**PATIENT GROUP DIRECTION (PGD) FOR ADMINISTRATION OF**

**NEXPLANON® SUBDERMAL CONTRACEPTIVE IMPLANT**  
**POM**

**Directorate / Division:** Integrated Contraception, Sexual Health & HIV Service

**YOU MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE YOU ATTEMPT TO WORK ACCORDING TO IT**

### Clinical Condition

<table>
<thead>
<tr>
<th>Situation to which the PGD applies</th>
<th>Insertion of Nexplanon® subdermal contraceptive implant for patients attending any of CMFT’s Integrated Contraceptive, Sexual Health &amp; HIV Services, in all settings (e.g. hub, spoke or outreach).</th>
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</table>
| Inclusion criteria                | A patient requesting Nexplanon® who:  
  - Has no contraindication to Nexplanon® in their medical history  
  - Has received pre-insertion counselling and understands the risk, benefits and side effects  
  - Meets Fraser guidelines, if under 16 years of age  
  - Is competent to consent to treatment  
  - Has reached the menarche |
| Exclusion criteria                | - Allergy / known intolerance to progestogen or components of Nexplanon®  
  - All conditions described by the United Kingdom Medical Eligibility Criteria (UKMEC) as category 3 and category 4.  
  If the patient is receiving any concomitant medication treatment, it is the responsibility of the healthcare professional identified in ‘Characteristics of Staff’ to ensure that treatment with the medicines detailed in this PGD is appropriate. In case of any doubt, further advice must be sought from an appropriate healthcare professional and this must be recorded as having been sought before the medicine is given. |
| Caution / need for further advice | Nil |
| Action if the patient is excluded | - The patient is asked to see a doctor present in the clinic  
  - If it is a nurse-led clinic, seek telephone advice from a doctor and document accordingly  
  - The patient may be asked to return to a clinic where a doctor will be present  
  - The patient may be advised to use other forms of contraception, either temporarily whilst awaiting doctor review or indefinitely  
  - Fully document reason for exclusion and all actions taken in the EHR. |
| Action if the patient declines    | As action if patient is excluded  
Document all advice and actions in the EHR. |

**Date applicable:** 1st October 2016  
**Version:** v4.0  
**Review date:** 1st April 2018  
**Expiry date:** 30 September 2018
Staff Characteristics

Qualifications
- Nurses currently registered with the Nursing and Midwifery Council (NMC).
- Must have a recognised Contraception & Sexual Health qualification.

Additional requirements
- Must have undertaken the recognised training and have been assessed as competent in the insertion / removal of subdermal implants (Faculty of Reproductive and Sexual Healthcare training requirement/competency or equivalent).
- Must have completed appropriate training for working under PGDs according to the PGD policy. See the staffnet PGD intranet page.
- Must have completed clinical mandatory Medicines Management training and keep this up to date.
- Must have completed resuscitation training and keep this up to date.
- Must have knowledge of the CMFT Medicines Policy.

Continuing training and education
- Must be able to demonstrate regular updating in the field of contraception and sexual health.
- Must complete appropriate safeguarding training as per Trust policy.
- Must attend regular CASH protected learning time sessions.

It is the responsibility of the health professional to maintain their own competency to practice within this PGD. Further training may be necessary (at the discretion of the responsible manager) when the PGD is reviewed. Practitioners must have a review of their requirement to undertake this element of their role at their annual appraisal. They must be able to demonstrate that they have the required knowledge and skills to support the use of this PGD in practice by completing a post training competency.

The head of the professional group to whom the PGD applies must maintain a record of the names of individual health professionals and the training received.
### Drug Details

| Name, form and strength of medicine | Nexplanon® 68mg implant for subdermal use; a radio-opaque, non-biodegradable, progestogen-only flexible implant preloaded in a sterile, disposable applicator. One implant contains 68mg of etonogestrel; the release rate is approximately 60-70micrograms/day in week 5-6 and has decreased to approximately 35-45micrograms/day at the end of the first year, to approximately 30-40micrograms/day at the end of the second year and to approximately 25-30micrograms day at the end of the third year. |
| Manufacturer | MSD |
| Route / method | Administer by subdermal injection as per manufacturer’s instructions. The applicator is designed to be operated with one hand and to help facilitate correct subdermal insertion of the implant. Note: If quick starting, use is outside the Marketing Authorisation, as pregnancy is not excluded. Lidocaine 1% injection is administered by subdermal or subcutaneous route prior to insertion of the subdermal contraceptive implant (see Lidocaine PGD.) |
| Dosage | One implant of etonogestrel 68mg (Nexplanon®) to be placed subdermally, preferably in the non-dominant arm, for a maximum of three years |
| Frequency | Single dose application every three years as required |
| Total dose / number | One implant per episode |
| Maximum or minimum treatment period | One implant up to 3 years per implant |
| Quantity to administer | One implant |
| Side effects | The patient should be fully advised of the side effects associated with Nexplanon® the most common being: • Menstrual irregularities / amenorrhoea • Nausea • Headache • Skin changes • Breast tenderness • Bruising or infection at site of insertion / removal • Scarring • Rarely neurovascular problems. Refer to current edition of the British National Formulary (BNF – |
Patient Group Direction (PGD) for Administration of

