

MVA PRE-PROCEDURE NOTE

Date:

Vitals: BP ____/____ Wt. ____ T ____ **Hgb:** ____/dl.

Urine pregnancy test: Positive/ Negative or Sonographic confirmation: ____

- ☐ Patient was counseled regarding her pregnancy options
- ☐ Procedure explained, alternatives discussed, side effects, adverse events reviewed.
- ☐ Informed consent obtained, filed in chart.

History:

LMP: Relevant gyn history:

Last PAP:

Allergy to Betadine or Iodine:	Yes ____	No ____	Never had it ____
Allergy to Lidocaine:	Yes ____	No ____	Never had it ____
Allergy to Ibuprofen:	Yes ____	No ____	Never had it ____
Allergy to Misoprostol:	Yes ____	No ____	Never had it ____

G ____ P: ____ # of C/S: ____ Previous abortions: ____ Surg ____ Med ____ SAB

Rh Type: ____ by pt. Hx / by documentation

Ultrasound Exam:

GS: ____ mm

CRL: ____ mm

Gestational Age ____

FHR: Y/N ____ YS: Y/N ____

WNL/Notes:

Assessment:

- ☐ Patient is candidate for surgical abortion
- ☐ Misoprostol 400mcg. Given buccally at ____
- ☐ 800 mg Ibuprofen dispensed for oral administration. Time: ____
- ☐ Other: ____
- ☐ Labs drawn or Rh status confirmed.
- ☐ Post procedure contraception: ____

Clinician Signature: _____

TEACH