

ROSE CLINIC

Early Medical Abortion Standard Operating Procedure August 2022

REFERRAL

Referral is via BPAS. Patients will be added to the next EMA tele clinic by S&RH admin staff when referral is received. If an interpreter is requested then a F2F appointment for consultation and treatment will be made.

INITIAL TELEPHONE CONSULTATION

All patients except those requesting an interpreter will receive an initial telephone assessment to discuss treatment, assess medical eligibility and discuss contraception.

If there are any medical conditions/potential drug interactions please discuss with one of the Rose team doctors.

This consultation should be documented on Lillie and coded as EMA tele consult.

Please confirm date of birth, first and second name and address at start of consultation.

Book appointment for treatment if patient keen to proceed.

If needs scan (see below) book for treatment with dr.

If mild pain or bleeding refer to Early pregnancy Clinic via Microsoft referral form – please advise that they will be contacted by the Early pregnancy team and RJMS who will then triage.

Patients can also self-refer if symptoms develop prior to EMA treatment appointment.

If significant pain or bleeding patients should contact RJMS admissions not EPC.

If requests oral contraception or asymptomatic STI screen give details of SH:24.

If unable to contact on 2 separate days no further contact to be made unless re-referral is received.

TREATMENT APPOINTMENT

Confirm all personal details, first and second names, date of birth and address.

Scan only if clinically indicated.

If patient is happy to proceed, obtain written consent and administer Mifepristone 200mg.

Provide take home pack of Misoprostol 800 microgrammes/Co-codamol /anti-emetic if required/low sensitivity pregnancy test for use 3 weeks later.

If gestation is over 8 weeks supply an extra box of Misoprostol 400 microgrammes.

Provide Rose Clinic Early Medical Abortion patient information booklet and leaflets on chosen contraceptive method where applicable.

If requesting contraceptive implant or injectable offer insertion at time of treatment.

If requesting intrauterine method please ask admin staff to add to coil waiting list.

Complete all relevant Lillie forms including contraceptive method/counselling form.

Close episode on Lillie.

Under episode add all relevant codes and treatments.

Complete Certification and Notification forms. If completing notification form at first consultation please put gestation as of day of treatment on form.

Complete EMA drug Kardex.

Record patient initials and H&C in controlled drug books for mifepristone, misoprostol and Co-Codamol.

Check patient is added to paper audit form for EMA database.

REVIEW

Patients are asked to contact us on Rose mobile for advice – this phone should be held a member of the EMA Team.

Record any telephone advice on EMA tele advice form on Lillie.

Book for review appointment with doctor if clinically indicated or advice A&E/RJMS admissions in an emergency/heavy bleeding.

If probable retained products of conception treat with antibiotics and further dose of Misoprostol 400 microgrammes.

If ongoing intrauterine pregnancy retreat if within 10 weeks gestation.

If over 10 weeks discuss with Clinical Lead.

INDICATIONS FOR USS

Unsure LMP

Conception on hormonal contraception or intrauterine method

Previous ectopic pregnancy

Bleeding/staining or pain only apparent on day of treatment and has not already been seen in EPC