



Pregnancy Early Access Center

PEACE PUL CONSULT + MVA Details

Display name PEACE PUL CONSULT + MVA

Row type SmartText

SmartText PEACE PUL CONSULT + MVA [110797]

SmartText type Progress Notes/Telephone Documentation

SmartText text Chief Complaint: {SAB COMPLAINTS:106453}

@PREFERREDNAMEPLAIN@ is a @AGE@ @GP@ presenting today for consult for {SAB COMPLAINTS:106453}.

Prior evaluation(s) during this pregnancy: ***

LMP: @LMP@ Certain: {yes no:315493}

Desired pregnancy: {yes no:315493}

Bleeding: {MILD MED SEVERE:101584:p}

Cramping: {MILD MED SEVERE:101584:p}

Pain ***/10

Nausea:{yes no:315493}

Additional Complaints: ***

H/o ectopic pregnancy: {Yes/No:100433}

HCG trend to date: @LASTLAB(hcg:6m)@

US this pregnancy:

Pregnancy is result of consensual sex: {Yes/No:100433}

The patient has the support of ***.

Patient was referred by ***.

HISTORY

@OB@

Active Medical Problems:

@PROB@

GYN HISTORY:

STI hx: ***

Desires STI testing: {yes / no:107576}

PrEP counseling provided? {yes / no:107576}

HPV vaccine on file: @HPVVACCINEDETAIL@

HPV vaccine offered: {FP/PL YES, NO, N/A:502240}

Pap hx: ***

Hx of LEEP/CKC/CRYO: {yes / no:107576}

Last pap: ***

Pap screening recommended: {yes / no:107576}

Dysmenorrhea: {yes / no:107576}

Heavy menses: {yes / no:107576}

Fibroids: {yes / no:107576}

@PMH@

@PSH@

@FAMHX@

@SOC@

Current outpatient prescriptions:

@CMEDLIST@

The patient has the following allergies: @ALG@

REVIEW OF SYSTEMS:

Skin: {ROS - SKIN w/ nl default:103470}

Eyes: {ROS - EYES:103471}

Ears/Nose/Throat: {ROS - ENT:103472}

Respiratory: {ROS - RESP:103473}

Cardiovascular: {ROS - CV:103474}

Gastrointestinal: {ABDHG ROS - GI:103475}

Genitourinary: {ROS - GU:103476}

Musculoskeletal: {MUSHG ROS - MUSCULOSKELETAL:103477}

Neurologic: {NEUHG ROS - NEURO:103478}

Psychiatric: {PSYHG ROS - PSYCH:103479}

Hematologic/Lymphatic/Immunologic: {ROS - HEME:103480}
Endocrine: {ENDHG ROS - ENDO:103481}

PHYSICAL EXAM:

Vitals: @VS@

GENERAL APPEARANCE: {APPEARANCE:5031}

NECK: {NECK (GYN ONC):101700::"supple","normal range of motion","no thymomegaly","no tracheal deviation"}

CV: {edema:103512}

RESP: {Respiratory Effort:315542}

ABDOMINAL: {TENDER/NON-TENDER:751479}

SKIN:{pe skin brief ob:314459::"normal coloration and turgor, no rashes"}

EXTREMITIES: {extremities:802:a:"normal. No deformities, edema, or skin discoloration"}

NEURO/PSYCHIATRIC: {pe neurologic exam ob:312789::"alert, oriented, normal speech, no focal findings or movement disorder noted"}

Pelvic: conducted with chaperone ***

External Genitalia:{RWH EXTERNAL GENITALIA:100320}

Vagina: {RWH VAGINA:100321}

Cervix: {RWH CERVIX:100324}

Uterus: {RWH UTERUS:100325}

Adnexa: {RWH ADNEXA:100326}

Anus and Perineum: {RWH ANUS AND PERINEUM:100327}

{FP/PL ULTRASOUND:104193} performed in transverse and longitudinal views by @ME@, also interpreted by @ME@

INDICATION for US: {PEACE US INDICATIONS:128246}

FINDINGS: ***SIUP, at *** weeks and *** days by ***, ***YS, ***FCA. Placental location is {PLACENTA LOCATION:106443}.

