



**MIFEPRISTONE & MISOPROSTOL
INDUCTION FOR TERMINATION OF PREGNANCY
(Greater than 13 weeks gestational age)
HIGH ALERT**

Patient: _____

Alert Record Reviewed No Allergies Known

Allergies-Adverse Reactions-Cautions: _____

Age _____ Patient's Weight _____ kg Date of Patient's Weight _____

DIAGNOSIS: _____

Items preceded by a bullet (●) are active orders. Items preceded by a checkbox (☐) are only actioned if checked (✓)
The Comfort Promise will be offered to all patients.

GENERAL

DIET

- As tolerated. Clear fluids in active labour

ACTIVITY

- As tolerated, then bed rest for 30 minutes after administration of each misoprostol dose

LABORATORY INVESTIGATIONS

- Group & Screen, CBC
- ☐ If genetic testing planned on Products of Conception (POC): Maternal cell contamination
- ☐ If IUFD: see "Investigation for IUFD" (IWKSTIN)

MEDICATIONS

- Return community pharmacy issued misoprostol to IWK Health Pharmacy. Do not administer to patient

Do not order or administer mifepristone if patient received as an outpatient dose. Given at _____.

mifepristone 200 mg PO once on admission (has not received prior dose) (date / time)

Misoprostol dosing:

- misoprostol: 24 hours after mifepristone is given, administer initial dose of misoprostol and continue as per dosing below. If no imminent birth after 6 doses of misoprostol, contact attending physician or designate.

If no previous C-section/uterine scar, and for gestational age (weeks):

- ☐ 27 weeks + 6 days or less: misoprostol 400 micrograms PV q4h until birth
- ☐ 28 weeks to 33 weeks + 6 days: misoprostol 200 micrograms PV q4h until birth
- ☐ 34 weeks or greater: misoprostol 50 micrograms PV q4h until birth

Previous C-section/uterine scar, and for gestational age (weeks):

- ☐ 27 weeks + 6 days or less: misoprostol 200 micrograms PV q4h until birth
- ☐ 28 weeks to 33 weeks + 6 days: misoprostol 100 micrograms PV q4h until birth
- ☐ 34 weeks or greater: misoprostol 50 micrograms PV q4h until birth

DATE (yyyy/MON/dd) Time (24hour/hh:mm) Prescriber Signature Printed Surname/Registration#

DATE (yyyy/MON/dd) Time (24hour/hh:mm) Verified By (Nurse Signature) Printed Surname



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Following birth of the fetus:

- oxytocin 3 units IV x 1 dose OR**
- misoprostol 400 micrograms PO q4h until the birth of the placenta is complete

If patient is Rh negative:

- Rho(D) Immune Globulin 300 micrograms IV/IM

ADDITIONAL MEDICATIONS

- acetaminophen 1000 mg PO q6h PRN for pain (maximum 4 grams/24 hours)
- morphine 10 to 20 mg PO q3h PRN for pain OR**
- morphine 10 to 15 mg IM q3h PRN for pain**
- fentaNYL IV See Form ID IWKIVFE**
- PCA: see Patient Controlled Analgesia (PCA) (Form ID IWKPATCO).**
Once PCA order is activated, other analgesia orders will be discontinued.
- dimenhyDRINATE 25 to 50 mg PO/IV/IM q4h PRN for nausea or vomiting
- loperamide 2 mg PO q4h PRN for each loose stool (maximum 16 mg/24 hours)
- LORazepam 1 to 2 mg sublingual q8h PRN for anxiety
- famotidine 20 mg PO/IV BID PRN for gastroesophageal reflux
- cabergoline 1 mg PO x 1 dose after birth for breast milk suppression

MONITORING

- BP, HR, RR, pain and temperature 30 minutes after each dose of misoprostol and PRN
- Post birth monitoring as per Policy 20.15
- Notify attending physician or designate if:
 - Tablet(s) is expelled less than 30 minutes
 - Placenta is retained for more than 4 hours or if increased bleeding

FOLLOW UP REMINDERS

Attending Physician or designate:

- Complete and fax referral for follow up to pre-pregnancy assessment clinic (PPAC)
- Contact patient's primary care provider to notify of the IUFD
- Ensure pregnancy related appointments such as, but not limited to, ultrasound/prenatal clinic/FATC appointments, are cancelled or notified of birth as appropriate.

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