# PATIENT GROUP DIRECTION FOR THE SUPPLY OF LEVONORGESTREL 1500 micrograms FOR EMERGENCY CONTRACEPTION IN COMMUNITY PHARMACY BY REGISTERED PHARMACISTS

| | Name | Signature | Date |
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| **Developed by LOCAL DEVELOPMENT TEAM** | | | |
| **Doctor** | Dr Ellen Golightly | | 21/05/2026 |
| **Practitioner** | Katherine Bethell | | 21/05/2026 |
| **Pharmacist** | James Neilson | | 21/05/2026 |

| **Approved by PGD SUB-GROUP OF THE MEDICINES POLICY COMMITTEE** | | | |
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| **Chairperson** | Jane Browning | | 08/06/2026 |
| **Chairperson** | Pat Wynne | | 08/06/2026 |

| **Approved by AUTHORISED NHS LOTHIAN DRUGS AND THERAPEUTICS COMMITTEE** | | | |
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| **Chairperson/Deputy of Committee** | Dr Emma Morrison | | 08/06/2026 |
| **Chairperson/Deputy of Committee** | Scott Garden | | 08/06/2026 |

| **AUTHORISED BY** | | | |
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| **Medical Director** | Dr Tracey Gillies | | 08/06/2026 |

| **LOCAL MANAGEMENT TEAM FOR SERVICE USING THE PGD** | | | |
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| **Practice/Ward/Department/Directorate** | Community Pharmacy | | |
| **Clinical Lead** | | | |
| **Practitioner Manager (if applicable)** | | | |
| **Pharmacist (if applicable)** | | | |
| **Name of Designated PGD Holder** (Responsible for ensuring names of healthcare practitioners issuing under this PGD are kept up to date | | | |

| DATE AUTHORISED FOR USE | REVIEW DATE | EXPIRY DATE |
|---|---|---|
| 08/06/2026 | 08/06/2028 | 08/06/2029 |

## PGD Version Number 12.0

| Change History | | |
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| **Version** | **Date** | **Change details** |
| 12 | 08/06/2026 | New NHS Lothian Template |
| | 08/06/2026 | Qualifications – complete NHS Lothian Module on the use of PGDs. |
| | 08/06/2026 | Competency assessment- requirement to complete TURAS module 'Sexual Health for Community Pharmacy – Emergency Contraception'' e-learning resource. |
| | 08/06/2026 | Out with terms of the Summary of Product Characteristics (SPC) :- 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.<br>Increased dose for individuals using liver enzyme inducing agents.<br>Individuals with previous salpingitis or ectopic pregnancy advice on breastfeeding differs from SPC. |
| | 08/06/2026 | Record / Audit trail – updated recording requirements. |
| | 08/06/2026 | Criteria for exclusion - If the individual is less than 13 years of age the healthcare professional should arrange Immediate referral to Child protection.<br>Over 96 hours since unprotected intercourse<br>Liver disease (previously severe liver disease). |
| | 08/06/2026 | If excluded/declines treatment /referral– refer GP/sexual health clinic. |
| | 08/06/2026 | Dose – now includes within 96 hours of unprotected sex<br>Patients who have taken enzyme inducing drugs in the last 4 weeks (see interactions section) Two 1500microgram tablets should be taken as soon as possible, preferably |

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| | | within 12 hours of unprotected sex and within 96 hours of unprotected sex. |
| | 08/06/2026 | Frequency - Only a single treatment dose is permitted to be supplied.<br>Repeated doses, as separate episodes of care, can be given within the same cycle. Please note:<br>If within 7 days of previous LNG-EC offer LNG-EC again (not UPA-EC).<br>If within 5 days of UPA-EC then offer UPA-EC again (not LNG-EC). |
| | 08/06/2026 | Drug interactions and action to be taken – updates regarding enzyme inducing drugs, ciclosporin and GLP1 agonists and link to FSRH resources. |
| | 08/06/2026 | Cautions - Individuals using enzyme-inducing drugs/herbal products or within 4 weeks of stopping them - A Cu-IUD should be recommended as the most effective method of EC. If LNG-EC is to be used see dosage section.<br>If the individual is less than 16 years of age an assessment based on Fraser guidelines must be made and documented.<br>If individual vomits within three hours from ingestion, a repeat dose may be given.<br>The use of LNG-EC is not contraindicated during breastfeeding.<br>fsrh-guideline-emergency-contraception03dec2020-amendedjuly2023-11jul.pdf |
| | 08/06/2026 | Additional advice and information - EC providers should advise women that LNG-EC is licensed for EC up to 72 hours after UPSI. The evidence suggests that LNG-EC is ineffective if taken more than 96 hours after UPSI. Please note that the most effective method of emergency contraception is a copper IUD. |