***Unremarkable uterus, cervix, adnexa, and cul-de-sac.

ASSESSMENT/PLAN:

@AGE@ @GP@ with an abnormal pregnancy of unknown location.

--Patient was counseled on management of an abnormal pregnancy of unknown location including expectant management, medical management with empiric methotrexate and uterine aspiration. After review of risks and benefits pt desires ***uterine aspiration. Consents for procedure signed today. See procedure note below as well as follow-up plan.

***--Performed contraceptive counseling based on the patient's priorities and preferences using a shared decision making approach. Discussed all requested contraceptive options in detail. Patient opts for ***.

--Post procedure expectations reviewed

--***Rx for ibuprofen 600 mg provided for post procedure pain cramping

PROCEDURE NOTE:

UNIVERSAL PROTOCOL

Patient Identification (need 2):

{MISC; UNIVERSAL PROTOCOL; PATIENT ID:1151::"Name/DOB";"Verbal with patient and/or family"}

Procedure Verification:

{MISC; UNIVERSAL PROTOCOL; PROCEDURE VERIFICATION:1152::"Procedure confirmed with patient or family/designee";"Consent for procedure signed";"Relevant documentation completed, reviewed, and signed";"Clinical indications for procedure confirmed"}

Site Marked (Operative Site)? {ANSWER; YES/NA:1155::"Yes"}

Time-out with all members of procedure team immediately prior to procedure:

{MISC; UNIVERSAL PROTOCOL; TIME OUT:1153::"Correct patient identified";"Agreement on procedure";"Correct side and site";"Correct patient position";"Availability of correct implant/equipment"}

Completed by: @ME@ @TD@ @NOW@

I, the primary operating surgeon/proceduralist have identified the patient.

@ME@ @TD@ @NOW@

Type of Procedure: ***

Procedure Date: @TD@

Time: @NOW@

Clinical Indications: ***

Completed by @ME@ @TD@ @NOW@

Vitals: @VITALSBPHR@

@ABO@

Operative Notes:

Time of procedure: *** {AM/PM:500679} to *** {AM/PM:500679}

Uterus: {FP/PL UTERUS:502255}

Adnexa: ***

Cervix: ***

Estimated weeks by exam: ***

Weeks by u/s: ***

Physician reviewed u/s: {yes no:314532}

Paracervical block of ***cc 1% Lidocaine

Tenaculum placed:{yes no:314532}

Cervix dilated to: ***

A *** mm suction cannula was introduced and the uterine contents removed through aspiration. After the uterine cavity was evacuated, a suction curettage was used to assess uterine cry which was noted in all quadrants. Excellent hemostasis and uterine tone were noted at this time.

Estimated blood loss: ***

Complications: ***

Medications administered during procedure: {FP/PL TAB MEDS ADMINISTERED:502256}.

Examination of POC: {FP/PL POC:502257} identified.

All fetal parts identified: {Yes/No:100433}

Size consistent with dates: {Yes/No:100433}

Beta HCG drawn: {Yes/No:100433}

Tissue to pathology: {Yes/No:100433}

Post-procedure u/s note: ***

Participant state post-procedure: ***

ASSESSMENT AND PLAN:

@AGE@ @GP@ with PUL at *** wks s/p uterine aspiration

@ABO@, ***Rhogam indicated

Last Hemoglobin on file: @BRIEFLAB(hemoglobin)@ ***

***Recovering well from procedure

--***Aspirate inspected: *** seen

--***Stat path sent

--***CBC, T & S sent***

--***Methotrexate safety labs also sent

--***Beta HCG today and repeat in 24 hours to evaluate for appropriate drop

)@OBSTATUS@ME@ME@

@TD@ @NOW@

@MDMORTIMEDOC@

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)@OBSTATUS@ME@ME@

@TD@ @NOW@

@MDMORTIMEDOC@