Nexplanon® Subdermal Contraceptive Implant

It is the responsibility of the nurse to ensure that any medication currently being received by the patient is appropriate with the drug detailed in the PGD.

Please refer to current edition of the British National Formulary (BNF – www.evidence.nhs.uk/formulary/bnf/current) or the Summary of Product Characteristics (SPC – www.medicines.org.uk) for a full list of known interactions. Advice should be sought from an appropriate healthcare professional if required.

Adverse events

If anaphylaxis occurs, follow the procedure set out by CMFT. Adrenaline injection (+/- oxygen) must be available.

For any other adverse reactions, seek medical advice as necessary.

In the event of any adverse reaction:
- Record the adverse reaction and action taken in the patient’s EHR
- Inform the patient’s GP
- Record the incident as per local incident reporting policy
- Report the adverse reaction under the Yellow Card scheme (submit online at http://yellowcard.mhra.gov.uk)

Advice to be given to patient / carer

A copy of the manufacturer’s patient information leaflet (PIL) must be made available to the patient whenever a medicine is administered under PGD.

In addition, nurse must discuss:
- Effectiveness of method
- How it works
- Three year lifespan
- Beneficial effects, side effects, failure rate and risks should be discussed (refer to protocol)
- Insertion and removal technique
- Aftercare of insertion / removal site
- When to seek further medical advice
- Return if unacceptable bleeding problems or side effects
- Opportunistic health promotion should be offered as appropriate
- If used outside the terms of the Marketing Authorisation, i.e. if quick starting.

Document all advice given in the patient’s EHR.

Patient competence

If a patient is less than 16 years of age, the nurse will assess competency using the Fraser Guidelines. An under 16s assessment must be undertaken at each visit and recorded on the “Young Persons Proforma” template on the EHR.
**Patient Group Direction (PGD) for Administration of**

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<tr>
<th><strong>Nexplanon® Subdermal Contraceptive Implant</strong></th>
<th>POM</th>
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<tr>
<td>• Understanding of advice given</td>
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<td>• Encouraged to inform parents</td>
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<td>• The effect on the physical and mental health of the young person if advice / treatment is withheld</td>
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<td>• Action is in the best interest of the young person.</td>
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**Follow up**

- The patient should be advised when to seek medical advice
- The patient should return prior to the expiry of the implant to discuss removal / reinsertion / alternative contraception.
Audit Trail

Records

All patients should have the appropriate history template including implant counselling template completed on their EHR. An implant insertion template should be completed.

The following details must be recorded on the EHR:

- Patient’s name, address, date of birth, and (where available) NHS number
- Confirmation of consent
- Contact details of GP (if registered)
- Dose, form, route and site administered
- Batch number and expiry details
- Advice given to patient (including side effects)
- Name and designation name of staff member who inserted and removed the implant
- Referral arrangements (including self-care)
- Details of any adverse drug reaction and actions taken including documentation in the patient’s medical record.

Labelling

Not applicable

References

### Patient Group Direction (PGD) for Administration of

#### Nexplanon® Subdermal Contraceptive Implant


**Patient Group Direction (PGD) for Administration of**

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<table>
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<th>Individual Authorisation</th>
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By signing this PGD you are agreeing that:
- You have read and understood the content;
- To the best of your knowledge, the content of the PGD is correct and supports best practice;
- You will act within the parameters of the PGD;
- You take responsibility for maintaining your competence and ongoing training requirements to continue to use the PGD safely.

**PGDs do not remove inherent professional obligations or accountability.**

It is the responsibility of each professional to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct.

Note to Authorising Managers: authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation.

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<th>Name of Professional</th>
<th>Signature</th>
<th>Authorising Manager</th>
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