

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}. They are G{NUMBERS 0-12:11049}P{NUMBERS 0-12:11049}. Their gynecological history is {COMPLICATED:9078/uncomplicated}. We discussed their options for treatment at length including the option of medications to expel the pregnancy if less than 12 weeks gestation, or the option of care elsewhere with IV sedation. They have decided that they would prefer the aspiration procedure here. They {ARE/ARE NOT:9024} in a safe situation at home. They are accompanied today by their {ped or adult clinic companion:5061::"mother"}. They {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 their 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 their 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. Their most recent pap smear results were reviewed and I evaluated the need to obtain a gonorrhea and chlamydia test.

They were 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 DOB 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 bupivacaine 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 Denniston dilators. A cannula size *** was inserted and the uterine contents were aspirated. There were {BLEEDING:111066}. A {IUD TYPES:11444} was easily inserted to the uterine fundus. Ultrasound guidance used during procedure: {YES/NO:63}. The uterus was sounded {YES/NO:63} to a depth of __cm. 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 the patient the post MVA handout detailing what to expect post procedures. They verbalized understanding of the instructions.

A quantitative Beta hcg {WAS/WAS NOT:9033} indicated and {WAS/WAS NOT:9033} sent. They were prescribed and given doxycycline 200 mg (2 tablets each 100 mg) to take in the office or with their next meal.

Patient Name has been asked to follow up at the appropriate interval for their periodic wellness exam.