VISIT 1

MyOptions counselling or alternative counselling provided	**Yes**	**No**
Protocol explained / Medications / Ultrasound / Lab Tests/ Follow up	**Yes**	**No**
Failure rates / side effects / complications	**Yes**	**No**
Certify the pregnancy on the appropriate form and scan to chart	**Yes**	**No**
S.T.C. form signed	**Yes**	**No**

Eligibility Criteria

Clear decision to have MTOP. No evidence of coercion	**Yes**	**No**
Understands medication - it's side effects and contraindications	**Yes**	**No**
Understands the 3 day wait period by law. Agrees to visit schedule	**Yes**	**No**

Clinical Criteria

LMP Regularity of menstrual cycle	**Yes**	**No**
Current contraceptive use	**Yes**	**No**
IUCD in situ?	**Yes**	**No**
Past Contraception Use	**Yes**	**No**
Previous ectopic pregnancy	**Yes**	**No**
Rhesus status	**Yes**	**No**
Previous Pregnancy	**Yes**	**No**

Clinical Assessment

Pregnancy Test	**Yes**	**No**
STI Screen	**Yes**	**No**
≥ 7 weeks gestation (refer for Rh status if unknown)	**Yes**	**No**
Uterine fundus palpable?	**Yes**	**No**
Unsure of dates?	**Yes**	**No**
Refer for scan	**Yes**	**No**

© Irish College of General Practitioners, 2019

2nd Visit

Give test results of dating scan	**Yes**	**No**
Rhesus blood test	**Yes**	**No**
Refer for Anti D if required	**Yes**	**No**
Sign consent form	**Yes**	**No**
Administer Mifepristone 200mg in the Surgery	**Yes**	**No**
Give 2 tabs of 400mcg each of Misoprostol to take home. Give clear instructions re. timing and route of administration of Misoprostol (to be used buccally and kept in the mouth for 30 mins then the remaining medication to be swallowed with water)	**Yes**	**No**
Advise NOT to take Misoprostol <24 hours after taking Mifepristone	**Yes**	**No**
Advice on analgesia to be taken at the same time as Misoprostol (Ibuprofen 600mgs up to 4 times / day)	**Yes**	**No**
Advice on bleeding / pain management and when to seek help	**Yes**	**No**
Contact details of Help Line. Emergency room referral letter	**Yes**	**No**
Low sensitivity pregnancy test to be taken 14 days later	**Yes**	**No**
Advice and or prescription for ongoing contraception	**Yes**	**No**
The importance of informing the Doctor of the result of the low sensitivity pregnancy test	**Yes**	**No**
S.T.C. form signed	**Yes**	**No**

Signature:	**Date:**

Have you notified the Minister after 28 days? Please send notification form to:

Bioethics 2 Unit
Department of Health
Block 1, Miesian Plaza,
50 – 58 Lower Baggot Street
Dublin
D02 XW14

© Irish College of General Practitioners, 2019