

CHART REVIEW FORM: ASPIRATION ABORTION

| | Yes | No | N/A |
|--|-----|----|-----|
| Options counseling documented | | | |
| Protocol explanation documented | | | |
| Informed consent form: In chart | | | |
| Labeled | | | |
| Signed | | | |
| Rh status documented | | | |
| Rhogam given (if indicated) | | | |
| Sonogram documented | | | |
| Hemoglobin level documented | | | |
| All medication use documented | | | |
| Contraception plan documented | | | |
| Gonorrhea and Chlamydia done | | | |
| Induced termination of pregnancy form done | | | |
| Post-op instructions reviewed with patient | | | |