### Medical Abortion Charting Form

#### 1. Counselling
- [ ] Pregnancy options counselling provided
- [ ] Surgical vs. medical abortions discussed
- [ ] Medical abortion protocol explained
  - [ ] Reviewed timing of: ultrasound, lab tests, medications, follow-up appointment
  - [ ] Reviewed effectiveness, side effects and potential complications
- [ ] Contraception plan: ___________________________ start date: ___/___/___

#### 2. Determine Eligibility for a Medical Abortion

**Confirm All Inclusion Criteria**
- [ ] Expresses clear decision to have an abortion
- [ ] No indication of being coerced into abortion
- [ ] Informed consent process completed
- [ ] Understands expected side effects (bleeding, cramping)
- [ ] Agrees to comply with the visit schedule
- [ ] Understands when and where to consult in case of emergent complications
- [ ] Has access to a telephone, transportation, and emergency medical care
- [ ] Review of current medications
- [ ] Allergies: ______________________________________

**Absolute Contraindications (exclude all:)
- [ ] Chronic adrenal failure
- [ ] Inherited porphyria
- [ ] Uncontrolled asthma
- [ ] Allergy to mifepristone or misoprostol
- [ ] Ectopic pregnancy
- [ ] Coagulopathy or current anticoagulant therapy

**Consider and Manage Relative Contraindications:**
- [ ] Pregnancy of unknown location or gestational age
- [ ] Long term corticosteroid use
- [ ] Anemia with hemoglobin Hb < 95 g/L
- [ ] IUD in situ (no longer a contraindication if removed)

#### 3. Physical Exam, Gestational Age and Pregnancy Location
- [ ] LMP: _____ / ______ / ______
- [ ] Vital signs: BP ______, HR ______
- [ ] Gestational age on ____/_____/____ is: _____wks _____days
  - _______confirmed clinically and with urine test
  - _______confirmed by ultrasound
- [ ] βhCG done or planned (see section 4, Labs)
- [ ] βhCG not done
- [ ] Follow-up appointment scheduled ____/____/____ (date)

#### 4. Initial Labs and Imaging

**Lab tests completed/results:**
- [ ] ABO RH _____  □ Antibody Screen ______
  - [ ] 120 or 300 µg Rho(D) IG given
- [ ] Hemoglobin ______
- [ ] Baseline βhCG ______ IU on _____/_____/____
- [ ] Gonorrhea and chlamydia

**Imaging**
- [ ] Dating ultrasound requisition, appointment on
  ____/____/____

#### 5. Provision of Mifegymiso®
- [ ] Review U/S and lab results with the patient and agree to proceed
- [ ] Prescribe Mifegymiso® (indicate on prescription a “dispense before” date appropriate for gestational age.)
  - [ ] Planned date for mifepristone _____/____/____ (date)
  - [ ] Planned date for misoprostol _____/____/____ (date)
- [ ] Review how and where to take the medication, timing
- [ ] Review pain and bleeding management and side effects with the patient and prescribe pain medication
- [ ] Provide written information on follow-up, when and where to seek emergency care, and who to call for questions
- [ ] Other discussion

**Initial Appointment Signatures:**

- Signature of healthcare professional providing counselling: __________ Date: __________
- Signature of prescribing healthcare professional: __________ Date: __________
6. Follow-up Appointment (7-14 days post mifepristone)  

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>= _______ days since mifepristone</td>
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- Review actual dates medication used:
  - Date mifepristone taken: ___/___/___
  - Date misoprostol taken: ___/___/___

- Review pre-abortion βhCG on ___/___/___ result _________ IU

- Post-abortion βhCG on ___/___/___ result _________ IU
  - βhCG > 50% drop from baseline at 3 days post Mife → successful pregnancy termination
  - βhCG > 80% drop from baseline at 7 days post Mife → successful pregnancy termination
  - βhCG < 80% drop from baseline at 7 days post Mife → order ultrasound

- Ultrasound result on ___/___/___ (date): _______________ (if done)

- Screen for complications (______________________________________________________________________________)

- Reviewed contraception plan: (__________________________________________________________________________)

Signature of healthcare professional conducting follow-up:  

| Date: |

Notes