**CHART REVIEW FORM: MEDICATION ABORTION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Abortion options counseling documented |  |  |  |
| Expected effects education documented |  |  |  |
| Protocol explanation documented |  |  |  |
| Informed consent: In chart |  |  |  |
| Labeled |  |  |  |
| Signed |  |  |  |
| Rh status documented (if known, testing can be forgone up to 77 days LMP) |  |  |  |
| Rhogam given (if indicated) |  |  |  |
| Pregnancy dating confirmed |  |  |  |
| Initial quantitative HCG level (if needed) |  |  |  |
| Initial hematocrit level or hemoglobin documented (if history of anemia) |  |  |  |
| Pain medication prescribed |  |  |  |
| Follow-up visit or phone call completed (optional) |  |  |  |
| Assessment of abortion completion:  History |  |  |  |
| Negative home pregnancy test 4 weeks after mifepristone |  |  |  |
| Beta-HCG |  |  |  |
| Ultrasound |  |  |  |
| Contraception counseling offered |  |  |  |
| Contraception plan documented |  |  |  |