

## HOME TREATMENT FOR MEDICAL MANAGEMENT OF MISCARRIAGE <9/40

Has the patient chosen home management? Yes/No

### Does she have any of the following?

Known bleeding/other haematological disorder	Yes/No	
Cardiovascular disorder	Yes/No	
Known allergies to drugs used	Yes/No	
Previous PPH	Yes/No/N/A	
Hb <100	Yes/No	
Liver/adrenal disorder	Yes/No	Specify
Severe asthma	Yes/No	
Regular medication	Yes/No	Specify

NB. Home management contraindicated if taking corticosteroids, ketoconazole, uraconazole, erythromycin, rifampicin, phenytoin, phenobarbital, carbamazepine, St John's Wort, turmeric supplements

If yes to any of the above will need inpatient management

### Does she have

A responsible adult at home in case of emergency	Yes/No
Transport to return if necessary	Yes/No
Access to telephone in case of emergency	Yes/No
FBC/G&S	Yes/No

**Discuss**

Simple analgesia

Hot water bottle

To use pads not tampons

Bleeding post procedure

When to contact – nil passed/heavy bleeding/ongoing bleeding/infection

Referral to GOPD if 3<sup>rd</sup> consecutive miscarriage

Need for urine pregnancy test in 3 weeks and to contact department if remains positive

Miscarriage association contact details

**After discussion does the patient still wish to proceed with home management? Yes/No**

Written consent form completed?      Yes/No

Patient information leaflet provided?      Yes/No

Signature of doctor

Signature of patient