

Electronic Health Record Template: Manual Vacuum Aspiration (MVA) procedure with IUD insertion

SUBJECTIVE

{patient name} is a {xx} year old, coming today for a manual vacuum aspiration for {pregnancy termination miscarriage}. She is G{NUMBERS 0-12:11049}P{NUMBERS 0-12:11049}. Her gynecological history is {COMPLICATED:9078/uncomplicated}. We discussed her options for treatment at length including the option of a medications to expel the pregnancy if less than 10 weeks gestation, or the option of care elsewhere with IV sedation. She has decided that she would prefer the aspiration procedure here. She {IS/IS NOT:9024} in a safe situation at home. She is accompanied today by her {ped or adult clinic companion:5061::"mother"}. Her RH status {IS/IS NOT:9024} known. She {would/would not} like to have a {IUD TYPES:11444} IUD inserted after the aspiration procedure.

OBJECTIVE

.VS (vital signs)

{general appearance:5021}

{PELVIC EXAM:709}

Ultrasound Exam: gestational sac, yolk sac, fetal pole give a gestational age of ***. A copy of the sonogram will be scanned to the chart.

Patient Name signed the consent for a manual vacuum aspiration. The consent is to be scanned into the record. Risks of the procedures were reviewed with the patient.

I {DID/DID NOT:11288} evaluate her contraindications to IUD placement: there is no copper allergy for copper IUD users, no progestin allergy for LNG users, and no mucopurulent cervicitis.

We discussed the risks, benefits and alternatives to the IUD. I have answered all her questions about possible infection, complications and fertility after and during use of the IUD. The risks discussed included: bleeding and infection post procedure, risk for expulsion and the very small risk of pregnancy while using the IUD. *Patient Name* has signed a consent for the MVA procedure {with/without the IUD insertion} and it is to be scanned into the record. Her most recent pap smear results were reviewed and I evaluated the need to obtain a gonorrhea and chlamydia test.

She was given the opportunity to ask questions and these were all answered.

Patient Name was evaluated for NSAID allergy; Ibuprofen 800mg {WAS/WAS NOT:9033} given orally about 20 minutes prior to the procedure.

Procedure:

Time out taken : {time}

Team: {insert clinicians names here}
Patient Name 3/23/1990 confirmed {YES/NO:63}
Procedure: manual vacuum aspiration followed by {IUD TYPES:11444}IUD confirmed by *patient* and *team* {YES/NO:63}
Site: Uterus via cervix
Position correct for procedure {YES/NO:63}
Equipment for procedure available {YES/NO:63}

A sterile speculum is placed.

A probe for GC/Chlamydia was obtained. {yes no:315493::"Yes"}

A pap smear {WAS/WAS NOT:9033} obtained.

The cervix and vagina were swabbed with betadine. Injections were then performed using 1% lidocaine or marcine 1% combined with 0.9% saline (1 part lidocaine to 1 part normal saline) buffered with sodium bicarbonate. {numbers:311357} mLs were injected prior to tenaculum placement at the 12 o'clock position on the cervix. A paracervical block was then performed, injecting a total of {NUMBERS; 1-31:12252} mL. The cervix was progressively dilated to *** using the Dennniston dilators. A cannulae size *** was inserted and the uterine contents were aspirated. There were {BLEEDING:111066}. A {IUD TYPES:11444} was easily inserted to the uterine fundus. The IUD strings were cut to {NUMBER 1-3, NONE:200007} cm. The procedure was {COMPLICATED:9078}. The tissue exam {WAS/WAS NOT:9033} complete.

The patient {DID/DID NOT:11288} tolerate the procedure well.

The post procedure vital signs were as noted by nursing.

ASSESSMENT:

Patient Name is now status post a manual vacuum aspiration and IUD insertion, has been observed for 30 minutes and is stable to leave the office.

PLAN:

I have given her the post MVA handout detailing what to expect post procedures. She verbalized understanding of the instructions.

An Rh typing{WAS/WAS NOT:9033} sent. Rhogam was given if known RH negative.

A quantitative Beta hcg {WAS/WAS NOT:9033} indicated and {WAS/WAS NOT:9033} sent.

She was prescribed and given doxycycline 200mg (2 tablets each 100mg) to take in the office or with her next meal

Her need for Gardasil was evaluated: {GARDISIL:12116}

The Certificate of for the NYC DOH was completed and will be entered into the EVERS system, (for NYC sites only). {yes no:315493::"Yes"}

Patient Name has been asked to follow up at the appropriate interval for her periodic well woman exam.