**©**

**Dynamic Solutions for Unplanned Pregnancy**

2018

**Optimization Tool**

**Pregnancy Sustaining Progesterone Therapy**

*Abortion Pill Reversal: A linear service process for serving women who have begun a medical abortion and would like to sustain their pregnancies.*

Optimization Tool©

Copyright August 2005  
Revised 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2018

**CompassCare Pregnancy Services**

All rights reserved.

***Do NOT copy or distribute this document or any of its content  
without the expressed written permission   
of CompassCare Pregnancy Services.***

Version: OT-PSPT-041518

Table of Contents

[Pregnancy Sustaining Progesterone Therapy Summary 1](#_Toc511376486)

[Pregnancy Sustaining Progesterone Therapy 2](#_Toc511376487)

[Purpose 2](#_Toc511376488)

[Context 2](#_Toc511376489)

[Rationale 2](#_Toc511376490)

[Administration 3](#_Toc511376491)

[Organizational Chart 4](#_Toc511376492)

[Organizational Strategic Plan 5](#_Toc511376493)

[Mission 5](#_Toc511376494)

[Vision 5](#_Toc511376495)

[Values 5](#_Toc511376496)

[Strategy 5](#_Toc511376497)

[Core Metrics 5](#_Toc511376498)

[PSPT Strategic Plan 6](#_Toc511376499)

[Objective 6](#_Toc511376500)

[Strategy 6](#_Toc511376501)

[Metrics 6](#_Toc511376502)

[Policies, Procedures and Protocols 6](#_Toc511376503)

[Treatment 7](#_Toc511376504)

[Overview 8](#_Toc511376505)

[Pregnancy and Medical Abortion 8](#_Toc511376506)

[Sustaining Pregnancy after Mifepristone Ingestion 8](#_Toc511376507)

[Progesterone Risks 8](#_Toc511376508)

[Progesterone Treatment Schedule 8](#_Toc511376509)

[Acquiring Progesterone 10](#_Toc511376510)

[Patient Flow Process 11](#_Toc511376511)

[The 12 Step Patient Flow Process 11](#_Toc511376512)

[Patient Flow Process – Functional Workflow Diagram (switch out “Scheduling Coordinator” for “Scheduling Coordinator and “Patient Receptionist” for “Patient Receptionist” 12](#_Toc511376513)

[Step 1 – Initial Patient Contact and Scheduling 13](#_Toc511376514)

[Step 2 – Patient Arrival and Welcome 15](#_Toc511376515)

[Step 3 – Situational Assessment and Support System Review 15](#_Toc511376516)

[Step 4 – Pregnancy Test and Results 16](#_Toc511376517)

[Step 5 –Health History 17](#_Toc511376518)

[Step 6 – PSPT Education and Additional Consents 18](#_Toc511376519)

[Step 7 –Ultrasound Exam 19](#_Toc511376520)

[Step 8 – Progesterone Therapy Treatment 23](#_Toc511376521)

[Step 9 – Resources and Gospel Presentation 24](#_Toc511376522)

[Step 10 –Exit Process and Documentation 26](#_Toc511376523)

[Step 11 – Return Appointments and Treatment Regimen 27](#_Toc511376524)

[Step 12 –Follow-up 29](#_Toc511376525)

[Measurement Systems 30](#_Toc511376526)

[Forms 30](#_Toc511376527)

[Checklists 30](#_Toc511376528)

[Patient Records 30](#_Toc511376529)

[Database and Tracking Statistics 32](#_Toc511376530)

[Appendix 33](#_Toc511376531)

[Authorization for Release of Medical Information 34](#_Toc511376532)

[Chart Audit Form 37](#_Toc511376533)

[Exit Survey 38](#_Toc511376534)

[Scheduling Intake Form 39](#_Toc511376535)

[Initial Visit Health Questionnaire 40](#_Toc511376536)

[Limitations of Service 43](#_Toc511376537)

[Medical Exam Report 44](#_Toc511376538)

[Master Report – PSPT 45](#_Toc511376539)

[Patient Bill of Rights 47](#_Toc511376540)

[Patient Chart PSPT Progesterone in Oil Injection Protocol 50](#_Toc511376541)

[Patient Contact Form 51](#_Toc511376542)

[Patient Follow-Up Form (PSPT) 52](#_Toc511376543)

[Patient Information 53](#_Toc511376544)

[Patient Intake Form (PSPT) 54](#_Toc511376545)

[Patient Resource List 56](#_Toc511376546)

[PSPT Consent Form 57](#_Toc511376547)

[PSPT Education and Schedule 58](#_Toc511376548)

[PSPT Job Function Checklist 60](#_Toc511376549)

[Return Visit Health Questionnaire (PSPT) 62](#_Toc511376550)

[Sexually Transmitted Disease (STD) Testing Consent and Release Form 63](#_Toc511376551)

[Standing Order Policy And Procedures For Pregnancy Sustaining Progesterone Therapy 64](#_Toc511376552)

[STD Test Log 67](#_Toc511376553)

[Ultrasound Consent (PSPT) 68](#_Toc511376554)

[Ultrasound Guide 70](#_Toc511376555)

[Verification of Positive Pregnancy Test Letter 71](#_Toc511376556)

[What Can You Expect? 72](#_Toc511376557)

# Pregnancy Sustaining Progesterone Therapy Summary

## 

## Pregnancy Sustaining Progesterone Therapy

### Purpose

This Pregnancy Sustaining Progesterone Therapy (PSPT) linear service model is intended to show exactly how existing Policies and Procedures play out in the context of serving women who have begun a medical abortion and wish to continue a healthy pregnancy instead.

### Context

This manual is designed as a concurrent service platform with the Optimization Tool© (OT) Streamlined Linear Service Model (LSM), which is available as a free download on [prcoptimizationtool.com](http://prcoptimizationtool.com). Medical pregnancy centers operating under other paradigms are free to implement this PSPT service platform, however the context of an OT Streamlined LSM has been assumed in the development of this manual.

### Rationale

The trend toward medical abortions is increasing in the United States. The Pregnancy Resource center (PRC) is uniquely suited to address this trend by reaching women who have second thoughts with a progesterone therapy regimen to sustain pregnancy. Pregnancy Sustaining Progesterone Therapy has been pioneered by Dr. George Delgato, who published Progesterone Use to Reverse the Effects of Mifepristone with Dr. Mary L Davenport in *The Annals of Pharmacotherapy*.[[1]](#footnote-2) This treatment opens up the possibility to reach another 20-30% of abortion-minded women.

.

# Administration

## Organizational Chart

The following organizational structure is recommended for implementation of a Pregnancy Sustaining Progesterone Therapy (PSPT) patient service platform. A single employee may fill more than one role based on the needs and size of the organization and the skillsets of the personnel available.

**NOTE:** The following organizational chart needs to be reviewed and voted on by the Board of Directors. It must also be reviewed and clarified for all staff and volunteers.

Figure 1: Organizational Chart

\*For more detail on the structure of an Advancement Department and the Advancement Manager role refer to the OT Streamlined LSM.

## Organizational Strategic Plan

PSPT is offered in the context of an organization which has a specific strategic plan. The following is a strategic plan for a medical pregnancy center.

### Mission

To erase the need for abortion through effectively serving pregnant, at risk women by transforming their fear into confidence.

### Vision

Reaching the right women, at the right time, and serving them in the right way for the greatest possible gain on behalf of patients, babies, staff, donors, the organization, the community, and God.

### Values

1. Fighting Spirit
2. Relevance
3. Accountability

### Strategy

Develop and maintain accurate and relevant service to women at risk for abortion in an organizational environment made up of two main departments (e.g. Medical Services, Advancement) lead by content expert Managers who each assemble volunteer teams for the purpose of accomplishing the mission as it relates to their respective department.

### Core Metrics

1. Appointments scheduled
2. Percentage of high risk A/M women
3. Schedule and Show rates
4. Number taking pregnancy tests
5. Percentage of positive tests
6. Ultrasounds performed
7. Abortion vulnerability breakdown
8. Demographic breakdown
9. Real outcomes (based on follow up data)

## PSPT Strategic Plan

Every initiative, department, or team within an organization must contribute strategically to the mission of the organization as a whole, and will therefore develop its own objective, strategy, and metrics.

### Objective

To intervene in medical abortions already in progress to save children in the womb and their mothers from the brink of death in a caring, non-judgmental manner.

### Strategy

Leverage appropriate marketing techniques to reach women within 72 hours of taking mifepristone who regret their decision to abort, and treat them according to an established progesterone regimen to attempt to sustain their pregnancies.

### Metrics

1. Marketing contacts
2. PSPT appointments scheduled
3. Schedule and show rates
4. Viable pregnancies
5. PSPT regimen completions and completion rates
6. Sustained pregnancies

## Policies, Procedures and Protocols

The close cooperation of the PRC medical staff and medical director is essential for the success of a PSPT service platform. PSPT requires an off-label use of progesterone. Off-label prescription is very common in the practice of medicine, as physicians are faster in adopting new treatments developed through research and colleague consensus than the FDA is in approving drugs for new uses.

To protect the pregnancy resource center (PRC) and medical director from legal liability appropriate policies and procedures regarding PSPT must be in place in the PRC’s manual and signed by the medical director. These procedures must be followed explicitly.

Policies, procedures and protocols related to PSPT are available in Appendix 22.

# 

# Treatment

## Overview

### Pregnancy and Medical Abortion

The FDA approved medical abortion is a *two-step* procedure using ru-486. In the first step, the medication mifepristone is taken. Mifepristone causes the death of the fetus by preventing the mother’s natural progesterone from naturally sustaining pregnancy. Three days following ingestion of mifepristone a second medication, a proglastin called misoprostol is taken. Often women are given misoprostol to take at home orally or vaginally. Misoprostol causes uterine contractions and expels and baby and all other pregnancy-related tissues from the uterus.

### Sustaining Pregnancy after Mifepristone Ingestion

Progesterone is a natural hormone made and released by the female ovaries which is essential for sustaining pregnancy. Progesterone therapy has been proven to help prevent miscarriage in pregnant women. Recently, studies have shown that supplementing the mother’s natural progesterone may overcome the effects of mifepristone. Though data is limited, the treatment regimen described in PSPT seems to be about 68% effective in sustaining pregnancy within 72 hours of ingestion of mifepristone.

