

Medication Abortion Note

Initial and Follow Up Visits

Medication Abortion Initial Visit Note

Subjective:

{Patient name} is here with an unintended pregnancy. We fully discussed all of the options. The patient has indicated that this is not a good time to become a parent and would like to end the pregnancy. The options including medication abortion, suction abortion with local anesthesia and referral for suction abortion under general anesthesia were discussed. The patient has chosen a medication abortion.

G***P***

Obstetric History

Can often be blown in from history section of electronic health record

The patient's Obstetrical and Gynecological history is {COMPLICATED/UNCOMPLICATED: }. Their prior methods of contraception: {CONTRACEPTION: }.

The patient {IS/IS NOT: } in a safe situation at home and {DOES/ DOES NOT:10152} describe a situation that might be high risk for abuse.

The patient {DOES/ DOES NOT:10152} meet the following criteria: There is no IUD in place, the patient is not allergic to prostaglandins/mifepristone, there is no chronic adrenal failure, long-term systemic corticosteroids use, no concurrent anticoagulant therapy, and no hemorrhagic disorders.

Rh status: ***

PHYSICAL EXAMINATION:

{vital signs}

General appearance: {appearance:50}

Uterus: *** weeks size

ULTRASOUND (limited study for the purpose of determining gestational age):

Performed: {YES/NO/NA:10175}

Gestational sac: {YES/NO/NA:10175}

Yolk sac: {YES/NO/NA:10175}

Crown rump: {YES/NO/NA:10175}, ***mm

Gestational age: *** days by ultrasound

ASSESSMENT

{Patient name} is a good candidate for medical abortion with a pregnancy at less than 77 days gestational age. The patient has no medical contraindications. The patient understands the protocol and possible side effects, the option for a follow-up visit or phone call, and the need for a suction procedure if the medical abortion fails. The patient knows how to contact me in case of an emergency.

PLAN

Informed, evidence-based consent form signed: {YES/NO: }

Pain medication prescribed as per orders.

Mifeprex lot number recorded: by nursing, see nursing note.

Dispensed one tablet of Mifepristone.
Dispensed 4 tablets of misoprostol (200 mcg each) for home use.
Patient information sheet given, this sheet details the timing for the self insertion of the misoprostol and the expected bleeding patterns.
Rhogam given: {YES/NO/NA: }
The sonogram (if done) is to be scanned into the record with the consent form.
The patient has chosen {CONTRACEPTION: } and has been instructed on when to begin this method. (OCP users to start one or two days after the insertion of the misoprostol)
Quantitative HCG level ordered: {YES/NO: }
Follow-up visit or phone call offered in approximately 1 week-2 weeks

Medication Abortion Follow up Visit or Phone Call Note

{Patient name} presents for follow-up after medical abortion.
Within 24 hours after taking misoprostol, patient had cramping and bleeding.
Bleeding now reported as: ***
The patient has no symptoms of pregnancy.

OBJECTIVE

{vital signs}
General appearance: {appearance:50}
Ultrasound (if done) shows absence of gestational sac and thickening of the endometrial lining:
{YES/NO/NA:10175}

ASSESSMENT

Abortion completion assessed by:
History: {YES/NO/NA:10175}
Sonogram: {YES/NO/NA:10175}

PLAN

Contraception plan reviewed: {YES/NO/NA:10175}
Repeat HCG level ordered: {YES/NO/NA:10175}
Discussed duration of bleeding and potential complications.
No restrictions on activity.