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| | | This should be discussed with all women. If a woman wishes to have an emergency IUD then she can be referred to Chalmers Centre (Edinburgh) for insertion. The woman can also be given levonorgestrel prior to attendance for an IUD in case there is any delay or problem with insertion of the IUD.<br>EC providers should advise women that LNG-EC is licensed for EC up to 72 hours after UPSI. The evidence suggests that LNG-EC is ineffective if taken more than 96 hours after UPSI.<br>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.<br>Promote the use of condoms to protect against sexually transmitted infections (STIs) and advise on the possible need for screening for STIs.<br>There is no evidence of harm if someone becomes pregnant in a cycle when they had used emergency hormonal contraception.<br>Explain that menstrual disturbances can occur after the use of emergency hormonal contraception. |
| | 08/06/2026 | Referral, patient monitoring and follow-up - Individuals should be advised/referred for ongoing contraception if required. |

**PGD for supply OF LEVONORGESTREL 1500 micrograms FOR EMERGENCY CONTRACEPTION IN COMMUNITY PHARMACIST BY REGISTERED PHARMACISTS version 12 (Valid from 08/06/2026 to 08/06/2029)**

## AUTHORISATION

**Responsibilities of registered healthcare practitioners working under the PGD**

- This PGD does not remove the individual's professional obligations and accountability.
- It is the responsibility of each practitioner to practice within the bounds of their own competence and in accordance with their Code of Professional Conduct.
- The practitioner must ensure familiarity with the marketing authorisation holder's Summary of Product Characteristics for medicines administered / supplied in accordance with this PGD.
- The decision to supply/ administer any medication rests with the individual practitioner who must abide by the PGD and any associated NHS Lothian policies.
- The PGD is not legally valid if it is out of date or does not have the necessary authorisation signatures on page one.

**Declaration or registered practitioner working under the PGD**

- I have read the statement above and I agree to administer/ supply Levonorgestrel 1500 micrograms only in accordance with this PGD.
- I have checked that the PGD is in date and that the necessary authorisation signatures are present on page 1of the document.
- I have read and understood the PGD and agree to use it and acknowledge that it is my responsibility to maintain my knowledge, skills and competencies through continuous professional development (CPD).

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**AUTHORISING LEAD HEALTHCARE PRACTITIONER / SERVICE MANAGER**

I confirm that the registered healthcare practitioners named above are suitably trained and competent to work under this PGD. I give authorisation on behalf of NHS Lothian for the above named health care practitioners who have signed the PGD to work under it.

Authorised practitioners will be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation.

This authorisation sheet will be retained to serve as a record of those practitioners authorised to work under this PGD as per NHS Lothian governance requirements.

Lead healthcare practitioner/manager for the service area:

Name:……

Signature: …….

Date:

