

# ABORTION PILL CHECKLIST

Use this checklist and attached diary pages to keep track of your medication abortion process.

- Read the **ABORTION PILL INSTRUCTIONS** package
- Complete any pre-appointment testing (eg. blood test, ultrasound) required

My Clinician:

Appointment Date:

Appointment Time:

My Pharmacy:

Address:

Phone Number:

- Attend your virtual appointment
- Get introductory text message from Mia, SHORE's virtual team member
- Pick up your prescription at the pharmacy
- Start your **Medication Diary**
- Start your **Pain, Bleeding, and Symptom Diary**

- Take **STEP 1: MIFEPRISTONE** (green box)
- Wait 24-48 hours
- Have a light snack and take pain relief medication
- Wait 30-60 minutes
- Take **STEP 2: MISOPROSTOL** (orange box)

## STEP 1 (MIFEPRISTONE)

Date:

Time:

## STEP 2

Date:

Time:

- If you require **RHOGAM (RhIG)**, go to the hospital for the injection within 72 hours of starting to bleed. *This is only needed if you have a Rh Negative blood type and it was recommended by your SHORE Clinician. Bring the referral letter provided by your clinician.*

My RhIG Injection Date:

Hospital Where I got my Injection:

- My Birth Control Plan:

Contraceptive Type:

Contraceptive Start Date:

- Complete the follow-up questionnaire from SHORE Centre
- Complete follow-up tests (ie blood test) as discussed with your clinician.

My Follow-Up Test:

Date of Test:

☐ Contact SHORE if you have any concerns. Let us know if you go to the hospital because of any concerns after taking Mifegymiso so we can ensure appropriate follow-up.

My Emergency:

My Hospital:

Date Seen:

## MEDICATION DIARY

Use this chart to track your medication. Write in the date and put the time in the column for the medication you took that day

[illegible]

Use this chart to track your pain, bleeding, and symptoms

**Pain rating:** How would you rate the pain/discomfort you had?

Scale: 0 - no pain, 1 - a little pain, 2 - mild pain, 3 - uncomfortable, 4 - moderate pain, 5 - distracting, 6 - distressing, 7 - unmanageable, 8 - intense, 9 - severe, 10 - worst pain possible

**Bleeding and Symptoms:** Write in the date and put an "X" in the column that represents the flow of bleeding and for any symptoms you had that day.

[illegible]