### Progesterone Risks

Every medication carries some risk. The risks associated with progesterone are very minimal. Aside from rare progesterone allergy, there are no known serious complications for the mother or child Possible side effects of oral Progesterone include: [dizziness](https://www.rxlist.com/dizziness_dizzy/article.htm), spinning sensation, [abdominal pain](https://www.rxlist.com/abdominal_pain_causes_remedies_treatment/article.htm) (cramping), [headache](https://www.rxlist.com/headache/article.htm), [breast pain](https://www.rxlist.com/breast_pain/symptoms.htm) or tenderness, musculoskeletal pain, [joint pain](https://www.rxlist.com/joint_pain/symptoms.htm), viral infection, [diarrhea](https://www.rxlist.com/diarrhea/article.htm), [nausea](https://www.rxlist.com/nausea/symptoms.htm), bloating, [fatigue](https://www.rxlist.com/fatigue/article.htm), [hot flashes](https://www.rxlist.com/hot_flashes/article.htm), [cough](https://www.rxlist.com/chronic_cough/article.htm), [acne](https://www.rxlist.com/acne/article.htm), increased hair growth, changes in weight, [vaginal itching](https://www.rxlist.com/vaginal_itching/symptoms.htm)/dryness/discharge, [blurred vision](https://www.rxlist.com/blurred_vision/symptoms.htm), drowsiness, [mood swings](https://www.rxlist.com/mood_swings/symptoms.htm), and irritability. Possible side effects of a Progesterone injection include the above as well as: bleeding or spotting, and general swelling, pain/irritation/redness or swelling at the injection site,

### Progesterone Treatment Schedule

The PSPT treatment regimen lasts from the first day the patient presents until either two weeks of treatment or the twelfth week of gestation has passed, whichever is longer. Day 1 is the first day of treatment. Progesterone is given orally unless the patient can not tolerate it, in which case it may be given by IM injection. The patient is given 400 mg of oral Progesterone to be taken by the patient at her initial appointment. The patient should then instructed to take 400 mg of oral Progesterone that same evening before bed, and 400 mg again in the morning and at bedtime of Days 2 and 3. Beginning on Day 4 and continuing daily until the patient’s 12th week of gestation, the patient will take 400 mg oral Progesterone at bedtime only. (No morning dose should be taken.)

If the patient can not tolerate oral progesterone and would prefer an injection, she will be given 200 mg of Progesterone in Oil by intramuscular injection at each treatment. The regimen begins with three successive days of treatment, and then continues every other day until Day 13. Thereafter, treatments are twice per week until the patient completes twelve weeks of gestation. Ultrasound exams are required on Days 1, 7 and 13 to determine the viability of the pregnancy. If there is a concern, the patient will be given a progesterone treatment and an additional ultrasound will be performed at the next appointment. After two successive ultrasounds which cannot confirm that the pregnancy is viable, progesterone treatment will be discontinued and the patient will be encouraged to seek medical attention from her prenatal care provider.

Table 1 shows a brief sample outline of the Progesterone by injection treatment schedule for a patient who presented on Oct. 10 at 8 weeks and 5 days gestational age. She has completed her first three appointments and has scheduled the next three.

Table 1: Sample Progesterone by Injection Treatment Schedule

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 200 mg Progesterone IM | **Gestation** | **Date** | **Time** | **Done** |
| Day 1\* (first treatment) | 8w5d | Oct 10 | 4pm | X |
| Day 2 | 8w6d | Oct 11 | 4pm | X |
| Day 3 | 9w0d | Oct 12 | 2pm | X |
| Day 5 | 9w2d | Oct 14 | 2pm |  |
| Day 7\* | 9w4d | Oct 16 | 2pm |  |
| Day 9 | 9w6d | Oct 18 | 2pm |  |
| Day 11 | 10w1d | Oct 20 |  |  |
| Day 13\* | 10w3d | Oct 22 |  |  |
| Day 16 | 10w6d | Oct 25 |  |  |
| Day 19 | 11w2d | Oct 28 |  |  |
| Day 22 | 11w5d | Oct 31 |  |  |
| Day 25 | 12w1d | Nov 3 |  |  |
| Day 28 | 12w4d | Nov 6 |  |  |
| ~~Day 31~~ | (after 12w) |  |  |  |
| ~~Day 34~~ |  |  |  |  |

\*Days when an ultrasound is required.

## Acquiring Progesterone

Progesterone 200 mg Capsules may be obtained from McKesson and can be kept on hand until such time that it is needed or until the expiration date. The cost for 100 capsules is about $330.00. If an urgent dose is needed, the medical director can call or fax in a script for the patient at a local pharmacy.

Progesterone in Oil (for injection) is available from McKesson and Kubat Pharmacy. McKesson sells Progesterone in Oil in 50mg/ml vials for approximately $85.00 without a patient specific prescription. Kubat Pharmacy sells Progesterone in Oil at a higher concentration of 100mg/ml for approximately $52 per vial but they require a patient- specific prescription ordered by a physician. The higher concentration is beneficial for patients because it allows a single 2ml intramuscular injection to reach the required 200mg dose instead of two separate 2ml injections. A single 4ml injection is not advisable. Therefore, after a specific patient is identified, a patient-specific prescription should be obtained to order the remaining progesterone required for the patient at the higher concentration.

Use the following steps to obtain and stock progesterone capsules or progesterone in Oil:

1. If not already established, set up an account at MMS.McKesson.com. A physician’s name, license number, and proof of prescribing ability will be required.
2. If not already established, set up an account at www.kubatpharmacy.com as well. A physician’s name, license number, and proof of prescribing ability will be required.
3. Order 1 bottle (100) of 200 mg oral progesterone to have on hand. Alternatively, 3 vials of 50ml/mg progesterone in oil may be ordred from McKesson to have on hand.
4. Store bottles and vials at room temperature in a locked medicine cabinet with 3cc-5cc syringes and IM needles.
5. If giving progesterone in oil by injection, immediately following the confirmation of a viable pregnancy and the initial treatment, contact the PRC’s Medical Director to inform her of the situation and request that a patient-specific prescription be called or faxed to Kubat Pharmacy immediately to obtain the remainder of the progesterone in oil needed for the patient’s treatment. A credit card on file will be required.
6. Kubat Pharmacy’s custom compounding can be reached via phone at (402) 558-2474 and fax at (402) 561-1252
7. If giving progesterone in oil by injection, be sure to maintain adequate inventory for at least three treatments by reordering Progesterone in Oil from McKesson after a patient’s first treatment.

## Patient Flow Process

The following 12 steps are the exact steps that are necessary for the patient to receive the complete PSPT service platform. It is important that these steps be done sequentially (in order) and completely. The details of each step are described in this section. (For PRCs using the Optimize Software, the APR patient process will be self-evident.)

**NOTE:** Although the action of most of these steps is taken by the PRC staff, the focus is on the patient and on moving the patient seamlessly through the process so as to provide her with quality care.

**CAUTION** – All patient information is by definition confidential and therefore must be protected from intentional or accidental disclosure. For example, electronic documents or devices such as PDAs, mobile phones, etc., containing patient information or related schedule must be [password protected](#_Password_Protecting_Documents). Additionally, paper copies containing documents related to patient data must be put in their proper place and locked.

### The 12 Step Patient Flow Process

1. Initial Patient Contact and Scheduling
2. Patient Arrival and Welcome
3. Situational Assessment
4. Pregnancy Test and Results
5. Health History
6. PSPT Education and Consent Forms
7. Ultrasound Exam
8. Progesterone Therapy Treatment
9. Resources and Gospel Presentation
10. Exit Process and Documentation
11. Return Appointments and Treatment Regimen
12. Follow-up

### Patient Flow Process – Functional Workflow

Nurse

Scheduler

Patient Receptionist

Initial Patient Contact and Scheduling

Initial Patient Contact and Scheduling

Patient Arrival and Welcome

Situational Assessment

Pregnancy Test and Results

Health History

PSPT Education and Consent Forms

Ultrasound Exam

Treatment

Resources and Gospel Presentation

Exit Process and Documentation

Return Appointment and Treatment Regimen

Follow-up

Figure 2: Functional Workflow Diagram

### Step 1 – Initial Patient Contact and Scheduling

The prospective patient is in process of having an abortion. Due to the extremely time-sensitive nature of this kind of request, it is essential that there be fast and reliable communication between the Scheduling coordinator engaging the patient and the nurse team leader coordinating the schedules of staff nurses. Nurses will need to be on call when the PRC is not typically open in order to maximize the chances of saving the life of the patient’s child, as it is critical that the patient receives the first does as soon as possible after taking Mifepristone.

#### Overview

1. Patient initiates contact.
2. Scheduling Coordinator collects patient information and availability.
3. Scheduling Coordinator and Nurse Team Leader determine staff nurse availability and appointment schedule
4. Scheduling Coordinator contacts patient to confirm appointment time.
5. Scheduling Coordinator completes forms and data entry

#### Patient Initiates Contact

This patient flow process is initiated by the prospective patient calling the PRC. This step assumes that the patient is aware of the PRC either by the PRC’s marketing or by word of mouth. The primary goal of the PRC’s marketing is to get the patient to call.

Medical Staff does NOT answer or respond directly to medical questions over the phone.

#### Collect Patient Information and Availability

The patient requesting PSPT typically has a high degree of internal conflict and is very motivated to change her situation. Unlike the abortion-minded patient, the Scheduling Coordinator does not need to spend much time convincing the medical abortion patient to schedule and show for an appointment. When the patient indicates a request for PSPT (or “Abortion Pill Reversal”), the Scheduling Coordinator should immediately begin collecting the information necessary to schedule an appointment.

##### Patient Information

Inform that patient that she is a top priority on the schedule, and that every hour counts in an attempt to sustain her pregnancy after taking mifepristone. Find out when she could be available in the next few hours. Also, inform her that she will need to return 24 hours after her initial appointment for a follow-up appointment.

Proceed to the following questions, filling out a Scheduling Intake Form (Appendix 4).

1. What is your name?
2. What is your date of birth?
3. What is a phone number we can reach you at? Is it ok for us to confirm your appointment or for a nurse to call if needed and leave a message if you don’t answer?
4. When was your last period?
5. Have you taken the first pill (mifepristone/ru-486)? If yes, then when?
6. Have you taken the second pill (misoprostol)? If yes, then when?
7. Who was your abortion provider?
8. How did you find out about us?

Use the “Scheduling Notes” section of the Scheduling Intake Form to record information from questions 5-7.

##### Concluding Script

“At your appointment, you’ll meet your nurse who will do a pregnancy test, and if that’s positive, an ultrasound, as well as STD testing. She will discuss the details of Pregnancy Sustaining Progesterone Therapy with you and will provide the first treatment with your consent. She will answer any questions you may have, and review all of your pregnancy options and resources.

“I will contact our Nursing Team Leader to find out when your nurse will be available to meet you and get back to you within the hour to confirm a time for your appointment. Do you have any questions?”

**NOTE**: A patient may choose to refuse permission to be contacted prior to her appointment. This must be clearly documented on the Scheduling Intake Form.

#### Scheduling Coordinator and Nurse Team Leader Determine Appointment Schedule

The Scheduling Coordinator should contact the Nurse Team Leader immediately following the initial patient call to determine which staff nurse will be able to see the patient during her earliest available time. If possible, the Nurse Team Leader should also arrange for a nurse to meet the patient for her next appointment 24 hours after the initial.

It is best if this process take no more than 15 minutes. Determine which mode of communication is fastest for your teams’ needs and be sure that every Scheduling Coordinator and nurse has the appropriate contact information readily accessible.

