

## MVA PRE-PROCEDURE NOTE

Date:

Vitals: BP \_\_\_/\_\_\_ Wt. \_\_\_ T \_\_\_ Hemoglobin/hematocrit: \_\_\_g/dl or %.

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

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

History:

LMP: \_\_\_\_\_ Relevant gynecologic 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 patient history / by documentation if > 12 weeks LMP

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, if > 12 LMP.
- Post procedure contraception: \_\_\_\_\_

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