# 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
- Attend your virtual appointment

My Clinician:
Appointment Date:
Appointment Time:

My Pharmacy: Address: Phone Number:

- 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 (MISOPROSTOL)

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 1 week and 4 week follow-up questionnaires 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

DATE	STEP 1	STEP 2	NAPROXEN	TYLENOL #3	GRAVOL	OTHER
January 1, 2022	12:00 PM				11:00 AM	
January 2, 2022		6:00 PM	5:00 PM		5:00 PM	

## PAIN, BLEEDING AND SYMPTOM DIARY

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 - distracting, 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.

DATE AND TIME	PAIN (0-10)	BLEEDING HEAVY: + + + MODERATE: + + SPOTTING: +	NAUSEA	VOMITING	DIARRHEA	FEVER OR CHILLS	FATIGUE	OTHER
January 1 8:00 PM	7	+++	Χ			X		