#### Scheduling Coordinator Contacts Patient to Confirm Appointment Time

When the first available appointment time has been confirmed the Scheduling Coordinator should call the patient to confirm the date and time of her first and second appointments. If possible, inform patient of the first name of her staff nurse. Answer any additional questions that the patient has at that time.

#### Completing Forms and Data Entry

1. Fill out the *Scheduling Intake Form* (Appendix 4).
2. Enter patient information into the database before the end of each business day.

### Step 2 – Patient Arrival and Welcome

When the patient arrives for the appointment, the Patient Receptionist is the first face-to-face contact with the Patient and must use the following scripts. The Patient Receptionist does not need to be on call, so if the Patient Receptionist is not available during the patient’s appointment, the staff nurse should perform the Patient Receptionist role.

The Patient Receptionist stands and offers a warm smile and greeting saying:

“Welcome to (name of PRC)! You did the right thing by coming to us. Please review and fill out the information on these forms.”

#### Present Patient with Welcome Packet

The Patient Receptionist should then present the patient with the Welcome Packet, which includes the *What Can You Expect? Form* (Appendix 27), *Patient Information* (Appendix ), *Limitations of Service* (Appendix 6), and *Patient Bill of Rights* (Appendix 9).

“I will tell your Nurse, {name}, that you are here. While you are waiting, please read through this form. It will describe what you can expect during your visit today. The Limitations of Service form tells you more about Compass Care. Also, please read the *Patient Bill of Rights* and sign it on the bottom. If you have questions about these forms, your nurse will be happy to answer those for you when you give them to her. Again, all our services are completely confidential, so you’re free to relax here.”

#### Addressing Persons with Patient

If a boyfriend, friend, or parent come with patient, explain to them what is going to happen, saying,

“Thank you for coming with (use the patient’s name) today. Please make yourself comfortable. The Nurse will be taking (use the patient’s name) back for her appointment. Due to patient confidentiality, you will be asked to remain here in the reception area.”

**NOTE:** The Patient Receptionist may have a conversation with the visitors on neutral topics such as the weather, where they are from, etc. The Patient Receptionist must NOT speak with them about the specific materials that will be presented to the patient or about topics that are “controversial” or “emotionally charged”, such as about church, Bible, politics, religion, or even the specific stances of the PRC. The Patient Receptionist is not to upset, annoy, or aggravate any person accompanying the patient because this person may become a barrier to the patient receiving necessary services from the PRC.

The Patient Receptionist may do initial data entry into the STD lab software using the Patient Info form, at this time. If the STD testing platform is appropriate for the particular patient, additional steps will be necessary as well.

### Step 3 – Situational Assessment and Support System Review

Nurse calls patient from waiting area, either by name or patient number, and greets them, saying,

“Hello, my name is , and I’ll be your nurse today. Please go into exam room # and have a seat in the chair.”

After she is comfortably seated, transition to the situational assessment by saying, “So, tell me, what have you been going through recently?”

The Nurse performs the situational assessment, using the *Patient Intake Form* (Appendix ) to direct conversation.

### Step 4 – Pregnancy Test and Results

Direct the patient to leave urine sample in restroom for testing. The following are the steps for pregnancy testing:

1. Perform the pregnancy test per manufacturer’s directions.
   1. Draw up urine in dropper provided
   2. Drop 5 drops of urine on sample (tear drop) of test
   3. Wait 5 minutes for results
      1. A line must appear under the C (control) portion of test for results to be accurate
      2. A second line of any shade under the T (test) portion of the test indicates a positive result
      3. The absence of a second line under the T (test) portion of the test indicates a negative result
2. Document the test in the ()
3. Collect the sample for STD testing.
   1. Pour urine sample in red top collection cup
   2. Using pipette provided, immediately transfer urine into cobas PRC media tube and fill to level indicated on tube.
   3. Tightly recap tube.
   4. Mix by gently inverting tube 5 times.
   5. Complete *STD Test Log* (Appendix 23)

After testing, the nurse should meet with the patient and explain the pregnancy test results.

#### If Negative Test

A negative test will be extremely rare for PSPT patients. HCG will be present for several weeks even after a complete medical abortion. If the pregnancy test is negative, it is unlikely that the patient was pregnant to begin with. Consult your medical director on how to proceed.

Report the results by saying:

“Your test was negative today, meaning that there is not enough HCG, the pregnancy hormone, in your urine to turn it positive.”

Offer a home pregnancy test to the patient, saying:

“This is a pregnancy test that you can take at home. If you think you may be pregnant later, or you don't get your period within two weeks, follow the instructions on the package. If you have a positive test at home, it does not necessarily mean you have a live pregnancy. You will need to confirm your pregnancy by calling our scheduling number to make another appointment.”

#### If Positive Test

Report the results by saying;

“Your test was positive today. This means that there IS enough HCG, the pregnancy hormone, in your urine to turn it positive. This does not mean that you still have a viable pregnancy. We will attempt to confirm that in a moment with an ultrasound exam. Before that, there are a few more things we need to go over.”

A patient with positive pregnancy test results may receive *a Verification of Positive Pregnancy Test Letter* (Appendix 26) to obtain insurance or medical care.

### Step 5 –Health History

**NOTE**: Paperwork must be reviewed with the patient alone to protect her privacy and allow for her to share honestly and openly.

#### Review Health Questionnaire with Patient

When using the *Initial Visit Health Questionnaire* (Appendix 5), please follow the steps below:

1. Be sure that all spaces are complete. If they do not apply, add “N/A” and cross out that area.
2. Ask the patient if she has any questions.
3. Always document the patient’s OB/GYN, or if they need a referral.

#### Inform Patient of STD Testing

Explain to the patient that if she desires you can use the urine sample she’s already provided to test for Gonorrhea and Chlamydia to protect her future reproductive health.

1. Introduce the idea of testing on the STD Testing history section of the Health Questionnaire.
2. Inform the patient of STD testing and why it is important, saying, “We also offer STD testing. The STDs we test for are Gonorrhea and Chlamydia. These are two highly treatable bacterial STDs. Unfortunately 75-80% of people who have Gonorrhea or Chlamydia do not know they have it. Especially women, because they routinely do not have symptoms. It is also necessary to know whether you have Chlamydia before you make a decision to have an abortion because” (hand patient STD brochure, and point out the statistic) “of patients who have a Chlamydia infection at the time of their abortion, 23% will develop pelvic inflammatory disease (PID) within 4 weeks.”
3. Know the statistics for the STDs that you test for, so that you can discuss the prevalence in your community to the patient.
4. Explain what PID is by saying; “PID is an inflammation in the female reproductive system that can increase risk for future ectopic pregnancy or cause infertility related to scarring.”
5. Explain how the STD test is done saying; “The test is done through the same urine sample you leave for your pregnancy test.
6. Ask the patient directly if they want to be tested for STD saying; “Would you like to submit your urine sample for STD testing today?”

#### Review and Signing of the STD Consent

If the patient indicated her desire to be tested for STDs in the previous step, the nurse should review the [*STD Consent Form*](#_Sexually_Transmitted_Disease_1) with the patient (Appendix 21).

1. Highlight the bold areas on the consent form, stating them plainly.
2. Ask the patient to sign on the appropriate line.
3. Inform the patient that her results will be shared at one of her appointments next week. Remind patient that results will not be given over the phone.
4. Recommend a follow up with their physician at least once a year, if not every 6 months. If they do not have a doctor, give them referrals.
5. Send the STD test sample as directed in the Policies & Procedures.

**NOTE**: If the patient asks any question that has not yet been addressed by your Medical Director, say, “I will check with our Medical Services Manager/doctor and let you know.” Do not answer questions from your own experiences. Always check with the Medical Services Manager before answering questions. Always reassure her that if she has concerns, they are best brought up with her doctor (OB). Be sure to speak to her in an empowering way that helps turn her fear into confidence. It may be helpful for you to keep a notebook of Frequently Asked Questions (FAQ) as a reference.

### Step 6 – PSPT Education and Additional Consents

Give the patient a copy of the *PSPT Education and Schedule* (Appendix 18) and talk through how Pregnancy Sustaining Progesterone Therapy works with the patient, and the rigorous regimen. Answer any questions that the patient has about the therapy or how it is administered. Tell the patient, “I’ll need you to sign a few consent forms so that we can request records from your abortionist, perform an ultrasound, and continue with the progesterone therapy.”

#### Authorization to Release Medical Information

The patient must complete an *Authorization for Release of Medical Information* (Appendix 1) form so that her records can be requested from her abortionist. If the patient refuses to sign the release, continue with the service process, but do not request records.

#### Review Ultrasound Consent

Explain the use of ultrasound using the following scripts**:**

“We will need to do an ultrasound to confirm viability of your pregnancy. The ultrasound we do is a Limited Ultrasound—limited just to confirming the viability of pregnancy. To confirm viability, we need to visualize your baby’s heartbeat within the uterus. We will also be confirming how far along you are related to your last menstrual period.”

“As a nurse, I cannot diagnose that you are pregnant, but I will tell you if I see what I would expect to see. I will also let you know if I do not see what I would expect to see. Either way, we will make a plan accordingly.”

1. Answer any question there may be if her last menstrual period was abnormal or if she has irregular periods, etc.
2. Review the *Ultrasound Consent Form* (Appendix 24) with patient paying special attention to the highlighted areas.

#### PSPT Consent

The nurse should review the *PSPT Consent Form* (Appendix 17) with the patient. Read each statement aloud and ask the patient to initial in the box following the statement. The patient will sign and date the form, and the nurse will sign as a witness.

### Step 7 –Ultrasound Exam

#### Vaginal Ultrasound

1. Have the patient sit on the table.
2. Explain to her that to get the clearest image we will perform the ultrasound vaginally.
3. The national standard of care for first trimester sonography uses the vaginal ultrasound.
4. Have her go to the bathroom before proceeding. A full bladder with a vaginal ultrasound can be uncomfortable.
5. Instruct her on how the vaginal ultrasound exam is performed (i.e. that you will insert the vaginal probe just a short way into her vagina. That the probe will be covered and use lubricant to make it more comfortable for her).
6. Protect her privacy by giving the patient a drape sheet.
7. Step out of the room to have her slide her pants and underwear off.
8. Have her lie down and for her comfort, have her place her feet in stirrups. Explain to her that this position will help get the best picture and that the stirrups will be helpful to her because she will not have to hold her legs up in an uncomfortable position for an extended period of time.
9. Place some ultrasound gel on the tip of the probe and place the cover on the probe.
10. Put some K-Y Jelly on the outside of the probe cover to make it more comfortable for the patient, and verbalize this to her. She needs to hear that we are looking out for her comfort.
11. Protect her privacy, asking her to insert the probe.
12. Give her a paper towel beforehand to wipe her hand off from the gel that is on the probe.
13. Tell her that you will hold the handle and she will insert the tip of the probe into her vagina for her privacy.

Proceed with [Ultrasound Routine](#_Ultrasound_Routine) (below) from here.

