that there are no reasons for exclusion before proceeding. If there is any reason for concern, seek medical advice. These tasks cannot be delegated and so the registered nurse/ midwife making the decision to administer medication under this protocol must carry out the administration to the individual.</p>
Individuals included	<ul style="list-style-type: none"> • Individuals aged 13 years and above. • Individual consents to treatment. Refer to PTHB Consent to Treatment and Examination Policy • Planned/emergency insertion or removal of an intrauterine contraceptive (IUC) device. • Medical and drug history taken, no reason for exclusion • If the individual is known or believed to be 13 to 16 years of age, competence has been assessed based on Fraser Guidelines and documented accordingly. • For all individuals aged 13 to 17 years a CESERO 4/15 must be completed. For adults, if safe to do so, client responses to the targeted enquiry (Ask and Act) may highlight risk factors, which will indicate that the practitioner should complete the Safe Lives Risk Identification Checklist (DASH RIC). This will subsequently aid decision making regarding safeguarding and MARAC referrals. If any safeguarding concerns or significant risk factors are identified, then a safeguarding referral to Powys Children’s Services must be raised and PTHB safeguarding procedures followed. Advice can be sought from PTHB Safeguarding Team. • In case of any doubt, contact medical team

<p>Individuals excluded</p>	<ul style="list-style-type: none"> • Conditions outside of the clinical situations criteria • Consent not given. Individuals for whom valid consent, or 'best-interests' decision, in accordance with the Mental Capacity Act 2005, has not been obtained or received. Refer to section "action if individual declines treatment". • Individuals 13 to 16 years of age and assessed as not competent using Fraser Guidelines, or any individual who has been assessed as not having the capacity to understand the nature and purpose of the treatment. • Individuals under the age of 13 years. • Hypersensitivity to any of the ingredients of the preparation (see SPC www.medicines.org.uk), or to local anaesthetics of the amide-type • Severe cervical ectropion • Individual concurrently receiving/using any other local anaesthetic or agents structurally related to amide-type local anaesthetic e.g. antiarrhythmic drugs such as mexiletine • Any open wounds affecting the application area or the immediate vicinity <p>Refer to section "action for individuals excluded"</p>
<p>Cautions – monitor individual closely for adverse effects</p>	<ul style="list-style-type: none"> • Known epilepsy. • Known cardiovascular disease and/or heart failure. • Known impaired cardiac conduction or bradycardia. • Known severe renal impairment. • Known hepatic impairment. • Individuals in poor general health. • Known porphyria. • Individuals currently taking antiarrhythmic drugs class III (e.g. amiodarone). • Check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic products. A detailed list of drug interactions is available in the SPC, available from the electronic Medicines Compendium website: www.medicines.org.uk. • Individuals with complex multiple pathologies, polypharmacy or multiple allergies. • Discuss with appropriate medical/independent non-medical prescriber any medical condition or medication of which the healthcare professional is unsure or uncertain.

	<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 suspect that an adult or child is at risk. Any vulnerable adult or child protection concerns should be referred to Safeguarding and the 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>
<p>Arrangements for referral for medical advice</p>	<p>Contact GP via the surgery or the emergency on-call service.</p> <p>Where required, refer the individual to gynaecologist/ GUM consultant /level 3 Sexual Health services for advice, if applicable.</p> <p>Document advice given.</p>
<p>Action for individuals excluded</p>	<p>Record reason for exclusion and any action taken in the consultation record.</p> <p>Explain reason to individual /carer.</p> <p>Where required, refer the individual to a suitable health service provider (GP/ gynaecologist/ GUM consultant/ level 3 Sexual Health services) if appropriate and/or provide them with information about further options.</p> <p>If a child under 13 years of age is known to have engaged in sexual activity this must be referred to Powys Children Service / CEOP Safety Centre, and the PTHB Safeguarding Team notified. The local safeguarding policies should be followed.</p>

