

Allergies:

Asthma: Yes / No (circle)

Regular Meds:

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 prescribed | | 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 | | | |

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

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.