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: __________________________________________