

# MVA PRE-PROCEDURE NOTE

Date:

**Vitals:** BP \_\_\_/\_\_\_ Wt. \_\_\_ T \_\_\_ **Hgb:** \_\_\_/dl.

**Urine pregnancy test:** Positive/ Negative or Sonographic confirmation: \_\_\_\_\_

- Patient was counseled regarding her pregnancy options
- Procedure explained, alternatives discussed, side effects, adverse events reviewed.
- Informed consent obtained, filed in chart.

## History:

LMP:            Relevant gyn history:

Last PAP:

Allergy to Betadine or Iodine: Yes \_\_\_\_\_ No \_\_\_\_\_ Never had it \_\_\_\_\_  
Allergy to Lidocaine:            Yes \_\_\_\_\_ No \_\_\_\_\_ Never had it \_\_\_\_\_  
Allergy to Ibuprofen:            Yes \_\_\_\_\_ No \_\_\_\_\_ Never had it \_\_\_\_\_  
Allergy to Misoprostol:        Yes \_\_\_\_\_ No \_\_\_\_\_ Never had it \_\_\_\_\_

G \_\_\_ P: \_\_\_ # of C/S: \_\_\_ Previous abortions: \_\_\_ Surg \_\_\_ Med \_\_\_ SAB

Rh Type: \_\_\_\_\_ by pt. Hx / by documentation

## Ultrasound Exam:

GS: \_\_\_ mm

CRL: \_\_\_ mm

Gestational Age \_\_\_\_\_

FHR: Y/N                      YS: Y/N

WNL/Notes:

## Assessment:

- Patient is candidate for aspiration abortion
- Misoprostol 400mcg. Given buccally at \_\_\_\_\_
- 800 mg Ibuprofen dispensed for oral administration. Time: \_\_\_\_\_
- Other: \_\_\_\_\_
- Labs drawn or Rh status confirmed.
- Post procedure contraception: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_