#### Ultrasound Routine

1. Start by trying to get a clear picture of the uterus and give her the best view of the baby as you can. The sooner we give her something to “grasp” in the ultrasound, the better. Try starting with the long and transverse views of the midline.
2. Do the measurements of Gestational sac, crown-rump length, and Heart rate before moving on to the adnexa (ovaries).
3. Look around in both views to get the best shot and take that image first. If you get a clear profile, start with that picture.
4. Point out the most obvious examples of fetal development and mention the heartbeat. Discuss fetal development at her gestational age, regardless of visibility.
5. Explain while taking pictures of the adnexa that you want to make sure you can see the ovaries and measure them. You want to make sure there isn’t anything to be concerned about.

**NOTE**: Do not overload her with information.

1. Respond to the emotion she may be expressing or help her by saying, “How do you feel after being able to see your baby’s heartbeat on the screen?” “What’s your first impression after seeing the ultrasound today?” (This is where communication skills and patient sensitivity training are important).
2. Print out the report for the chart after completing your routine.
3. You can put her name on the screen and print out some pictures for her to take with her, all the while, showing her visitor the best images. They will be able to see the heartbeat together. Don’t be afraid to be silent. Sometimes the patient will explain to her guest what she has seen, prior to their arrival in the room. Be careful not to repeat anything the patient may have said previously during the exam. Maintaining confidentiality is extremely important.
4. Provide the patient with any appropriate pictures.
5. If your medical director has written a presumptive diagnosis protocol, you can diagnose her pregnancy at this time. Otherwise, reiterate that a physician must still confirm what you have seen in the ultrasound.
6. After printing the pictures ask, “Is there anything else you would like to see?”
7. Give the patient her pictures in a frame. Point out what you see in the pictures to solidify what she saw and also so she can remember, as she takes the pictures home.
8. Answer any questions she may have at this point.
9. Show the fetal/uterine models at the end so she can see her baby’s actual size.

#### Ultrasound and PSPT Treatment Decision Criteria

The following diagram visually portrays the decision criteria spelled out in the *Standing Order Policy And Procedures For Pregnancy Sustaining Progesterone Therapy* (Appendix 22).

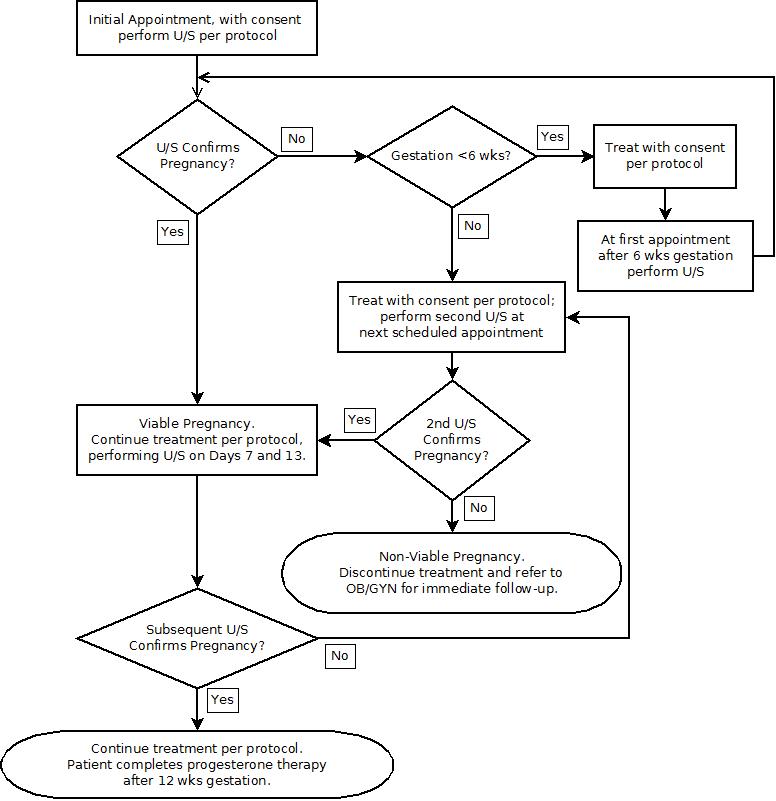


Figure 3: Ultrasound PSPT Treatment Decision Criteria

**NOTE:** Be sure to follow the Policies & Procedures for your organization.

##### If You Can Measure a Heartbeat

If you see in the ultrasound what you would expect to see and were able to measure the heartbeat, you may share the *So, You’re Pregnant* brochure.

1. Complete the ultrasound report and assemble the Medical chart. Please refer to the *Medical Exam Report* (Appendix 7).

Also, be sure to give her a picture of the “glamour shot” with her name on them in a framed card.

##### If You Cannot Measure a Heartbeat and Gestation Is Less Than 6 Weeks

If you did not see a heartbeat in the ultrasound exam, you must review and give the following brochure.

*We Were Unable to Confirm the Viability of Your Pregnancy Today* brochure

1. You should say “I cannot confirm the viability of your pregnancy today. This could be because you are too early to see what I need to see, it could be my limited skills, or it could be that your abortion is complete.”
2. “We will continue with the progesterone therapy, and at your first appointment after 6 weeks gestation, we will perform another ultrasound to determine if you have a viable pregnancy.
3. Complete the ultrasound report and assemble the Medical chart. Please refer to the *Medical Exam Report* (Appendix 7).

##### If You Cannot Measure a Heartbeat and Gestation Is Over 6 Weeks

If you did not see a heartbeat in the ultrasound exam, you must review and give the following brochure.

*We Were Unable to Confirm the Viability of Your Pregnancy Today* brochure

1. You should say “I cannot confirm the viability of your pregnancy today. This could be my limited skills, or it could be that you don’t have a viable pregnancy.”
2. “One inconclusive ultrasound does not mean that you don’t have a viable pregnancy. We will continue with treatment today, and perform another ultrasound exam tomorrow. Hopefully we’ll be able to detect a heartbeat tomorrow, but if we cannot, we’ll refer you to the doctor who is overseeing your progesterone therapy for follow-up care.”
3. Complete the ultrasound report and assemble the Medical chart. Please refer to the *Medical Exam Report* (Appendix 7).

##### If You Do Not See What You Would Expect to See

1. She would not be having an ultrasound if she was experiencing any immediate symptoms, but an urgent referral to her OB/GYN, or emergency room (if she doesn’t have an OB/GYN) should be made for the next few days before she leaves the office.
2. Clear documentation of the plan must be included in her chart.
3. Always notify Medical Services Manager and/or Medical Director if you are not able to see what you would expect to see.
4. Complete the ultrasound report and assemble the Medical chart. Please refer to the Medical Exam Report (Appendix 7).

Following the ultrasound exam, fill in her gestational age information and appointment dates for the next two weeks on the patient’s Progesterone Treatment Schedule printed on the reverse of the *PSPT Education and Schedule* (Appendix 18). Cross out any lines on the table after her twelfth week of gestation.

### Step 8 – Progesterone Therapy Treatment

A patient will receive oral progesterone unless progesterone in oil by injection is preferred.

For ORAL PROGESTERONE: Each dose of oral progesterone is 400 mg by mouth. At the initial appointment, after the ultrasound examination, the patient will be instructed to take 400 mg of progesterone (2 – 200 mg capsules) immediately and then will be given 800 mg to take home with her. She will be instructed to take 400 mg progesterone that same evening and 400 mg in the morning of the next day, before she returns for her second appointment. At her second appointment, the patient will again be given 800 mg of progesterone and instructed to take 400 mg that same evening and 400 mg in the morning of the third day before she returns for her third appointment. At the third appointment, the patient will undergo an ultrasound examination to confirm viability of the pregnancy. If viability is confirmed ,the patient will be given enough oral progesterone for one week and instructed to take 400 mg each night before bed. She will return in one week for a follw-up appointment when she will undergo another ultrasound to confirm viability of the pregnancy. If the pregnancy is viable, the patient will be given enough oral progesterone to take home and instructed to take 400 mg each night until she is twelve weeks gestation. She will be referred to an OB0GYN or CNMW for follow up prenatal care.

For PROGESTERONE IN OIL INJECTION: Each dose of progesterone therapy is 200mg of Progesterone in Oil given through intramuscular injection in the gluteal muscle. Administer the progesterone as indicated in Table 2. Depending on the concentration available to your PRC, this may require one or two injections. See instructions for Acquiring Progesterone on page 10.

Table 2: Administration of Progesterone in Oil

|  |  |
| --- | --- |
| Concentration | Administration |
| 100mg/ml | One 2ml injection in a gluteal muscle |
| 50mg/ml | Two 2ml injections, one in each gluteal muscle |

At the initial appointment treatment the progesterone in oil that the PRC has on hand will be the lower concentration. Because of the dosing required (200 mg for each visit), the nurse will need to draw up two syringes of Progesterone of 100mg each (2 ml) each.

The nurse will inject 2 ml (100 mg) by IM into one large gluteal muscle and then immediately inject the other syringe of 2 ml (100 mg) by IM into the other large gluteal muscle. This gives the woman the proper total dose (200 mg of Progesterone) without giving it in one large 4 ml injection at one time which is not recommended. Figure 4 illustrates the injection site.

You can inform the patient that after her second or third appointment the progesterone will be available in a higher concentration, so she will receive only one injection per visit instead of two.

Document the treatment on the *Appendix 11*

*Patient Chart* PSPT Progesterone in Oil Injection Protocol *Form* (Appendix 10) in the patient’s chart. Keep track of which site was used, alternating sites with each visit.



Figure 4: Gluteal Injection Site

### Step 9 – Resources and Gospel Presentation

After the ultrasound and treatment are complete and the nurse has reviewed pertinent information with the patient:

1. Ask the patient, “How are you feeling about what you experienced today?” Wait for an answer and then say, “Now I would like to go over your (name of PRC) Patient Resource List with you. There is contact information on this Plan that will assist you.”
2. Present the *Patient Resource List* (PRL; Appendix ).

