

PRE-OPERATIVE MEDICATION PATIENT ADVISORY

PLEASE READ, INITIAL, AND RETURN TO RECEPTIONIST.

Thank you for choosing Falls Church Healthcare Center for your services. This information tells you about medications you will take at your next appointment. These pre-operative medicines can increase your comfort and safety during your Aspiration D & C abortioncare. ***There is no additional fee for these medications. You will be able to discuss these medications with the nurse today during your ultrasound services.***

About the Pre-medications: MISOPROSTOL gently relaxes your cervix to safely increase your comfort during an aspiration D & C abortion. Some women experience period like cramping and or spotting while waiting; you will be given a sanitary pad. There are no major side-effects of Misoprostol, minor side-effects can include nausea and rarely diarrhea.

LIBRIUM is a very mild anti-anxiety medication. Minor side-effects may include ringing in the ears and occasional dizziness.

TODAY: After laboratory services the nurse will review your medical history to verify if Misoprostol and Librium use is appropriate for you. Please advise the nurse of any drug allergies, medical conditions or concerns you may have when you have your sonogram.

You may not be eligible for Misoprostol if you have cardiovascular disease, inflammatory bowel disease or are breastfeeding. Then your ultrasound will be completed.

AT YOUR NEXT APPOINTMENT: The pre-medications will be given. **If you are uncertain whether you want to proceed with the voluntary interruption of your pregnancy then you should not take these recommended pre-medication because you may not be able to successfully continue this pregnancy once you take the medicines.** You may have some minor cramping and/or mild nausea after you take the medicines. If that occurs please advise the receptionist. I certify I have read and understand the nature and purpose, benefits and risks of the pre-procedure medication Misoprostol and Librium. I certify that I have discussed my medical history. I understand I will have another opportunity to ask questions prior to taking the Misoprostol.

Printed Name _____ Patient initials _____ Date of Birth _____ Today's Date _____

Staff Use Only Consult Dr. Patient not qualified for pre-medications because: _____

SONO: Not Breast Feeding No reported/treated cardiovascular disease No reported IBD HGB WNL No complications with other pregnancy or delivery

NKDA Allergies: _____ Patient cleared for administration of pre-medication