<p>Action if individual declines treatment</p>	<p>Explain consequences of refusing treatment.</p> <p>Record reason for decline, and any action taken in the consultation record.</p> <p>Where required, refer the individual to a suitable health service provider (GP/ gynaecologist/ GUM consultant/ level 3 sexual health services) if appropriate and/or provide them with information about further options.</p>
<p>Description of treatment</p>	
<p>Medicine to be administered</p>	<p>Lidocaine 10 mg/metered dose per spray</p> <p>The contents of each 50ml spray bottles are sufficient to provide approximately 500 sprays with a metering spray pump.</p> <p>Each depression of the metered spray pump delivers 10 mg lidocaine base.</p>
<p>Legal status</p>	<p>Pharmacy Only (P) medicine</p>
<p>Dose schedule/ administration advice</p>	<p>Apply 4 metered dose sprays (total dose 40mg) to the surface of the cervix and external os and wait 3 minutes after application.</p> <p>As with any local anaesthetic, reactions and complications are best averted by employing the minimal effective dosage (see Overdose section below).</p> <p>It is unnecessary to dry the site prior to application.</p> <p>Lidocaine spray is administered using the supplied nozzles. The spray nozzle is bent to ensure correct spray function. Do not try to alter the shape as this could affect its performance. The nozzle must not be shortened, as it will affect the spray function.</p>

	<p>Nozzles are non-sterile single patient single use and local infection control procedures should be adhered to in order to prevent cross contamination – refer to the product’s Risk Minimisation Materials to help reduce the risks associated with using this medicine.</p> <p>The bottle should be covered in a sterile cover for each use. The nozzles should be handled using gloves and the box of 50 should be kept closed between procedures. Nozzles should not be reused and should be discarded immediately after use.</p>
<p>Maximum dosage to be administered under this protocol</p>	<p>A maximum of 4 sprays (total 40mg) applications per episode of care may be administered.</p>
<p>Off-label use</p>	<p>The use of lidocaine spray for the indications detailed within this protocol are outside the product license but are supported by national guidance from the CoSRH.</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 Medicines Management team must be consulted. Where medicines have been assessed by Medicines Management in accordance with national or specific product recommendations as appropriate for continued use this would constitute off-label administration under this protocol. The responsibility for the decision to release the affected medicines for use lies with Medicines Management.</p>
<p>Storage</p>	<p>Do not store above 25°C.</p> <p>Medicines must be securely stored according to PTHB medicines policy MMP 001 and in conditions specified in the individual SPC.</p>

<p>Adverse effects</p>	<p><u>Extremely rare:</u> Amide-type local anaesthetic preparations have been associated with allergic reactions (in the most severe instances anaphylactic shock). 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 to summon assistance if required. In case of anaphylaxis:</p> <ul style="list-style-type: none"> • Refer to adrenaline (epinephrine) PGD0017 and anaphylaxis procedure • 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 Lidocaine 10 mg/metered dose per spray • The individual may be advised to wear a MedicAlert or similar device to alert other healthcare providers <p>Report via Once for Wales Reporting System.</p> <p><u>Rare:</u> Systemic adverse reactions may result from high plasma levels due to excessive dosage or rapid absorption or from hypersensitivity, idiosyncrasy or reduced tolerance on the part of the individual (see cautions section above).</p> <p>CNS reactions are excitatory and/or depressant and may be characterised by nervousness, dizziness, convulsions, unconsciousness and possibly respiratory arrest. The excitatory reactions may be very brief or may not occur at all, in which case the first manifestations of toxicity may be drowsiness, merging into unconsciousness and respiratory arrest.</p>
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	<p>Cardiovascular reactions are depressant and may be characterised by hypotension, myocardial depression, bradycardia and possibly cardiac arrest.</p> <p><u>Unknown frequency:</u> Local irritation at the application site. Vaginal irritation.</p> <p>This list is not exhaustive. Refer to BNF or SPC via medicines.org.uk for complete list.</p>
<p>Management of and reporting procedure for adverse reactions</p>	<ul style="list-style-type: none"> • Healthcare professionals and individuals/carers 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 and report any suspected adverse reactions to a doctor. • Report via organisation incident policy. All significant adverse drug reactions and any administration errors must be recorded via the Once for Wales Reporting System.
<p>Overdose</p>	<p>Toxic reactions originate mainly in the central nervous and the cardiovascular systems.</p> <p>Central nervous system toxicity is a graded response with symptoms and signs of escalating severity. The first symptoms are circumoral paraesthesia, numbness of the tongue, light-headedness, hyperacusis and tinnitus.</p> <p>Visual disturbance and muscular tremors are more serious and precede the onset of generalised convulsions. Unconsciousness and grand mal convulsions may follow, which may last from a few seconds to several minutes.</p> <p>Hypoxia and hypercarbia occur rapidly following convulsions due to the increased muscular activity, together with the interference with normal respiration. In severe cases, apnoea may occur. Acidosis increases the toxic effects of local anaesthetics.</p>