Following presentation of the Church Referral section of the PRL, the nursewill introduce Gospel presentation using the following:

1. Ask her if she is currently involved in a church, saying “I ask because it is important to get an understanding of your support system and a church or a pastor can be a source of support.”
2. “We do all we can to provide you with resources to help you, but we also recognize that part of your need is simply to feel a sense of peace inside. We believe that peace comes from knowing that you have a real relationship with the real God, your Creator. I have a little booklet that helps explain how that sort of relationship is obtainable; can I share it with you?”
3. (“Yes” – proceed with following script. “No” – “Ok, that’s fine. Would it be alright if I pray for you before you leave?”) Refer to the booklet, Steps to Peace with God:
4. Step 1 - We want to take a look at why we lack peace in the first place.
5. Step 2 – (The Problem) When God created man, He created him in His image and out of His love. His desire was and has always been to be in relationship with us. He let us decide to either follow Him, or follow our own way. We made a choice for ourselves – to live for ourselves, making selfish and sinful decisions, and that separated from God. Because He’s altogether perfect and Holy, and we are not, there has to be a separation.
6. Step 3 - But what still lies in our hearts, is a deep desire to be reunited with God and out of that deep, sometimes hidden desire, we often try to DO things to reconnect with God. The problem is, our only resource is our selfishness and sinfulness. All of our attempts will never be able to bridge that gap. Our only hope is if the perfect side of this relationship, that is: God Himself, if HE were to bridge this awful gap. Because of His great love, and because He’s ALWAYS wanted relationship with you and with me, He did exactly that.
7. Step 4 - He bridged the gap by sending His perfect and Holy Son, Jesus to come to live among us, to minister love and to die for us and for our sin. When He gave His life up, He made a way for us to be reconciled with our Creator. When we make a decision by faith, to turn away from our selfish and sinful ways, and put our faith in Jesus, we find peace with God and peace inside our hearts. We discover hope and help when in the past, we felt like we were doing it all on our own.
8. Step 5 - The thing is, God did ALL He can do to make the way open for us, and provide an invitation, but the sad part is, most people choose not to accept His way back home through Jesus. This invitation is offered to everyone, and anyone who wants it. All they have to do is to turn from an old selfish life, believe in Jesus and let the relationship with God begin. When that happens, God is able to fill us with His Spirit, and give us the peace we so desperately need.
9. Have you ever heard this before? (More than half the time, they say no. If they say ‘yes’, then ask about their current relationship with the Lord.) What do you think about it? Is this an invitation you’d like to accept right now?
10. **“Yes”** – “Great, why don’t we take a minute and pray and accept this gift. I can pray with you, leading out with some words and if you’re willing, you can just repeat after me. The specific words you say are not as important as the heart you pray them with.”
11. Prayer – “Jesus – I choose to believe in you, to trust in Your sacrifice and to follow You beginning today. God, please forgive me of my sin and selfishness and fill me with Your peace right now. Thank you. In Jesus’ name, Amen” (there is also a ‘sample’ prayer on the last page of the booklet). You may choose to continue praying a prayer of blessing upon the patient, sealing the work of the Holy Spirit in that moment.

***OR***

1. **“No, I’m not ready – maybe later.”** “Ok, that’s fine. There is no pressure here. I’m wondering if I could just ask you to take this booklet with you and consider the things we’ve talked about later. Would you be willing to do that? May I pray for you? “
2. Regardless of outcome of gospel presentation, Nurse should document presentation and outcome with notes on the Patient Intake Form. This is very important information that is entered into the database, for the purpose of tracking metrics.

### Step 10 –Exit Process and Documentation

#### Nurse Concludes the Appointment

The nurse will conclude the appointment by asking. “Do you have any additional questions or concerns about your pregnancy before you go?” Answer her concerns, and reassure her that you will do everything you can to help sustain her pregnancy and connect her to the support she needs.

The nurse will escort the patient to the reception area, reminding her of the appointment schedule and what she should expect at her next appointment. Appointments for treatment should take only 15 minutes. Appointments for ultrasound and treatment should take 30 minutes. Communicate with the Patient Receptionist to set up the second and third appointments for the next two days.

#### Patient Receptionist Facilitates Patient Exit

When appointment time and date are selected, Patient Receptionist will hand patient an appointment reminder card and ask her to fill out the card herself. This will reinforce the date and time of the appointments in the patient’s mind. The Patient Receptionist will ask, “Will you please call us if you need to reschedule?” and wait for the patient to reply.

Following appointment scheduling, the Patient Receptionist should invite the patient to provide feedback about her first experience at the PRC by asking, “Would you be willing to complete a short survey to let us know how we are doing?”

If patient agrees to complete *Exit Survey* (Appendix 3), direct her to complete it in the reception area and return to the Patient Receptionist when she is finished, and may leave the office.

Patient Receptionist will then return the Exit Survey to the Medical Team Leader. Be sure to give the patient a copy of the *Patient Bill of Rights* form and then put a signed copy in her file. The Patient Receptionist and the nurse should fill out a *PSPT Job Function Checklist* (Appendix 19) following the appointment and deliver it to the Medical Services Manager for review.

#### Progesterone Prescription

If the patient’s pregnancy is viable and is following the regimen for progesterone in oil injections, the nurse or Patient Receptionist should contact the PRC’s medical director following the patient’s appointment to obtain a patient-specific prescription for Progesterone in Oil in the amount needed to complete the patient’s PSPT regimen. The prescription should be faxed to Kubat Pharmacy. A patient who is taking oral progesterone may not need a prescription order filled if the PRC has enough oral progesterone capsules on hand.

#### Records Request

The Patient Receptionist will also contact the patient’s abortion provider to request records relating to the abortion. The request can be made with a phone call. The patient’s signed *Authorization for Release of Medical Information* (Appendix 1) should be faxed to the abortion provider with a written records request and confidential fax cover sheet.

Patient Receptionist will perform final review of documentation and file patient chart in Active Chart drawer once all documentation is completed.

### Step 11 – Return Appointments and Treatment Regimen

The PSPT oral progesterone regimen will usually require at least 5 patient appointments. The rigorous PSPT progesterone in oil injection treatment regimen will require up to 18 patient appointments, depending on her gestation on Day 1 of treatment. The farther along she is in her pregnancy, the less often she will need progesterone therapy treatments.

At each return appointment repeat Steps 2 and 3 with common sense modifications; a *Return Visit Health Questionnaire (PSPT)* (Appendix 20) should be filled out (two forms are included on each sheet to limit chart size) and the *Appendix 11*

#### *Patient Chart* PSPT Progesterone in Oil Injection Protocol (Appendix 10) should be updated. A note should be added to the *Patient Contact Form* (Appendix 12

) regarding the appointment.

There are two primary return appointment types:

1. Ultrasound and Treatment Appointments
2. Treatment Only Appointments

#### Treatment Only Appointments

These appointments should be scheduled for 15 minutes. The nurse fills out the *Return Visit Health Questionnaire (PSPT)* (Appendix 20) and answers any questions or concerns the patient has. Then the nurse will offer treatment as indicated in Step 8 – Progesterone Therapy Treatment.

#### Ultrasound and Treatment Appointments

##### Required Ultrasounds

Return appointments which require an ultrasound should be scheduled for 30 minutes. Several conditions require an ultrasound at a return appointment. A limited ultrasound exam should be performed:

1. On Day 7 and Day 13 of treatment, per standard protocol.
2. When a heartbeat could not be measured on the ultrasound at the previous appointment.
3. At the patient’s first appointment after reaching six weeks gestation, if viability could not be confirmed at her initial appointment.

##### The Appointment

The nurse fills out the *Return Visit Health Questionnaire (PSPT)* (Appendix 20) and answers any questions or concerns the patient has. Then the nurse will ask the patient to sign on the next available line on the *Ultrasound Consent (PSPT) Form* (Appendix 24) in her chart. When the consent is signed, perform an ultrasound exam as indicated in Step 7 –Ultrasound Exam. During return appointments, use the phased approach to ultrasound, performing an abdominal ultrasound first and continuing to a vaginal ultrasound only if you are not able to get a clear image.

After the ultrasound, use the Ultrasound PSPT Treatment Decision Criteria to determine whether to continue to treatment or end progesterone therapy. Refer to Step 8 – Progesterone Therapy Treatment.

##### Ending Progesterone Therapy

When a second consecutive inconclusive ultrasound exam has been performed after six weeks gestation, the patient should be informed that cannot confirm the viability of her pregnancy, and that her progesterone therapy will be ended. Educate her regarding her options using the Procedures Following Spontaneous or Induced Abortion document.

Refer her immediately to an OB/GYN for follow-up care. Your medical director who has been overseeing her progesterone therapy may be the best referral.

Give the patient a copy of the *After Abortion* brochure and discuss the contents with her. If indicated, provide a referral for a local abortion recovery counseling program.

#### Reporting STD Results:

If the patient requested STD testing at her initial appointment, be prepared to share the results of her test with her at the first appointment after they are available.

##### If the Results are Negative

1. Report her negative STD results
2. Reinforce education given at initial appointment and ask if she has any questions regarding the brochures, etc.
3. Refer her to follow up with her doctor on a routine, at least annual basis, for pap smears and STD testing.
4. Talk with them about STD prevention and contraceptives, including information on abstinence.

##### If the Results are Positive

1. Report Positive STD results to the patient and proceed with treatment per protocol.
2. Ask if she has a doctor she will be able to follow-up with for routine testing.
   1. If she does have a doctor, recommend routine STD testing on at least an annual basis.
   2. If she does not have a doctor, but has insurance, refer her to an OB/GYN on referral list where she can get treatment.
   3. If she does not have a doctor and does not have insurance, refer her to the County Health Department or other identified free treatment center in your area for treatment.
3. Document her treatment plan in the medical chart. Report positive STD results and treatment plan to the County Health Department.
   1. Notify County Health Department as directed by the director of the County STD testing program.

**NOTE**: The desire of communication type and timing may vary per County Health Departments. Please follow instructions as directed by your County Health Department for reporting positive STD results.

* 1. Reinforce education given at her first appointment and ask if she has any questions regarding the brochures, etc.

### Step 12 –Follow-up

#### All patient follow-up is to be coordinated by nurses. The Nurse will attempt to contact the patient by phone at 16 weeks from initial appointment and after her due date, using the *Patient Contact Form* (Appendix 12

) and a *Patient Follow-Up Form* (Appendix 13) to guide and document the conversation. Follow-up procedures should be followed per PRC’s process for pregnancy patients (See OT Streamlined LSM for a detailed follow-up procedure).

## Measurement Systems

The Measurement Systems are the means by which the PRC obtains data on how effective it is in interfacing with the patient and provides information to enable the PRC to innovate and improve those systems. This section assumes that measurement systems are in place for all of the PRC’s activities outside of the PSPT.

### Forms

Throughout this document various forms have been referenced. Each of these forms has been included in the Appendix.

### Checklists

The Patient Receptionist and staff nurse should complete the *PSPT Job Function Checklist* (Appendix 19) after each patient appointment. Each checklist should be reviewed by the Medical Services Manager on a bi-weekly basis. Any concerns should be addressed before the staff member begins their next shift.

### Patient Records

#### Assembly of Patient Chart (If Optimize or other EMR is not utilized.)

Everything in the Patient chart must be in the proper order and stored as a single patient record. The documents in the medical chart are to be completed according to [*Documentation Guidelines*](#_Documentation_Guidelines_for) (Appendix 62), fastened with the metal prongs, and placed in the following order, from front to back.