| 1. CHARACTERISTICS OF STAFF | |
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| **Define Practitioner Group** | This section must reflect the registered profession within the PGD legislation e.g. NMC registered nurse employed by NHS Lothian.<br><br>GPhC registered Community Pharmacists providing pharmacy public health services within NHS Lothian. |
| **Qualifications Required (initial training)** | ▪ Undertaken appropriate training to carry out clinical assessment of patient leading to diagnosis that requires treatment according to the indications listed in this PGD.<br>▪ Undertaken appropriate training for working under PGDs for the supply and administration of medicines, including completion of PGD module on TURAS.<br>▪ Able to assess the person's capacity to understand the nature and purpose of the medication in order to give or refuse consent. Refer to NHS Lothian guidance Consent; Guidance.<br>▪ Where the PGD refers to administration of medicines the practitioner must be competent to administer the medicine(s) and follow NHS Lothian guidance Administration of medicines in hospital and NHS Lothian Healthcare Premises Procedure.pdf.<br>▪ Professional registration with GPhC . |
| **Competency Assessment** | ▪ Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines included in the PGD - if any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the PGD and further training provided as required.<br>▪ Staff operating under this PGD are encouraged to review their competency using the NICE Competency Framework for health practitioners using patient group directions Tools and resources \| Patient group directions \| Guidance \| NICE.<br>▪ Pharmacists providing the service must complete the TURAS module 'Sexual Health for Community Pharmacy – Emergency Contraception" e-learning resource, the TURAS e-learning package on Public Protection (the Once for Scotland: child protection and adult support and protection module and the skilled modules for Adult and Child protection) and the TURAS module on Responding to a disclosure of rape and sexual assault. |
| **Continued training requirements** | ▪ Individuals operating under this PGD are personally responsible for ensuring 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 discussed with the senior individual responsible for authorising individuals to act under the PGD and further training provided as required.<br>▪ All mandatory training as required by NHS Lothian must be up to date.<br>▪ Completion of the TURAS PGD module every 2 years. |

***The decision to supply/ administer any medication rests with the individual registered health practitioners who must abide by the PGD and any associated organisation policies.***

| 2. DESCRIPTION OF TREATMENT | |
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| **Names of Medicines included** | Levonorgestrel 1500microgram tablets |
| **Marketing Authorisation** (previously UK Product Licence) | YES |
| **Out with terms of the Summary of Product Characteristics (SPC)** | YES]<br>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.<br>This PGD includes off-label use in the following conditions:<br>use between 72 and 96 hours post UPSI<br>consideration of increased dose for individuals with BMI over 26kg/m2 or weight over 70kg.<br>Increased dose for individuals using liver enzyme inducing agents.<br>Individuals with previous salpingitis or ectopic pregnancy<br>advice on breastfeeding differs from SPC. |
| **2nd Pharmacist Check** | **Include name of second pharmacist (mandatory)**<br>**Andrew Melvin** |
| **Controlled Drugs**<br>**If YES, consultation with Controlled Drugs Governance Team (CDGT) to check legal compliance** | NO<br>**If YES include name of specialist (mandatory)**<br>**……** |
| **Antimicrobial**<br>**If YES, consultation with Microbiologist/Antimicrobial Management Team** | NO<br>**If YES include name of specialist (mandatory)**<br>**……..** |
| **Children under 13 years of age to be treated**<br>**If YES, consultation with Paediatric Specialist** | NO<br>**If YES include name of specialist (mandatory)**<br>**……** |
| **Record / Audit trail** | Use NHS Lothian approved records or approved prescribing document/ systems.<br>Record:<br>▪ That valid informed consent was given.<br>▪ Name of individual, address, date of birth and GP with whom the individual is registered (if relevant).<br>▪ Name of registered health practitioner. |

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| | ▪ Name of medication supplied/ administered.<br>▪ Date of supply/ administration.<br>▪ Dose, form and route of supply/ administration<br>▪ Quantity supplied/administered.<br>▪ Batch number and expiry date (if applicable).<br>▪ Advice given, including advice given if excluded or declines treatment.<br>▪ Details of any adverse drug reactions and actions taken.<br>▪ Supplied via NHS Lothian Patient Group Direction (PGD) number 009.<br>▪ Records should be signed and dated (or a password controlled e-record).<br>▪ When a medicine is being used off-label, record advice given to the patient informing them that the use is off label.<br>▪ All records should be clear, legible and contemporaneous.<br>▪ Records must be maintained according to NHS Lothian policy.<br>▪ A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.<br>▪ Insert further recording requirements.<br><br>Information is to be retained according to Retention of NHS Lothian Patient Group Direction documentation |

