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				
Confirm indication for medical abortion				
EFFECTIVE				
Verify appropriate written date for prescription (NOTE: if prescription was written \geq 7 days, ensure efficacy				
Health Canada indicate use up to 63 days from last menstrual period [LMP]; SOCG up to 70 days LMP)				
SAFE				
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.				
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 (sa	
Bleeding &	(minimal bleeding after MIFE) □ Heavier than menstrual period	(should diminish upon pregnancy termination)	2 large sanitary pads per ho consecutive hours)	ur for Z
Discharge	□ Heavy bleeding lasts 2-4 hours	Do not use tampons	Dizziness or racing heart ra	ate
	(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 discl	harge
	May contain blood clots			
Pain &	□ Starts within 4 hours of MISO	Comfort care (rest, hot pack,	Prolonged cramping > 16 c	lays
Cramping	Greater than menstrual period	abdominal/lower back massage)	Cramping/pain not improv	ed with
	Increased pain up to 24 hours;	OTC options: ibuprofen, naproxen	pain medications	
	discomfort may persist	(acetaminophen is less effective alone;		
		may be combined with codeine)		
Other	Possible gastrointestinal side	□ Can manage with OTC options	□ Chills/fever > 38°C for > 6	
	effects (nausea, vomiting,	(if pregnancy nausea is present, take anti-nauseant before MIFE and MISO)	and malaise (weakness, nau	isea,
	diarrhea), headache, or fever/chills	□ Can reduce gastrointestinal side	vomiting, diarrhea) Feeling sick with/without f 	over > 24
	□ Self-limiting (usually after MISO)	effects by taking MISO after a snack	hours after MISO (possible	
MISSED DOSE				
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 <u>Pharmacist Resource Guide for Medical Abortion</u>				
III. Supportive Care Checklist – ensure your patient has these before leaving				
Sanitary pads and liners Interview I				
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 Optional Pharmacist Follow, up (perform 2.2 does after expected start data)				
IV. Optional Pharmacist Follow-up (perform 2-3 days after expected start date)				
Does patient consent to follow-up? date: dd-mm-yyyy at 00:00 AM/PN; method: ghone call/text message/e-meil via number/e-meil				
Check appropriate administration				
Review side effect management Reinforce prescriber follow-up				
Pharmacist Signature: Patient Initials: Date:				

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