1. *What Can You Expect? Form* (Appendix 27)
2. *Limitations of Service* (Appendix 6)
3. *Patient Bill of Rights* (Appendix 9)
4. *Verification of Positive Pregnancy Test Letter* (Appendix 26)\*
5. *Authorization for Release of Medical Information* (Appendix 1)
6. *Insurance Referral Paperwork*
7. *Other Referral Forms*
8. *Patient Resource List* (Appendix )\*
9. *PSPT Patient Intake Form* (Appendix )
10. *Initial Visit Health Questionnaire* (Appendix 5)
11. *PSPT Education and Schedule* (Appendix 18)\*
12. [*STD Consent Form*](#_Sexually_Transmitted_Disease_1)(Appendix 21)
13. *Ultrasound Consent* *Form* (Appendix 24)
14. *PSPT Consent Form* (Appendix 17)
15. *Medical Exam Report* (Appendix 7), with the Physician Signature flagged to be signed
16. *Ultrasound Pictures*
17. *STD Lab Results*
18. *Appendix 11*
19. *Patient Chart* PSPT Progesterone in Oil Injection Protocol(Appendix 10)
20. *Patient Follow-Up Form* (Appendix 13)
21. *Patient Information* (Appendix )
22. *Patient Contact Form* (Appendix 12
23. )
24. *Chart Audit Form* (Appendix 2)

\*Make a copy for the patient

Add the *Return Visit Health Questionnaire (PSPT)*, renewed *Ultrasound Consent* (PSPT), *PSPT Consent Form*, *Medical Exam Report* and ultrasound pictures of subsequent visits directly beneath the *Patient Information Sheet*. Complete the *Appendix 11*

*Patient Chart* PSPT Progesterone in Oil Injection Protocol *Form* after each visit and add the appropriate note to the *Patient Contact Form*.

#### Patient Records Transfer

A patient or her prenatal care provider may request a transfer of her medical records via secure fax. Always confirm that the request comes from a legitimate medical provider or the patient herself with a signed Authorization to Release Medical Information. Without a completed form, DO NOT transfer any identifying patient information. Communicate that the patient’s medical provider must fax a signed medical information release form, or the patient must come in to sign one, before any records can be released.

Ensure that they are able to confirm the patient’s name and birth date. Verify online that the fax number provided is actually that of the physician’s office.

If anyone other than the patient or her physician’s office calls requesting records be faxed do not even confirm to them that she has been a patient. Explain that you cannot confirm whether the individual in question was a patient, and that any records request must either come from the patient herself, or from a physician’s office. When in doubt, look up the physician’s office phone number and call to verify that the request is legitimate.

The following forms should be faxed, in this order:

1. Confidential Fax Cover Sheet
2. *Medical Exam Report(s)* (Appendix 7)
3. STD Lab Results
4. *Initial Visit Health Questionnaire* (Appendix 5)
5. [*Return Visit Health Questionnaire (PSPT)*](#_Return_Visit_Health) (Appendix 20)
6. Appendix *11*
7. *Patient Chart* PSPT Progesterone in Oil Injection Protocol (Appendix 10), if requested
8. Signed *Authorization for Release of Medical Information* (Appendix 1)

Return all documents to Patients chart and add fax confirmation sheet to chart. Document the transfer request and completion in the *Patient Contact Form* (Appendix 12

).

### Database and Tracking Statistics

Tracking is a critically important aspect of Optimizing a PRC. By tracking the step by step patient flow, an organization is able to measure how well it is doing for any given point in the patient service process. The PRC staff can then suggest informed innovations to the process where necessary, to always remain on the cutting edge of service.

It is assumed that the PRC uses some type of data tracking and reporting database for other patient service platforms. The PRC leadership may choose to track PSPT metrics separately from regular pregnancy appointments, or combine them. Separate schedule rates, show rates and final outcomes should be tracked where possible. It should be noted that PSPT patients, who are in the process of having an abortion, should always be considered Abortion Minded patients. A sample *Master Report – PSPT* is available in Appendix 8.

# Appendix

**NOTE:** These documents are for reference only and should be customized as needed with your organization’s name, logo or letterhead. Many documents reference CompassCare Pregnancy Services. These references must be changed prior to use.

#### Appendix 1

### Authorization for Release of Medical Information







#### Appendix 2

Pt Initials

|  |  |  |  |
| --- | --- | --- | --- |
| Chart Audit Form | | | |
| **Yes** | **No** | **N/A** |  |
|  |  |  | Limitation of Service (*Patient Intake Form*) signed by patient. |
|  |  |  | *Patient Bill of Rights* signed by patient. |
|  |  |  | *STD Consent Form* signed by patient. |
|  |  |  | *Ultrasound Consent Form* signed by patient. |
|  |  |  | *PSPT Consent Form* signed by patient |
|  |  |  | *Authorization to Release Medical Information* signed by patient. |
|  |  |  | *Medical Exam Report* completed and signed by MD in two places. |
|  |  |  | Ultrasound pictures filed for each scan performed. |
|  |  |  | STD Test Results filed in chart and documented on *Patient Contact Form*. |
|  |  |  | Pregnancy confirmed with patient and documented on *Medical Exam Report*. |
|  |  |  | *Patient Chart PSPT Protocol Form* completed. |
|  |  |  | Follow-up performed and documented on *Follow-Up Form*. |
|  |  |  | Chart closed and closing documented on *Chart* *Closing Summary Form*. |
|  |  |  | **Totals** |

Notes:

#### Appendix 3

### Exit Survey

**1) Which of the following times would be most convenient for you to come to CompassCare?***(Check all that apply.)*Weekdays Saturdays  
□ Morning (9am-12pm) □ Morning (9am-12pm)   
□ Afternoon (12pm-4pm) □ Afternoon (12pm-4pm)   
□ Evening (4pm-8pm) □ Evening (4pm-8pm)

**2) Which of the following advertisements have you seen or heard for CompassCare?***(Check all that apply.)*  
□ Yellow Pages Ad □ Radio Ad   
□ Website (Which Station? )  
□ College Campus Ad □ Friend Referral   
 (Where? ) (Who? )  
□ Professional Referral (Physician, School Nurse, etc.)  
 (Who? ) □ Other:

**3) Are there additional services CompassCare could offer that would be helpful to you or a friend?**

**4) Are there any factors that would stop you or a friend from seeking services from a service provider like CompassCare? If yes, what?**

**5) Would you recommend CompassCare to a friend?** □ Yes □ No  
Why or Why not?

**6) Please rate your overall CompassCare experience on a scale of 1 to 10:**  *(1=poor and 10=excellent)*

Your Name Nurse Date

#### Appendix 4

### Scheduling Intake Form

Date Time Initials

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Demographic Information | | | Other Than Patient | | | | |
| Patient Name |  | | Caller Name | |  | | |
| LMP |  | |
| Appointment Day |  | | Caller Number | |  | | |
| Appointment Date |  | | Relationship | |  | | |
| Appointment Time |  | |
|  | | |  | | | | |
| **Preferred Appointment Confirmation**  *(Include “NO” for any or all methods that patient refuses for confirmation)* | | | **Confirmation Information** | | | | |
| Home/Mobile Phone | |  | Date Contacted |  | | Initials |  |
| Email Address | |  | Outcome: | □ No Answer | | □ Left Message | |
| Text Message (Mobile Phone #) | |  |  | □ Confirmed | | □ Cancel or R/S | |

|  |  |  |  |
| --- | --- | --- | --- |
| Purpose of Call | | Referral Source | |
| Patient Seeking Abortion Appointment |  | Phone Book |  |
| Pregnancy Test |  | Website |  |
| Ultrasound |  | Friend |  |
| STD Testing |  | Agency/Church (Name) |  |
| Counseling |  | Previous Visit (Date) |  |
| PSPT |  | Television/Radio |  |
| Reschedule |  | Walk-In |  |
| Other |  | Other |  |

**Schedulingr Notes**

**Intention to Carry:** □ Abort □ Adopt □ Parent □ Undecided

**Abortion Vulnerability:** □ A/M □ A/V □ CTT □ N/A

|  |
| --- |
| Follow-Up Contact |
| No-Show Patient Was Called  Initials Date Time  Result  Rescheduled (Date) Cancelled  Notes |

#### Appendix 5

Today’s Date:

### Initial Visit Health Questionnaire

Name: DOB:

Gender: □ Male □ Female □ STD Pt □ Pregnancy Pt

Chief Complaint:

##### STD Patients Only:

**# of Sexual Partners** in the past 90 days:

**# of Times You’ve Had Sex** in the past 90 days:

###### Have you ever:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Given | | Received | |
| Anal Sex? |  | M |  | M/F |
| Vaginal Sex? |  | M |  | F |
| Oral Sex? |  | M/F |  | M/F |

###### Do you have any of the following?

Sore throat □ Yes □ No Frequent urination □ Yes □ No

Genital pain □ Yes □ No Pain/Burning with urination □ Yes □ No

Abnormal discharge/odor □ Yes □ No Blood in urine □ Yes □ No

##### All Patients:

When was your last STD test? □ Never □ Date:

Have you had any sexual exposure to a person with a known STD? □ Yes □ No

If yes, when and to what? Date: STD:

Have you ever had an STD? □ Yes □ No

If yes, when? Date:

Which STD? □ HIV □ Hepatitis (A / B / C) □ Chlamydia □ Gonorrhea

□ Syphilis □ Genital Warts □ Herpes

□ Other:

Do you use any of the following? If Yes, please specify:

Over the Counter or Prescription Medications □ Yes, □ No

Other Drugs □ Yes □ No

Cigarettes □ Yes □ No

Alcohol □ Yes □ No

Are you allergic to latex? □ Yes □ No

Are you allergic to any foods or medications? □ Yes □ No

If yes, please list medication and reaction.

Any other health conditions/symptoms/concerns?

##### Pregnancy and Female STD Patients Only:

###### OB/GYN History

How many times have you:

Been pregnant?

Delivered how many children? Delivered premature before 37 wks?

Miscarried? Ectopic pregnancy?

Had an abortion? \_\_\_\_\_\_\_\_ If > 0: □ Medical □ Surgical Date: \_\_\_\_\_\_\_\_\_ How far along? \_\_\_\_\_\_\_\_

Have you ever had:

Cesarean section? □ Yes □ No

Infertility? □ Yes □ No

Other problems with pregnancy? □ Yes □ No

An abnormal PAP smear? □ Yes □ No

Date of last PAP:

Name of OB/GYN Physician:

###### Current Health History

When was the first day of your last period?

Was it normal or different than usual? □ Normal □ Abnormal

Are your periods regular? □ Yes □ No How often do you have a period? Every days.

What kind of birth control have you been using, if any?

When did you last use any hormonal birth control?

###### Do you or have you had any of the following?

Abdominal pain/cramps: □ Yes □ No

If yes, is it greater than your period? □ Yes □ No

Is the pain □ Consistent or □ Intermittent?

Vaginal bleeding/spotting: □ Yes □ No

Vaginal discharge: □ Yes □ No

If yes, does it have an odor? □ Yes □ No

Does it have color? □ Yes □ No

If yes, what color is it?