	<p>Cardiovascular effects are only seen in cases with high systemic concentrations. Severe hypotension, bradycardia, arrhythmia and cardiovascular collapse may be the result in such cases.</p> <p>Recovery is due to redistribution and metabolism of the local anaesthetic drug from the central nervous system. Recovery may be rapid unless large amounts of the drug have been administered.</p> <p>Request medical assistance urgently. If the GP is not immediately available dial 999 to transfer to A&E.</p>
<p>Record keeping</p>	<p>The following must be recorded in the individual's sexual health records, which should be stored in the medical records, as per local protocol:</p> <ul style="list-style-type: none"> • Date and time of administration. • Individual's details such as name, date of birth, hospital or NHS number (where applicable), allergies, previous adverse events and the criteria under which the individual fits the protocol. • Name and address of GP (if available) • Medical and drug history taken • Any reasons for exclusion or referral, including actions taken. • Any advice received from medical cover. • Record that consent gained (or refused) – if consent refused record actions taken. Record name of representative who gave consent if appropriate. Where the client is 13 to 16 years of age, Fraser competency must be documented in the medical records. • Any safeguarding concerns and appropriate actions taken • Details of medicine including name, strength, dose, route. • Batch number and expiry date of product in line with local procedure • A statement that administration is under a protocol- record title and version. • Name and signature (which may be electronic) of healthcare professional acting under the protocol to administer the medication.

	<ul style="list-style-type: none"> • Relevant information that was given to the individual/carer. • Details of any adverse reactions and actions taken. <p>All records should be clear, legible and contemporaneous.</p> <p>A record of all individuals receiving treatment under this protocol should be kept for audit purposes in accordance with local policy.</p>
Patient information	
Written/verbal information to be given to individual/carer	<p>Provide patient information leaflet (may be obtained via website www.medicines.org.uk). Give appropriate advice if medication is used off-label.</p> <p>Explain mode of action, side effects, risks and benefits of the medicine.</p> <p>Inform individual that they are being treated within a protocol.</p> <p>Lidocaine spray has minor influence on the ability to drive and use machines. Advise the individual not to drive or use machinery if affected.</p>
Follow-up advice to be given to individual/carer	<p>Inform individual of possible side effects and their management.</p> <p>Advise individual to seek medical advice immediately if they have any unexpected reaction or other cause for concern. Contact GP via surgery or emergency on call service.</p>

Key references

Last accessed August 2025	<ul style="list-style-type: none">• CoSRH Clinical Guideline: Intrauterine contraception (March 2023, amended Jan 2025) Intrauterine Contraception FSRH• Summary of Product Characteristics: www.medicines.org.uk
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Appendix A Staff Permitted to use the protocol signature sheet

Authorising Manager: I confirm that the practitioners named below have declared themselves suitably trained and competent to work under this protocol. I give authorisation on behalf of Powys Teaching Health Board for the named healthcare professionals below who have signed the protocol to work under it.

The authorising manager must use the competency checklist (below).

Practitioner: By signing this protocol you are indicating that you agree to its contents and that you will work within it. Protocols 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 protocol and that I am willing and competent to work to it within my professional code of conduct.

Printed name of health professional	Signature of health professional	Printed name of senior representative authorising health professional (Authorising Manager)	Signature of senior representative authorising health professional (Authorising Manager)	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 protocol expires.

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

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

	Name: Role:	Sign / Initial	Further training identified (Y/N) Specify in " comments	Comments
1	The protocol sign off is for the following protocol:(document the exact title and protocol number)			
2	We have discussed the expiry of the protocol and are using a version accessed electronically			
3	The member of staff has the appropriate qualifications and professional registration as outlined in the protocol			
4	The protocol has been read in full by the staff member			
5	The identified training has been completed as specified in the protocol 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 the individual’s line manager and to the staff member, in conjunction with the protocol Appendix A authorisation sheet. A copy of this form should also be kept by service lead in the training file.