

# MEDICAL ABORTION CHARTING FORM

Patient Name:  
DOB:  
Health Card:

Tel:  
Age:

## 1. Counselling

- Pregnancy options counselling provided
- Surgical vs. medical abortions discussed
- Medical abortion protocol explained
  - Reviewed timing of ultrasound, lab tests, medications, follow-up appointment
  - Reviewed effectiveness, side effects and potential complications
- Contraception plan: \_\_\_\_\_ start date: \_\_\_/\_\_\_/\_\_\_

## 2. Determine Eligibility for a Medical Abortion

### Confirm All Inclusion Criteria

- Expresses clear decision to have an abortion
- No indication of being coerced into a abortion
- Informed consent process completed
- Understands expected side effects (bleeding, cramping)
- Agrees to comply with the visit schedule
- Agrees to a surgical abortion should pregnancy continue
- Understands when and where to consult in case of emergent complications
- Has access to a telephone, transportation, and emergency medical care
- Review of current medications
- Allergies: \_\_\_\_\_

### Absolute Contraindications (*exclude all*)

- Chronic adrenal failure
- Inherited porphyria
- Uncontrolled asthma
- Allergy to mifepristone or misoprostol
- Ectopic pregnancy
- Coagulopathy or current anticoagulant therapy

### Consider and Manage Relative Contraindications:

- Pregnancy of unknown location or gestational age
- Long term corticosteroid use
- Anemia with hemoglobin Hb < 95 g/L
- IUD in situ (no longer a contraindication if removed)

## 3. Physical Exam, Gestational Age, Pregnancy Location

- LMP: \_\_\_/\_\_\_/\_\_\_ (date)
- G: \_\_\_ T: \_\_\_ P: \_\_\_ A: \_\_\_ L: \_\_\_
- Vital signs: BP \_\_\_\_, HR \_\_\_\_
- Gestational age on \_\_\_/\_\_\_/\_\_\_ is: \_\_\_ wks \_\_\_ days
  - confirmed clinically and with urine test **OR**
  - confirmed by ultrasound
- $\beta$ hCG done or planned [see section 4, Labs] **OR**
- $\beta$ hCG not done
- Follow-up appointment scheduled \_\_\_/\_\_\_/\_\_\_ (date)

## 4. Initial Labs and Imaging

### Lab tests completed/results:

- ABO RH \_\_\_  Antibody Screen \_\_\_
  - 120 or 300  $\mu$ g Rho(D) IG given
- Hemoglobin \_\_\_
- Baseline  $\beta$ hCG \_\_\_ IU on \_\_\_/\_\_\_/\_\_\_
- Gonorrhea and chlamydia

### Imaging

- Dating ultrasound requisition, appointment on \_\_\_/\_\_\_/\_\_\_ (date)

## 5. Provision of Mifegymiso®

- Review U/S and lab results with the patient and agree to proceed
- Prescribe Mifegymiso® (indicate on prescription a "dispense before" date appropriate for gestational age)
  - Planned date for mifepristone: \_\_\_/\_\_\_/\_\_\_ (date)
  - Planned date for misoprostol: \_\_\_/\_\_\_/\_\_\_ (date)
- Review how and where to take the medication, timing
- Review pain and bleeding management and side effects with the patient and prescribe pain medication
- Provide written information on follow-up, when and where to seek emergency care, and who to call for questions
- Other discussion** \_\_\_\_\_

## Initial Appointment Signatures

Signature of healthcare professional providing counselling:

Date:

Signature of prescribing healthcare professional:

Date:

**6. Follow-up Appointment (7-14 days post mifepristone) | Date: \_\_\_/\_\_\_/\_\_\_ = \_\_\_ days since mifepristone**

- Review actual dates medication used:
  - Date mifepristone taken: \_\_\_/\_\_\_/\_\_\_
  - Date misoprostol taken: \_\_\_/\_\_\_/\_\_\_
- Review pre-abortion  $\beta$ hCG on \_\_\_/\_\_\_/\_\_\_ result \_\_\_ IU
- Post-abortion  $\beta$ hCG on \_\_\_/\_\_\_/\_\_\_ result \_\_\_ IU
  - $\beta$ hCG > 50% drop from baseline at 3 days post MIFE → successful pregnancy termination
  - $\beta$ hCG > 80% drop from baseline at 7 days post MIFE → successful pregnancy termination
  - $\beta$ hCG < 80% drop from baseline at 7 days post MIFE → order ultrasound
- Ultrasound result on \_\_\_/\_\_\_/\_\_\_ (date): \_\_\_\_\_ (if done)
- Screen for complications: \_\_\_\_\_
- Reviewed contraception plan: \_\_\_\_\_

**Follow-up Appointment Signatures**

Signature of healthcare professional conducting follow-up: \_\_\_\_\_

Date: \_\_\_\_\_

**Notes**

Reference: Costescu D, Guilbert E, Bernardin J, Black A, Dunn S, Fitzsimmons B, et al. Medical abortion. *J Obstet Gynaecol Can.* 2016;38(4):366–89

Planned  
Parenthood  
Ottawa



Planning  
des naissances  
d'Ottawa



CAPS CPCA  
Canadian Abortion Providers Support  
Communauté de pratique canadienne sur l'avortement



THE UNIVERSITY  
OF BRITISH COLUMBIA