



This patient group direction (PGD) must only be used by registered health professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

Patient Group Direction (PGD)

For the administration or supply of

Etonogestrel 68mg Sub-dermal implant

By registered health care professionals for

Contraception

Throughout the Manx Care and those contracted by the Manx Care where appropriate within practice

PGD NUMBER 25

1. Change history

Version number	Change details	Date
1	Original PGD ratified	June 2021

2. Medicines practice guideline 2: *Patient group directions*

Refer to the relevant sections of NICE medicines practice guideline 2: *Patient group directions* as stated in the blank template notes. For further information about PGD signatories, see the NHS and Manx Care [PGD website FAQs](#)

3. PGD development

Refer to the [NICE PGD competency framework for people developing PGDs](#)

Job Title & organisation	Name	Signature	Date
Author of the PGD			
Member of the PGD working group			

4. PGD authorisation

Refer to the [NICE PGD competency framework for people authorising PGDs](#)

Job Title	Name	Signature	Date
Medical Director			
Chief Pharmacist/ Pharmaceutical Adviser			
Senior Paramedic			
Director of Nursing			
GP Adviser			
Senior Microbiologist (if PGD contains antimicrobials)			

5. PGD adoption by the provider

Refer to the [NICE PGD competency framework for people authorising PGDs](#)

Job title and organisation	Signature	Date	Applicable or not applicable to area

6. Training and competency of registered healthcare professionals, employed or contracted by the Manx Care, GP practice or Hospice

Refer to the [NICE PGD competency framework for health professionals using PGDs](#)

	Requirements of registered Healthcare professionals working under the PGD
Qualifications and professional registration	<ul style="list-style-type: none"> Registered healthcare professionals, working within or contracted by the Manx Care, GP practice or Hospice who are permitted staff groups outlined within the current PGD policy Pharmacists must be practising in Manx Care authorised premises i.e. contracted pharmacy premises Specific training in sexual health and/or contraception, or equivalent experience
Initial training	<ul style="list-style-type: none"> Knowledge of current guidelines and the administration of the drug specified in this PGD/BNF and of the inclusion and exclusion criteria Training which enables the practitioner to make a clinical assessment to establish the need for the medication covered by this PGD Local training in the use of PGDs
Competency assessment	Staff will be assessed on their knowledge of drugs and clinical assessment as part the competency framework for registered health professionals using PGDs
Ongoing training and competency	The registered health care professionals should make sure they are aware of any changes to the recommendations for this medication; it is the responsibility of the registered health care professionals to keep up to date with continuing professional development. PGD updates will be held every two years

7. Clinical Conditions

Clinical condition or situation to which this PGD applies	Contraception
Inclusion criteria	Females ages 18 to 40 years
Exclusion criteria	<ul style="list-style-type: none"> • Suspected pregnancy • Known hypersensitivity • Any UKMEC level 3 or 4 • Anyone with 2 or more UKMEC level 2's • Medication interactions • Undiagnosed vaginal bleeding
Cautions (including any relevant action to be taken)	<ul style="list-style-type: none"> • Anyone under 18 years of age • Anyone over 40 years of age • Active trophoblastic disease (until return to normal of urine- and plasma-gonadotrophin concentration) • Arterial disease • Disturbances of lipid metabolism • History during pregnancy of deterioration of otosclerosis • History during pregnancy of pruritus • History of jaundice in pregnancy • Malabsorption syndromes • Possible risk of breast cancer • Sex-steroid dependent cancer • Systemic lupus erythematosus with positive (or unknown) antiphospholipid antibodies
Arrangements for referral for medical advice	Patient should be referred to a more experienced clinical practitioner for further assessment
Action to be taken if patient excluded	Patient should be referred to a more experienced clinical practitioner for further assessment
Action to be taken if patient declines treatment	<ul style="list-style-type: none"> • A verbal explanation should be given to the patient on: the need for the medication and any possible effects or potential risks which may occur as a result of refusing treatment • This information must be documented in the patients' health records • Any patient who declines care must have demonstrated capacity to do so • Where appropriate care should be escalated

8. Details of the medicine

Name, form and strength of medicine	Etonogestrel 68mg sub-dermal implant
Legal category	Prescription Only Medicine (POM)
Indicate any <u>off-label use</u> (if relevant)	Best practice advice is given by the FSRH and is used for guidance in this PGD and may vary from the Summary of Product Characteristics (SPC).

	<p>This PGD includes the following unlicensed use(s):</p> <ul style="list-style-type: none"> • Insertion in individuals over 40 years of age • Insertion in individuals under 18 years of age • Active venous thromboembolic disorder • The implant may be inserted or reinserted at any time as a quick start method if it is reasonably certain that the individual is not pregnant. Additional contraception is then required for 7 days after insertion • The implant may be inserted immediately post-partum and after 2nd trimester abortion or miscarriage • The implant may be inserted at any time after mifepristone administration at medical abortion or at any stage in a surgical abortion process
Route/method of administration	Sub-dermal implant
Dose and frequency	<ul style="list-style-type: none"> • Contraception (no hormonal contraceptive use in previous month): 1 implant inserted during first 5 days of cycle, implant should be removed within 3 years of insertion • Contraception (postpartum): 1 implant to be inserted 21–28 days after delivery (delay until 28 days postpartum if breast-feeding), implant should be removed within 3 years of insertion • Contraception following abortion or miscarriage in the second trimester: 1 implant to be inserted 21–28 days after abortion or miscarriage, implant should be removed within 3 years of insertion • Contraception following abortion or miscarriage in the first trimester: 1 implant to be inserted within 5 days after abortion or miscarriage, implant should be removed within 3 years of insertion
Quantity to be administered and/or supplied	One sub-dermal implant
Maximum or minimum treatment period	One episode of care
Storage	Room temperature
Adverse effects	<ul style="list-style-type: none"> • Abdominal pain • Alopecia • Anxiety • Appetite increased • Breast abnormalities • Depressed mood • Dizziness • Emotional lability • Fatigue • Flatulence • Headaches • Hot flush • Increased risk of infection • Influenza like illness • Libido decreased • Menstrual cycle irregularities • Nausea • Ovarian cyst • Pain • Skin reactions • Weight changes
Records to be kept	The administration of any medication given under a PGD must be recorded within the patient’s medical records

9. Patient information

Verbal/Written information to be given to patient or carer	<ul style="list-style-type: none">• Verbal information must be given to patients and or carers for all medication being administered under a PGD• Where medication is being supplied under a PGD, written patient information leaflet must also be supplied• A patient information leaflet is available on request
Follow-up advice to be given to patient or carer	If symptoms do not improve or worsen or you become unwell, seek medical advice immediately

10. Appendix A

References
<ol style="list-style-type: none">1. British National Formulary (BNF) available online: https://bnf.nice.org.uk2. Nursing and Midwifery (2018) "The code" available online: https://www.nmc.org.uk3. Current Health Care Professions Council standards of practice4. General Pharmaceutical Council standards5. The General Optical Council6. Electronic medicines compendium available online: https://www.medicines.org.uk

11. Appendix B

Health professionals agreed to practice
<ul style="list-style-type: none">• Each registered healthcare professional will hold their own Competency framework which will be signed and agreed by their mentor• A mentor is defined within the Manx Care policy as any ward/area managers, sisters, senior nurses, GPs, pharmacists or senior paramedics who has completed the PGD training themselves