## Pharmacist Checklist for Medical Abortion (MIFEpristone/MISOprostol, Mifegymiso®)

NOTE: The information in this checklist and the accompanying guide is in accordance with the SOGC and Health Canada guidelines for medical abortion with MIFE/MISO. I. Pharmacist Prescription Assessment **NECESSARY** П Confirm indication for medical abortion **EFFECTIVE** Verify appropriate written date for prescription (NOTE: if prescription was written ≥ 7 days, ensure efficacy Health Canada indicate use up to 63 days from last menstrual period [LMP]; SOCG up to 70 days LMP) П Identify patient will have access to help (personal support system, transportation, phone, emergency medical care) Exclude absolute contraindications (uncontrolled severe asthma, adrenal failure, allergies, etc) Consider and/or manage relative contraindications (IUD, long-term corticosteroid use, hemorrhagic disorders, anemia) **ADHERENCE** Confirm patient is making a clear decision to complete treatment for a medical abortion (consider if external pressure is being placed on the patient and if there are feelings of hesitancy; address as required) Confirm patient able to take MISO 24-48 hours after MIFE Confirm patient is able to attend prescriber follow-up 7-14 days after starting treatment **II. Patient Counselling DIRECTIONS FOR USE – review appropriate administration Day 1** MIFE (green box label): take 1 tablet orally and swallow with water. П Day 2 (24-48 hours) MISO (orange box label): place 4 tablets between the cheek and gum (2 on each side of mouth). Leave in place for 30 minutes, then swallow leftover fragments with water. ALWAYS take MISO, even if bleeding starts after MIFE. **EXPECTED SIDE EFFECT MANAGEMENT AND MONITORING** Side Effect What to expect... What can you do... When to seek help... Vaginal ☐ Starts 1-48 hours after MISO ☐ Use sanitary pads for heavy bleeding ☐ **Heavy vaginal bleeding** (saturates (should diminish upon pregnancy ≥ 2 large sanitary pads per hour for 2 Bleeding & (minimal bleeding after MIFE) termination) consecutive hours) ☐ Heavier than menstrual period Discharge □ Do not use tampons ☐ Dizziness or racing heart rate ☐ Heavy bleeding lasts **2-4 hours** (light bleeding/spotting can last ☐ Use panty liners for light bleeding ☐ Heavy bleeding > 16 days until next menstrual period) (up to 30 days after treatment) ☐ Foul-smelling vaginal discharge ■ May contain blood clots Pain & ☐ Prolonged cramping > 16 days ☐ Starts within 4 hours of MISO ☐ Comfort care (rest, hot pack, Cramping abdominal/lower back massage) ☐ Cramping/pain not improved with ☐ Greater than menstrual period ☐ OTC options: ibuprofen, naproxen ☐ Increased pain up to 24 hours; pain medications (acetaminophen is less effective alone; discomfort may persist may be combined with codeine) Other ☐ Chills/fever > 38°C for > 6 hours ☐ Possible gastrointestinal side ☐ Can manage with OTC options effects (nausea, vomiting, (if pregnancy nausea is present, take and malaise (weakness, nausea, anti-nauseant before MIFE and MISO) diarrhea), headache, or vomiting, diarrhea) ☐ Can reduce gastrointestinal side ☐ Feeling sick with/without fever > 24 fever/chills effects by taking MISO after a snack ☐ Self-limiting (usually after MISO) hours after MISO (possible infection) **MISSED DOSES** If MISO is forgotten and > 48 hours has passed since MIFE: take MISO right away and inform prescriber at follow-up If vomiting occurs: i. < 1 hour after taking MIFE or during buccal absorption of MISO: contact prescriber/pharmacist for assessment ii. after swallowing MISO fragments 30 minutes following buccal administration: no action required **CONSIDERATIONS FOR START DATE** Refer to schedule in section 4.4 of the *Pharmacist Resource Guide for Medical Abortion* III. Supportive Care Checklist – ensure your patient has these before leaving... ☐ Sanitary pads and liners ☐ MIFE start date: dd-mm-yyyy; MISO start date: dd-mm-yyyy ☐ Pain medications and/or anti-nauseants (OTC or Rx) □ Pharmacist Notes: ☐ Contraceptive plan (fertility can return within 8 days) ☐ Scheduled prescriber follow-up ☐ Organized personal support (e.g. childcare, transportation) ☐ Reviewed when and where to go for emergency complications IV. Optional Pharmacist Follow-up (perform 2-3 days after expected start date) Does patient consent to follow-up? date: dd-mm-yw ☐ Check appropriate administration ☐ Review contraceptive plan ☐ Review side effect management ☐ Reinforce prescriber follow-up **Pharmacist Signature: Patient Initials:** Date: