

MIFEGYMISO® (MIFEpristone/MISOprostol) PHARMACIST CHECKLIST

I. Pharmacist Prescription Assessment			NO	YES
NECESSARY			<input type="checkbox"/>	<input type="checkbox"/>
Confirm indication for medical abortion			<input type="checkbox"/>	<input type="checkbox"/>
EFFECTIVE			<input type="checkbox"/>	<input type="checkbox"/>
Verify appropriate written date for prescription (NOTE: if prescription was written ≥ 7 days, ensure efficacy: Health Canada indicate use up to 63 days from last menstrual period, LMP; SOCG up to 70 days LMP)			<input type="checkbox"/>	<input type="checkbox"/>
SAFE			<input type="checkbox"/>	<input type="checkbox"/>
Identify patient will have access to help (personal support system, transportation, phone, and emergency medical care)			<input type="checkbox"/>	<input type="checkbox"/>
Exclude absolute contraindications (uncontrolled severe asthma, adrenal failure, allergies to drug or excipients, etc.)			<input type="checkbox"/>	<input type="checkbox"/>
Consider and/or manage relative contraindications (IUD, long-term corticosteroid use, hemorrhagic disorders, anemia)			<input type="checkbox"/>	<input type="checkbox"/>
ADHERENCE			<input type="checkbox"/>	<input type="checkbox"/>
Confirm patient is making a clear decision to complete treatment for a medical abortion (consider if external pressure is being placed on the patient and if there are feelings of hesitancy; address as required)			<input type="checkbox"/>	<input type="checkbox"/>
Confirm patient able to take MISO 24-48 hours after MIFE			<input type="checkbox"/>	<input type="checkbox"/>
Confirm patient is able to attend prescriber follow-up 7-14 days after starting treatment			<input type="checkbox"/>	<input type="checkbox"/>
II. Patient Counselling				
DIRECTIONS FOR USE – review appropriate administration			<input type="checkbox"/>	<input type="checkbox"/>
Day 1 MIFE (green box label): <i>take 1 tablet orally and swallow with water.</i>			<input type="checkbox"/>	<input type="checkbox"/>
Day 2-3 MISO (orange box label): <i>place 4 tablets between the cheek and gum (2 on <u>each</u> side of mouth) and leave in place for 30 minutes. Swallow leftover fragments with water.</i>			<input type="checkbox"/>	<input type="checkbox"/>
Discuss considerations for treatment start date (NOTE: patient may need to take time off work for 2-3 days; see example schedule in <i>Guide for Dispensing Mifegymiso® for Medical Abortion</i>)			<input type="checkbox"/>	<input type="checkbox"/>
MISSED DOSES			<input type="checkbox"/>	<input type="checkbox"/>
If MISO is forgotten and > 48 hours has passed since MIFE: take MISO right away and inform prescriber at follow-up				
If vomiting occurs : i. < 1 hour after swallowing MIFE : contact prescriber /pharmacist for assessment				
ii. during buccal absorption of MISO : contact pharmacist to facilitate provision of a new MISO prescription				
iii. after swallowing MISO fragments 30 minutes after buccal administration : no action required				
EXPECTED SIDE EFFECT MANAGEMENT AND MONITORING			<input type="checkbox"/>	<input type="checkbox"/>
Side Effect	What to expect...	What can you do...	When to seek help...	
Vaginal Bleeding & Discharge	<input type="checkbox"/> Starts within 4 to 48 hours after MISO (bleeding after MIFE is minimal) <input type="checkbox"/> Heavier than menstrual period <input type="checkbox"/> May contain blood clots <input type="checkbox"/> Heavy bleeding lasts 2 to 4 hours (light bleeding/spotting can continue until next menstrual period)	<input type="checkbox"/> Use large sanitary pads for heavy bleeding (should diminish upon pregnancy termination) <input type="checkbox"/> Do not use tampons <input type="checkbox"/> Use panty liners up to 30 days after treatment for light bleeding	<input type="checkbox"/> Heavy vaginal bleeding (saturates 2 or more large sanitary pads per hour for 2 consecutive hours) <input type="checkbox"/> Symptoms of dizziness, light-headedness or racing heart rate <input type="checkbox"/> Heavy bleeding > 16 days <input type="checkbox"/> Foul-smelling vaginal discharge	
Pain	<input type="checkbox"/> Starts within 4 hours of MISO <input type="checkbox"/> Lasts up to 24 hours <input type="checkbox"/> Cramping greater than menstrual period	<input type="checkbox"/> Comfort care (rest, hot pack, abdominal/lower back massage) <input type="checkbox"/> OTC options: ibuprofen or naproxen (acetaminophen is not as effective alone; may be taken in combination with opioids)	<input type="checkbox"/> Prolonged cramping > 16 days <input type="checkbox"/> Cramping/pain not improved with pain relief medications <i>Note: young age, nulliparous status, and advanced gestational age are associated with more pain.</i>	
Other	<input type="checkbox"/> Possible gastrointestinal side effects (nausea, vomiting, diarrhea), headache and fever/chills <input type="checkbox"/> Usually after MISO and self-limiting	<input type="checkbox"/> Can be managed with OTC medications <input type="checkbox"/> Gastrointestinal side effects can be reduced by taking MISO after a small snack	<input type="checkbox"/> Chills/fever $> 38^{\circ}\text{C}$ for > 6 hours and general malaise (weakness, nausea, vomiting or diarrhea) <input type="checkbox"/> Feeling sick with/without fever more than 24 hours after MISO (could indicate infection)	
III. Supportive Care Checklist – ensure your patient has these before she leaves...			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sanitary pads and liners <input type="checkbox"/> Pain medications and/or anti-nauseants (OTC or Rx) <input type="checkbox"/> Contraceptive plan (fertility can return within 8 days) <input type="checkbox"/> Scheduled prescriber follow-up		<input type="checkbox"/> Planned Mifegymiso® administration: MIFE start date: dd-mm-yyyy ; MISO start date: dd-mm-yyyy <input type="checkbox"/> Review when and where to go for emergency complications (contact information for doctor/clinic, closest emergency department)		
IV. Optional Pharmacist Follow-up (perform 2-3 days after expected start date)			<input type="checkbox"/>	<input type="checkbox"/>
Does patient consent to follow-up? date: dd-mm-yyyy at (time); method: phone call/text message/e-mail via number/e-mail (ensure your chosen time and method maintains patient privacy)			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Check for side effects and side effects management <input type="checkbox"/> Check doses were taken appropriately		<input type="checkbox"/> Reinforce contraceptive plan and prescriber follow up <input type="checkbox"/> Respond to any questions or concerns		
Pharmacist Signature:		Patient Initials:	Date:	