Nausea: □ Yes □ No

Vomiting: □ Yes □ No

Breast tenderness: □ Yes □ No

Family History of Breast Cancer: □ Yes □ No

##### FOR COMPASSCARE OFFICE USE ONLY

###### Pregnancy Test Results: □ **Positive** □ **Negative**

*I have reviewed the above information with the patient.*

Nurse Signature:

Title: Date:

#### Appendix 6

### Limitations of Service

Last Name: First Name: Date:

1. [Name of PRC] is a non-profit organization. All of our services are free, including a urine pregnancy test, ultrasound if that test is positive, and Sexually Transmitted Disease (STD) testing, as well as a situational assessment and personalized pregnancy options consultation provided by a Nurse.
2. The medical services are all referrals and are not performed or provided by [Name of PRC] but rather by licensed medical professionals. A physician must confirm your pregnancy test with an ultrasound to determine viability.
3. Whether the pregnancy or STD test is positive or negative, you should consult with a licensed physician. If you do not have a physician, your Nurse will offer referrals including that for our medical director, [Medical Director].
4. Our Nurses are all trained in crisis counseling though not necessarily licensed or degreed personnel. The counseling obtained here is not intended as a substitute for professional counseling.
5. All information is kept confidential except if child abuse or other mandated reporting laws apply or if we believe or hear that you are in danger of hurting yourself or others.
6. [Name of PRC] does not perform or refer for abortion, which includes not providing confirmation of pregnancy for abortion retention purposes.
7. [Name of PRC] does not profit from your decision.

*I have read and understood the above and hereby authorize the staff of this office to render whatever services are necessary for my care.*

**Patient Signature:** Date:

Staff Signature: Date:

#### Appendix 7

### Medical Exam Report

Name: Date: Ultrasound #:

**Orders:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ Urine Pregnancy Testing | Results: + / - | | | Nurse Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ Gonorrhea and Chlamydia Testing | | | | |
| □ Prenatal Vitamin Sample: PrimaCare ONE/PrimaCare | Lot Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ Please do limited OB ultrasound indication | | To confirm pregnancy and determine gestational age. | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | MD | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Problem list and plans:** see health questionnaire

pt was given Verification of Positive Pregnancy Test for insurance purposes

pt signed Release of Medical Information Form

pt to follow up with a physician of her choosing, referred to own

pt was referred to Hospital emergency room via ambulance

Signature of nurse completing exam: \_\_\_\_ RN/LPN/RDMS \_\_\_\_ /\_\_\_\_ /\_\_\_\_

**Ultrasound not performed:** □ Negative Test □ Patient Refused □ Bleeding/Increased Pain   
 □ Too early; GA by LMP: Weeks, Days

**Ultrasound Exam Report:**

Date of U/S: Abdominal: Transvaginal:

FHR: Fetal Number:

GS: \_\_\_\_\_\_cm x \_\_\_\_\_\_cm x \_\_\_\_\_\_cm CRL: \_\_\_\_\_\_\_cm BPD: \_\_\_\_\_\_\_cm

LMP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gestational Age by LMP: \_\_\_\_\_\_\_ weeks \_\_\_\_\_\_\_ days EDC by LMP \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gestational Age by U/S: \_\_\_\_\_\_\_ weeks \_\_\_\_\_\_\_ days EDC by U/S \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Ultrasound Notes:**

pt was given “So, You’re Pregnant” brochure

pt was given “Unable To Confirm Viability of Pregnancy” brochure

pt to follow up for repeat ultrasound/STD results \_\_\_\_ /\_\_\_\_ /\_\_\_\_ @ \_\_\_\_\_ AM / PM

Signature of person completing exam: \_\_\_\_ RN/LPN/RDMS Date: \_\_\_\_ /\_\_\_\_ /\_\_\_\_

Physician signature for review of the chart: \_\_\_\_\_\_\_\_\_ \_\_ Date: \_\_\_\_ /\_\_\_\_ /\_\_\_\_

**STD Testing:**

□ Positive Results reported to pt \_\_\_\_ /\_\_\_\_ /\_\_\_\_ by

□ Negative Results

**Medical Follow Up Report:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \_\_\_\_ /\_\_\_\_ /\_\_\_\_ | 1st phone attempt | □ | \_\_\_\_ /\_\_\_\_ /\_\_\_\_ | Contact made with patient and plan discussed | **□** |
| **\_\_\_\_ /\_\_\_\_ /\_\_\_\_** | 2nd phone attempt | □ | \_\_\_\_ /\_\_\_\_ /\_\_\_\_ | Registered letter with return receipt sent | □ |
| **\_\_\_\_ /\_\_\_\_ /\_\_\_\_** | 3rd phone attempt | □ | \_\_\_\_ /\_\_\_\_ /\_\_\_\_ | Receipt/letter returned (filed in chart) | □ |

Medical Director Signature for final review of the chart: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Appendix 8

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Master Report – PSPT Showing formulas for spreadsheet calculation of effectiveness rates. | | | | |  |
|  |  | |  |  |  |
|  | **Start Date:** | **End Date:** |
|  |  | |  |  |  |
| **Line** | **Metric** | | **#** | **%** | **Tolerances** |
| **Service Process** | | |  |  |  |
| **1** | **Number of PSPT Scheduling Calls** | |  |  |  |
| **2** | **Appointments Scheduled (Initial Appointments)** | |  | =C8/C7 | **[75%-95%]** |
| **3** | **Patients who Arrive for Initial Appointment** | |  | =C9/C8 | **[70%-90%]** |
| **4** | **Pregnancy Tests at Initial Appointment** | |  |  |  |
| **5** | Postitive | |  | =C11/C9 | **[100%]** |
| **6** | Negative | |  | =C12/C9 |  |
| **7** | **Progesterone Therapy Regimen Consent** | |  |  |  |
| **8** | Consent Signed | |  | =C14/C11 | **[95%-100%]** |
| **9** | Patient Refused | |  | =C15/C11 |  |
| **10** | **Viable Pregnancies at Initial** | |  |  |  |
| **11** | U/S Confirms | |  | =C17/C11 |  |
| **12** | U/S Cannot Confirm before 6 weeks gestation | |  | =C18/C11 |  |
| **13** | U/S Cannot Confirm after 6 weeks gestation | |  | =C19/C11 |  |
| **14** | **Viable Pregnancies at Day 7 (of Initial viable or early)** | |  |  |  |
| **15** | U/S Confirms | |  | =C21/(C17+C18) |  |
| **16** | U/S Cannot Confirm | |  | =C22/(C17+C18) |  |
| **17** | **Viable Pregnancies at Day 13 (of Day 7 viable)** | |  |  |  |
| **18** | U/S Confirms | |  | =C24/C21 |  |
| **19** | U/S Cannot Confirm | |  | =C25/C21 |  |
| **20** | **Completed Treatment Through 12 Weeks Gestation** | |  | =C26/C14 |  |
| **21** | **Pregnancies Sustained (Lives Saved of Total PSPT Begun)** | |  |  |  |
| **22** | At Most Recent Interaction | |  | =C28/C14 |  |
| **23** | After Due Date (Healthy Deliveries) | |  | =C29/C14 |  |
| **24** | **Evangelism at Initial Appointment** | |  |  |  |
| **25** | Patient claims to already be a Christian | |  | =C31/C9 |  |
| **26** | Gave a complete/thorough presentation of the Gospel | |  | =C32/C9 | **[90%-100%]** |
| **27** | Prayed with patient to accept Christ | |  | =C33/C9 | **[15%-25%]** |
| **28** | Christ-centered discussion without presenting the Gospel | |  | =C34/C9 | **[0%]** |
| **29** | Patient refuses Gospel presentation | |  | =C35/C9 |  |

(continued…)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line** | **Metric** | **#** | **%** | **Tolerances** |
| **Demographics** | |  |  |  |
| **30** | **Ethnicity Information (From Initial Appointments)** |  |  |  |
| **31** | Unknown |  | =C38/$C$9 |  |
| **32** | Hispanic or Latino |  | =C39/$C$9 |  |
| **33** | American Indian or Alaska Native |  | =C40/$C$9 |  |
| **34** | Asian |  | =C41/$C$9 |  |
| **35** | African American |  | =C42/$C$9 |  |
| **36** | Native Hawaiian or Other Pacific Islander |  | =C43/$C$9 |  |
| **37** | Caucasian |  | =C44/$C$9 |  |
| **38** | Other |  | =C45/$C$9 |  |
| **39** | **Education Information (From Initial Appointments)** |  | =C46/$C$9 |  |
| **40** | Unknown |  | =C47/$C$9 |  |
| **41** | 7th Grade |  | =C48/$C$9 |  |
| **42** | 8th Grade |  | =C49/$C$9 |  |
| **43** | 9th Grade |  | =C50/$C$9 |  |
| **44** | 10th Grade |  | =C51/$C$9 |  |
| **45** | 11th Grade |  | =C52/$C$9 |  |
| **46** | 12th Grade |  | =C53/$C$9 |  |
| **47** | College Freshman (13) |  | =C54/$C$9 |  |
| **48** | College Sophomore (14) |  | =C55/$C$9 |  |
| **49** | College Junior (15) |  | =C56/$C$9 |  |
| **50** | College Senior (16) |  | =C57/$C$9 |  |
| **51** | Post-College (17+) |  | =C58/$C$9 |  |
| **52** | **Age Information (From Initial Appointments)** |  |  |  |
| **53** | Number of Patients | =C9 |  |  |
| **54** | Minimum Age |  |  |  |
| **55** | Maximum Age |  |  |  |
| **56** | Average Age |  |  |  |

#### Appendix 9

### Patient Bill of Rights

##### A Woman Has The Right To:

1. Receive services in a non-judgmental, caring environment committed to maintaining confidentiality of patient records except where required by law.
2. Receive professional medical services from organizations committed to integrity, free from manipulation or coercion.
3. Receive services in a confidential environment that supports her right to make her own decisions regarding her pregnancy.
4. Be respected enough to make a decision that is right for her by receiving a non-biased presentation of all her pregnancy-related options.
5. Receive comprehensive information about her current medical status, including information about the nature and physiology of her current pregnancy.
6. Access objective information about all of her legal options related to pregnancy and pregnancy termination.
7. Receive services from an organization that has written documentation of all services and information provided, to insure that every patient receives the same objective information delivered with the same standard of excellence.
8. Receive services from an organization that uses a written verification process that services have been provided according to written protocol on a per-patient basis.
9. Fully understand how an organization stands to financially profit from any particular pregnancy decision a woman may choose to make at that organization.
10. Receive standardized medical services by organizations held accountable to follow protocols designed to insure that all services and information are delivered ethically and objectively.
11. Assurance of high quality medical follow-up care provided by or arranged by the physician responsible for the initial delivery of service.
12. Access to ongoing, long-term community support should she choose to carry the pregnancy to full-term.

##### Patient Responsibilities

1. Patient is responsible for providing all pertinent and accurate health history information to provider.
2. Patient is responsible to participate in determining her treatment plan.
3. Patient is responsible to follow prescribed treatment agreed upon with provider.
4. Patient is responsible to understand his/her rights.
5. Patient is responsible to communicate suggestions, complaints, and grievances using an exit survey process, completed at the end of each appointment.

I, , understand my rights and responsibilities.

