

Electronic Health Record Template: Manual Vacuum Aspiration (MVA) for Early Pregnancy Loss

SUBJECTIVE

{patient name} is a {xx} year old, coming today for a manual vacuum aspiration for 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 expectant management, medication management, 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"}.

Their early pregnancy loss was diagnosed by {Miscarriage management:11732}.

OBJECTIVE

.VS (vital signs) with pain

{general appearance:5021}

{PELVIC EXAM:709}

Ultrasound Exam: gestational sac, yolk sac, fetal pole give a gestational age of ***. A copy of the sonogram is in the chart.

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

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

Site: (location and laterality): 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/WAS NOT:9033} obtained.

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

The cervix and vagina were swabbed with betadine.

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}. The procedure was {COMPLICATED:9078}. The tissue exam {WAS/WAS NOT:9033} complete. A post procedure ultrasound {WAS/WAS NOT:9033} indicated and {WAS/WAS NOT:9033} done.

Re-aspiration {WAS/WAS NOT:9033} indicated and {WAS/WAS NOT:9033} done.

The patient tolerated the procedure well.

The post procedure vital signs were taken and noted by nursing.

ASSESSMENT:

Patient Name is now status post a manual vacuum Aspiration, 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 procedure. They verbalized understanding of the instructions.

Folic acid {was/was not:9033} recommended.

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

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