| 3. MEDICINES AND CLINICAL CONDITION | |
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| **Clinical condition or situation to which this PGD applies** | For women who have had unprotected sex or failed contraception within the last 96 hours. |
| **Criteria for inclusion (including patient group)** | ▪ Informed consent gained – if under 16 years consider requirements for consent.<br>▪ Women who have had unprotected sex or failed contraception within the last 96 hours and have reached menarche, aged 13-50 years, who have been fully informed about the efficacy, mode of action, advantages, disadvantages, side effects, review of contraceptive requirements and safe sex. |
| **Criteria for exclusion** | ▪ Informed consent not gained.<br>▪ Under 13 years of age. If the individual is less than 13 years of age the healthcare professional should arrange Immediate referral to Child protection required call the Child Protection Hub on 0131 312 0499 and request to speak to the on-call paediatrician.<br>▪ Not reached menarche.<br>▪ Over 50 years of age.<br>▪ Known hypersensitivity to levonorgestrel or any other component of the medicine.<br>▪ Over 96 hours since unprotected intercourse. 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.<br>▪ Late with last menstrual period.<br>▪ 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).<br>▪ Less than 21 days after childbirth.<br>▪ Less than 5 days after miscarriage, abortion, ectopic pregnancy or uterine evacuation for gestational trophoblastic disease (GTD).<br>▪ Known hypersensitivity to the active ingredient or to any component of the product - see Summary of Product Characteristics.<br>▪ Use of ulipristal acetate (UPA-EC) emergency contraception in the previous 5 days.<br>▪ Unexplained abnormal vaginal bleeding.<br>▪ Severe malabsorption syndromes including Crohn's Disease.<br>▪ Galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption.<br>▪ Liver disease. |

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| | ▪ Acute intermittent porphyria.<br>▪ Active trophoblastic disease.<br>▪ Severe diarrhoea and vomiting.<br>▪ Informed non consent.<br>▪ Assessed as not competent to consent treatment (apply Fraser Guidelines to under 16s).<br>▪ Prescribed ciclosporin. |
| **Action if excluded** | ▪ Record reasons for exclusion in an individual's clinical record.<br>▪ Refer to another clinician or prescriber as appropriate.<br>▪ [refer to GP or sexual health clinic. |
| **Action if patient declines** | ▪ Document advice given.<br>▪ Refer to another clinician or prescriber as appropriate.<br>▪ [refer to GP or sexual health clinic. |
| **Arrangements for referral for medical advice** | ▪ Refer to the appropriate clinician or prescriber in the care pathway.<br>▪ Refer to own GP/Chalmers Sexual Health Clinic /OOH as appropriate. |
| **Name of medicine (include pharmaceutical form and strength)** | Levonorgestrel 1500 microgram tablet] |
| **POM / P / GSL / ▼** | POM |
| **Dose/s** | ≤26kg/m2 or ≤ 70kg -One 1500 microgram tablet should be taken as soon as possible, preferably within 12 hours of unprotected sex and within 96 hours of unprotected sex.<br><br>> 26kg/m2 or >70kg – Two 1500 microgram tablet should be taken as soon as possible, preferably within 12 hours of unprotected sex and within 96 hours of unprotected sexPatients who have taken enzyme inducing drugs in the last 4 weeks (see interactions section). Two 1500microgram tablets should be taken as soon as possible, preferably within 12 hours of unprotected sex and within 96 hours of unprotected sex.<br>Note the effectiveness of this regimen is unknown. |
| **Duration of treatment** | Single dose of One or Two tablets.] |
| **Route/Method** | Oral |
| **Frequency (To include maximum/ minimum timescales)** | ≤26kg/m2 or ≤ 70kg One 1500 microgram tablet only within 96 hours after unprotected sex. It is most effective if taken in the first 12 hours.<br><br>> 26kg/m2 or >70kg or having taken enzyme inducing medicines in the last 4 weeks Two 1500 microgram tablets within 96 hours after unprotected sex. It is most effective if taken in the first 12 hours.<br><br>Only a single treatment dose is permitted to be supplied. |

