

Allergies:

Asthma: Yes / No *circle*

Regular Medications:

Patient Identifier Label

Early Medical Termination of Pregnancy: Up to 69 Days (9 weeks and 6 days) Gestation - proforma

Drug Administration Record

For all dates use dd/mm/yyyy, and record all times in 24 hour clock

Date Prescribed	Dose	Route	Time	Signature and print name	Date Given	Time Given	Signature and print name	Pharmacy
	Mifepristone	200mg	PO	Stat				
	Misoprostol	800 µg	PV	Stat				
	Misoprostol	400 µg	PV	4 hrs later see protocol				
	Co-dydramol 10/500 mg	2 tablets	PO	Once only if required				
	Diclofenac	100 mg	PR	Once only if required				
	Pethidine	100 mg	IM	Once only if required				
	Stemetil	12.5 mg	IM	Once only if required				
	Metronidazole	1 g	PR	Prior to discharge				
	Ergometrine	500 µg	IM	Stat				
	Anti D	1500IU	IM					

Drugs to Take Home

Date	Instructions	Signature	Dispensed	Checked	Given
	Doxycycline 100mg twice daily for 3 days				

Investigations

	Tick when performed	Result	Signature: Name (print):
FBC		Hb:	
G and S			
Chlamydia/ Gonorrhoea			
MRSA			
Rubella			

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D**First Visit: NNUH/Cromer**

Date:

Consent form signed	
Certificate A signed	
Illness since last visit	
Discharged with advice leaflet	

Patient Identifier Label

Second Visit: Cley Ward Date:**Symptoms since Mifepristone:**

(eg nausea, pain, bleeding, passage of products) and analgesia used (if any):

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Results of treatment including passage of products:

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Discharge examination Time:

Cervix:	Open/Closed/Closing (circle)
Products of conception:	Seen/removed/not seen (circle)
Blood group Anti D:	Administered/not applicable (circle)
Contraceptive plans:	
FPC follow-up arranged:	Yes/No (circle)
Chlamydia status:	Positive/Negative/Declined/awaited (circle)
MRSA status:	

Signature:	Print Name:
Designation:	Date:

Further action needed:

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If ectopic not excluded by Family Planning Ultrasound (ie, fetal pole or yolk sac not seen), inform patient to expect a phone call if POC not seen on histology, document and send products for histology.