

Medical Termination of Pregnancy from 10 weeks to 17 weeks + 6 days GA

Allergies:

Asthma YES / NO (*circle*)

Regular Medications:

Patient Identifier Label

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	PO	3 hours later					
	Misoprostol	400 µg	PO	3 hours later					
	Misoprostol	400 µg	PO	3 hours later					
	Misoprostol	400 µg	PO	3 hours later					
	Co-dydramol 10/500mg	2 tablets	PO	4 – 6 hourly if required					
	Diclofenac	100 mg	PR	Once only if required					
	Pethidine	50-100 mg	IM	4 – 6 hourly to a maximum of 3 doses					
	Stemetil	12.5 mg	IM	8 hourly to a maximum of 2 doses					
	Metronidazole	1 g	PR	Prior to discharge					
	Ergometrine	500 µg	IM	Once only if required					
	Anti D	1500IU	IM						

(Use discretion in deciding dosage schedule in high risk women eg. Multiple C-sections)

Drugs To Take Home

Date		Instructions	Signature and print name	Dispensed	Checked	Given
	Doxycycline	100mg bd for 3 days				

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Patient Identifier Label

D

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Results

	Tick when performed	Result	
FBC		Hb:	Signature: Name (<i>print</i>):
G&S		Anti D required Yes / No (<i>circle</i>)	
Chlamydia/gonorrhoea			
Other			
MRSA			
Rubella			

First Visit: Cley Ward Date *Tick when completed:*

Consent form signed		Signature: Name (<i>print</i>):
Certificate A signed		
Illness since last visit		
Discharged with advice leaflet		

Second Visit: Cley Ward Date:

Symptoms since mifepristone:
Results of treatment including times fetus/placenta passed and estimated blood loss:

Signature:

Name (print) and designation:

Patient Identifier Label

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D

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Discharge examination Time:

Cervix	Open / Closed / Closing <i>(circle)</i>
Products of conception	Seen/removed / not seen <i>(circle)</i>
Blood group	
Contraceptive plans	
FPC follow-up arranged	Yes/No <i>(circle)</i>
Chlamydia status	Positive / Negative /Declined / awaited <i>(circle)</i>
MRSA status	
Signed:	Print Name:
Date:	Date:

Further action needed:

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