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| | Repeated doses, as separate episodes of care, can be given within the same cycle. Please note:<br>If within 7 days of previous LNG-EC offer LNG-EC again (not UPA-EC).<br>If within 5 days of UPA-EC then offer UPA-EC again (not LNG-EC). |
| **Total dose/ number** | One or Two 1500 microgram tablet |
| **Quantity to be supplied** | One or Two 1500 microgram tablet |
| **Storage** | Stock must be securely stored according to organisation medicines policy and in conditions in line with SPC, which is available from the electronic Medicines Compendium website**:** www.medicines.org.uk. |
| **Drug interactions and action to be taken** | All concurrent medications must be checked for interactions. The following interactions have been identified as clinically significant:<br>Enzyme inducing drugs such as primidone, phenytoin, carbamazepine, barbiturates, rifampicin, ritonavir rifabutin, griseofulvin, St John's Wort , Efavirenz.<br><br>See dosage section -Women who have used enzyme-inducing drugs in the past 4 weeks and need emergency contraception, the use of non-hormonal emergency contraception (i.e. a Cu-IUD) should be considered. Taking a double dose of levonorgestrel (i.e.3000 mcg within 96 hours after the unprotected intercourse) is an option for women who are unable or unwilling to use a Cu-IUD, although this specific combination (a double dose of levonorgestrel during concomitant use of an enzyme inducer) has not been studied.<br><br>Ciclosporin-patients should be excluded and referred to GP/sexual health clinic.<br><br>GLP-1 agonists: There is no direct evidence or pharmacokinetic data regarding the effect of GLP-1 agonists on emergency hormonal contraception. The copper intrauterine device is the most effective method of emergency contraception and should always be offered where appropriate. As per current COSRH recommendations, double dose LNG-EC should be considered in individuals with a BMI over 26kg/m2 or weight over 70kg.<br>Patients who are taking GLP1 agonists should be issued with the FSRH leaflet and counselled appropriately Patient-information GLP-1-agonists-and-contraception.pdf" available at<br>FSRH statement: Glucagon-like peptide-1 (GLP-1) agonists and oral contraception (Feb 2025) \| CoSRH<br><br>A detailed list of drug interactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk<br>and BNF website www.bnf.org. |

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| **Cautions (including action to be taken if caution applies)** | ▪ [UPA-EC can delay ovulation until closer to the time of ovulation than levonorgestrel (LNG-EC). Consider UPA-EC if the individual presents in the five days leading up to estimated day of ovulation.<br>▪ LNG-EC is ineffective if taken after ovulation.<br>▪ 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 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.<br>▪ Individuals using enzyme-inducing drugs/herbal products or within 4 weeks of stopping them - A Cu-IUD should be recommended as the most effective method of EC. If LNG-EC is to be used see dosage section.<br>▪ If the individual is less than 16 years of age an assessment based on Fraser guidelines must be made and documented.<br>▪ 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.<br>▪ If individual vomits within three hours from ingestion, a repeat dose may be given.<br>▪ The use of LNG-EC is not contraindicated during breastfeeding. The SPC for Levonorgestrel advises that LNG is secreted into breast milk and that potential exposure of the infant to levonorgestrel can be reduced if the woman takes the tablet immediately after feeding and avoids nursing for at least 8 hours. However studies report no evidence of an adverse effect on the infant or on lactation and the GDG consider that women can be advised to continue to breastfeed after using LNG-EC.<br>▪ fsrh-guideline-emergency-contraception03dec2020-amendedjuly2023-11jul.pdf |
| **Identification and 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 website www.bnf.org.<br><br>The following possible adverse effects are commonly reported with Levonorgestrel] (but may not reflect all reported adverse effects):<br>Side effects such as nausea, low abdominal pain, fatigue, headache, dizziness, breast tenderness, diarrhoea, Vomiting irregular spotting.<br>Minimal disruption of menstrual cycle. |

