

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 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 and Pregnancy Location

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

4. Initial Labs and Imaging

Lab tests completed/results:

- ☐ ABO RH ____ ☐ Antibody Screen ____
☐ 120 or 300 μ g Rho(D) IG given
- ☐ Hemoglobin ____
- ☐ Baseline β hCG ____ IU on ____/____/____
- ☐ Gonorrhea and chlamydia

Imaging

- ☐ Dating ultrasound requisition, appointment on ____/____/____

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
<input type="checkbox"/> Review actual dates medication used: <div style="margin-left: 20px;"> <input type="checkbox"/> Date mifepristone taken: ____/____/____ <input type="checkbox"/> Date misoprostol taken: ____/____/____ </div>	
<input type="checkbox"/> Review pre-abortion β hCG on ____/____/____ result _____ IU	
<input type="checkbox"/> Post-abortion β hCG on ____/____/____ result _____ IU	
<input type="checkbox"/> β hCG > 50% drop from baseline at 3 days post Mife → successful pregnancy termination	
<input type="checkbox"/> β hCG > 80% drop from baseline at 7 days post Mife → successful pregnancy termination	
<input type="checkbox"/> β hCG < 80% drop from baseline at 7 days post Mife → order ultrasound	
<input type="checkbox"/> Ultrasound result on ____/____/____ (date): _____ (if done)	
<input type="checkbox"/> Screen for complications (_____)	
<input type="checkbox"/> Reviewed contraception plan: (_____)	
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

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CAPS CPCA
Canadian Abortion Providers Support
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