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| | If an adverse reaction is suspected or occurs, the patient must be referred to a doctor. |
| **Management of and reporting procedures for adverse reactions**<br><br>**(▼ - include yellow card details)** | ▪ Record all adverse drug reactions (ADRs) in the individual's clinical record.<br>▪ Advise patient to contact nurse/ doctor if side effects occur.<br>▪ If a serious adverse reaction is suspected please report to the Commission on Human Medicines (CHM) via the Yellow Card Scheme http://yellowcard.mhra.gov.uk/.<br>▪ ▼ Medicines. Any adverse events that may be attributable to Levonorgestrel should be reported to the Commission on Human Medicines (CHM) via the Yellow Card Scheme via http://yellowcard.mhra.gov.uk/. |
| **Written information to be given to individual or carer** | ▪ Give marketing authorisation holder's product information leaflet (PIL) provided with the product.<br>▪ MHRA Levonorgestrel emergency contraception: important information for women taking other medicines leaflet |
| **Additional advice and information** | ▪ Inform the individual/ carer of possible side effects and their management.<br>▪ The individual carer should be advised to seek medical advice in the event of an adverse reaction.<br>▪ Where the medication is being used off label, practitioners must inform the patient or their carer that the medication is being used off label.<br>▪ Advise to contact nurse/ GP if condition worsens or symptoms persist.<br>▪ Efficacy, advantages and disadvantages.<br>▪ Mode of action.<br>▪ Method of taking.<br>▪ Women should be advised that oral Emergency Contraception methods do not provide contraceptive cover for subsequent unprotected sexual intercourse and that they will need to use contraception or refrain from sex to avoid further risk of pregnancy,women should be advised on how to access ongoing contraception.<br>▪ 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.<br>▪ 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. Quick Starting Contraception \| CoSRH<br>▪ If a woman is likely to continue to be at risk of pregnancy or has expressed a preference to start contraception immediately after Emergency Contraception, a health professional may 'quick start' combined hormonal contraception (excluding co-cyprindiol), the progestogen only pill (POP) or implant, providing the woman has been appropriately informed and advised to have a pregnancy test in ≥3 weeks.<br>▪ Following administration of levonorgestrel, for women |

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| | continuing to use a hormonal method, if the woman becomes pregnant, the possibility of an ectopic pregnancy should be considered, particularly for those with a past history of ectopic pregnancy.<br>▪ Women should be advised to seek medical advice or return to the Pharmacy if they vomit within 3 hours of taking levonorgestrel. A repeat dose of the same method or referred for a copper intrauterine device if appropriate.<br>▪ Headache, nausea and altered bleeding patterns are side effects common to oral EC. Nausea is reported by less than 20% of women using LNG EC and vomiting occurs in only 1%.<br>▪ Advise to consult a pharmacist, nurse or doctor before taking any new medicines including those purchased.<br>▪ Advise to return to pharmacy if vomiting occurs within 3 hours of dose (as another tablet should be taken immediately).<br>▪ Please note that the most effective method of emergency contraception is a copper IUD. This should be discussed with all women. If a woman wishes to have an emergency IUD then she can be referred to Chalmers Centre (Edinburgh) for insertion. The woman can also be given Levonorgestrel prior to attendance for an IUD in case there is any delay or problem with insertion of the IUD.<br>▪ EC providers should advise women that LNG-EC is licensed for EC up to 72 hours after UPSI. The evidence suggests that LNG-EC is ineffective if taken more than 96 hours after UPSI.<br>▪ 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.<br>▪ Promote the use of condoms to protect against sexually transmitted infections (STIs) and advise on the possible need for screening for STIs.<br>▪ There is no evidence of harm if someone becomes pregnant in a cycle when they had used emergency hormonal contraception.<br>▪ Explain that menstrual disturbances can occur after the use of emergency hormonal contraception. |
| **Referral, patient monitoring and follow-up** | ▪ Refer to the appropriate clinician or prescriber in the care pathway.<br>Individuals should be advised/referred for ongoing contraception if required. |

## 4. REFERENCES

1. Summary of Product Characteristics accessed on …10/04/26…… via http://www.medicines.org.uk. (Version updated on … 28 Jul 2021……..)
2. BNF [version] last accessed via https://www.medicinescomplete.com on ……..
3. NHS Lothian Protocol and Procedure for the Administration of Adrenaline in Life Threatening Anaphylaxis http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/ClinicalGuidance/General/Adrenaline%20administration%20in%20Life%20Threatening%20Anaphylaxis.pdf
4. NICE Medicines practice guideline "Patient Group Directions" Overview | Patient group directions | Guidance | NICE
5. [CoSRH Clinical Guideline: Emergency Contraception (March 2017, amended July 2023) | CoSRH
6. Cleland K, Raymond E, Trussell J, Cheng L, Zhu H. Ectopic pregnancy and emergency contraceptive pills: a systematic review. Am J Obstet Gynecol 2010; 115: 1263–1266.