(Print Name)

Signature: Date:

#### Appendix 10

|  |
| --- |
| **PREGNANCY SUSTAINING PROGESTERONE THERAPY PROTOCOL (ORAL)** |

PATIENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENT ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NURSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PATIENT SIGNED CONSENT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **X** | **DAY** | **DATE** | **TIME** | | **ULTRASOUND**  (*RN Initial*) | **TREATMENT** |
|  | 1 |  |  |  | **\*** | **400 MG PROGESTERONE PO**  **ASAP and BEDTIME** |
|  | 2 |  |  |  |  | **400 MG PROGESTERONE PO**  **MORNING and BEDTIME** |
|  | 3 |  |  |  | **\*** | **400 MG PROGESTERONE PO**  **MORNING and BEDTIME** |
|  | 4 |  |  | |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 5 |  |  | |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 6 |  |  | |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 7 |  |  | | **\*** | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 8 |  |  | |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 9 |  |  | |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 10 |  |  | |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 11 |  |  | |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 12 |  |  | |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 13 |  |  | | **\*** | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 14 |  |  | |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 15 |  |  | |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 16 |  |  | |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 17 |  |  | |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 18 |  |  | |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
| **Physician Signature** | |  |  | |  | **Date** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **X** | **DAY** | **DATE** | **TIME** | **ULTRASOUND**  (*RN Initial*) | **TREATMENT** |
|  | 19 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 20 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 21 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 22 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 23 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 24 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 25 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 26 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 27 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 28 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 29 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 30 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 31 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 32 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 33 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 34 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 35 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 36 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 37 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 38 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 39 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 40 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |
|  | 41 |  |  |  | **400 MG PROGESTERONE PO**  **BEDTIME ONLY** |

#### Appendix 11

### Patient Chart PSPT Progesterone in Oil Injection Protocol

PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENT ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NURSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PATIENT SIGNED CONSENT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| X | DAY | DATE/TIME | ULTRASOUND  (*RN Initial*) | TREATMENT *(RN Signature and indication of the location where injection was given)* | |
|  | 1 |  | **\*** | **200 MG PROGESTERONE IN OIL IM**  *signature* **L R** | |
|  | 2 |  |  | **200 MG PROGESTERONE IN OIL IM**  **L R** | |
|  | 3 |  |  | **200 MG PROGESTERONE IN OIL IM**  **L R** | |
|  | 5 |  |  | **200 MG PROGESTERONE IN OIL IM**  **L R** | |
|  | 7 |  | **\*** | **200 MG PROGESTERONE IN OIL IM**  **L R** | |
|  | 9 |  |  | **200 MG PROGESTERONE IN OIL IM**  **L R** | |
|  | 11 |  |  | **200 MG PROGESTERONE IN OIL IM**  **L R** | |
|  | 13 |  | **\*** | **200 MG PROGESTERONE IN OIL IM**  **L R** | |
|  | 16 |  |  | **200 MG PROGESTERONE IN OIL IM**  **L R** | |
|  | 19 |  |  | **200 MG PROGESTERONE IN OIL IM**  **L R** | |
|  | 22 |  |  | **200 MG PROGESTERONE IN OIL IM**  **L R** | |
|  | 25 |  |  | **200 MG PROGESTERONE IN OIL IM**  **L R** | |
|  | 28 |  |  | **200 MG PROGESTERONE IN OIL IM**  **L R** | |
|  | 31 |  |  | **200 MG PROGESTERONE IN OIL IM**  **L R** | |
|  | 34 |  |  | **200 MG PROGESTERONE IN OIL IM**  **L R** | |
|  | 37 |  |  | **200 MG PROGESTERONE IN OIL IM**  **L R** | |
|  | 40 |  |  | **200 MG PROGESTERONE IN OIL IM**  **L R** | |
|  | 43 |  |  | **200 MG PROGESTERONE IN OIL IM**  **L R** | |
| **Physician Signature** | |  |  | | **Date** |

#### Appendix 12

### Patient Contact Form

Patient’s Name:

Date First Seen:

Please date and sign each entry.

Page of

#### Appendix 13

### Patient Follow-Up Form (PSPT)

##### 16 Weeks | After Due Date (circle one)

Patient Name:

Date First Seen: Today’s Date:

1. How are you feeling?  
   □ Physically:   
   □ Emotionally:
2. Describe your relationships with Family/Boyfriend and your support system:
3. Have you followed up with the referrals provided on your Patient Resource List (PRL)?  
   □ Physician Name:

□ Physician Phone:   
□ Other Referral Notes:

1. Do you need any additional resources or referrals?
2. Is there anything else we can help you with?

Notes:

RN Signature: Date:

#### Appendix 14

### Patient Information

Patient ID: (for Office Use Only)

Name:

Address:

City: State: Zip Code:

Age: \_\_\_\_\_ Birth Date: Previous Visit? □ Yes □ No Date:

How may we contact you? □ Phone □ Email □ Mail  
 *(Please check all that apply)* □ Leave message?   
 □ Say [Name of PRC]?

Primary Phone: Alternate Phone:   
 □ Home □ Work □ Cell □ Home □ Work □ Cell

Best Time to Call: Email Address:

##### Education

School Year Completed (Circle One):

Occupation: Business/School Name:

##### Marital Status

□ Single □ Married □ Separated □ Divorced □ Widowed □ Unknown

##### Ethnicity

□ Caucasian □ African-American □ Asian □ Hispanic □ Native American □ Other:

##### Referral Source

□ Phonebook □ Website □ Radio □ Friend □ School □ Other

##### Emergency Contact Information

Name:

Relationship to Patient:

Primary Phone: Alternate Phone:

##### Insurance Information

***STD Patients Only:***Do you have health insurance? (If yes, please give card to receptionist) □ Yes □ No

#### Appendix 15

### Patient Intake Form (PSPT)

##### Situational Assessment

###### Reason for Today’s Visit

###### Pregnancy Test Information

1st Day of Last Period (LMP) Date PT Taken

Weeks of Gestation from LMP □ Home □ Positive

Expected Due Date from LMP □ Dr’s Office □ Negative

###### Abortion Information

Where did you obtain the abortion pill? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time of first Mifepristone dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you take the second pill(s) – Misoprostol? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Intention to Carry

□ **Parent □ Abort □ Adopt □ Undecided**

##### Support System Review

What is the father of the baby’s First Name?

Does the father of the baby know you are here today? □ Yes □ No

Did the father of the baby come here with you today? □ Yes □ No

Who will support you as you continue your pregnancy?

##### Options Presentation

|  |  |  |
| --- | --- | --- |
| Complete Presentation | Option | Patient’s Response |
| □ | Adoption |  |
| □ | Parenting |  |

* Support System Review Using PRL, After Abortion brochure if necessary
* Ultrasound Exam/Medical Exam Report
* Education and Consent forms for PSPT
* Delivery of Patient Resource List

###### Requirements for Treatment at initial appointment:

* **Positive Urine Pregnancy Test**
* **Patient’s statement that she ingested mifepristone given to her by a medical provider**
* **Signed PSPT Consent form**
* **Patient has no known allergy to Progesterone in oil.**

##### Abortion Vulnerability

|  |  |  |
| --- | --- | --- |
|  | Risk Factors | Explain Patient Details (Complete applicable lines) |
| □ | Still in school (H.S./college/grad) |  |
| □ | Between 17 and 26 years old |  |
| □ | Father of baby in favor of abortion |  |
| □ | Parents in favor of abortion |  |
| □ | History of abortion |  |
| □ | Financial pressure |  |
| □ | Single |  |
| X | Patient states intention to abort (AM, regardless of other risk factors) | Patient chose to ingest mifepristone |

##### Church Background

Religious Affiliation:

Are you currently active in a church? □ Yes □ No

Name of Church:

##### Evangelism Summary

* Patient claims to already be a Christian
* I gave a complete/thorough presentation of the Gospel  
  *Patient’s response to Gospel presentation:*   
  *If the patient did not respond positively what is preventing her from receiving Christ?*
* Patient accepted Christ
* We had a Christ-centered religious discussion, but I did not present the Gospel  
  *I did not give a complete presentation because:*

##### Closing Summary

* Set up return appointments

“Having received your Patient Resource List and all the other information from CompassCare today, is there any additional information that you need today?”

###### Patient’s Stated Intention:

□ Parent □ Abort □ Adopt □ Undecided

##### Other Notes

#### Appendix 16

Scheduling Scheduling: *(enter phone #)*

Nurse Line: *(enter phone #)*

### Patient Resource List

Patients Name

Nurse’s Name

##### Insurance/Financial Assistance

□ *(enter organization name and contact info)*

□ *(enter organization name and contact info)*

□ *(enter organization name and contact info)*

##### Doctors

□ *(enter doctor’s name, address, and phone)*

□ *(enter doctor’s name, address, and phone)*

□ *(enter doctor’s name, address, and phone)*

##### General Health

□ *(enter applicable information)*

□ *(enter applicable information)*

##### Education & Financial Aid

□ *(enter organization name and contact info)*

□ *(enter organization name and contact info)*

□ *(enter organization name and contact info)*

##### Financial Counseling

□ *(enter name and contact info)*

##### Pediatricians

□ *(enter doctor’s name and contact info)*

□ *(enter doctor’s name and contact info)*

##### Material Assistance

□ *(enter organization name and contact info)*

□ *(enter organization name and contact info)*

□ *(enter organization name and contact info)*

##### Adoption

□ *(enter organization name and contact info)*

□ *(enter organization name and contact info)*

##### Church Referral

Return Appointment Date:

Return Appointment Time:

#### Appendix 17

**Pregnancy Sustaining Progesterone Therapy**

### PSPT Consent Form

I, agree to receive progesterone therapy via intramuscular injection to attempt to sustain my pregnancy after introduction of mifepristone (RU-486). \_\_\_\_

I understand that the therapy is an off-label use of progesterone. \_\_\_\_

I understand that progesterone therapy has not been conclusively proven to sustain pregnancy in the presence of mifepristone. \_\_\_\_ I understand that progesterone therapy may not actually sustain my pregnancy by reversing the effects of mifepristone in my situation. \_\_\_\_

I understand that a regular regimen of 200 mg of Progesterone in Oil will be given to me by intramuscular injection. \_\_\_\_

I understand that Progesterone injection therapy carries some risk and those risks have been discussed with me. \_\_\_\_

I understand that the progesterone therapy will be ended if after six (6) weeks have passed since my last menstrual period two sequential ultrasound scans cannot confirm a viable pregnancy. \_\_\_\_

My signature below signifies that I understand all of the above, that all of my questions have been answered, and that I wish to have progesterone therapy to attempt to sustain my pregnancy.

Printed Name Initials: \_\_\_\_

Signature Date:

Printed Name of RN Witness

Signature Date:

#### Appendix 18

### PSPT Education and Schedule

##### Medical Abortion

The FDA approved medical abortion using ru-486 is a *three-step* procedure.

1. In the first step, the medication mifepristone is taken. Mifepristone causes the death of the fetus by preventing your body’s natural progesterone from doing its job.
2. After three days, a second medication called misoprostol is taken. Misoprostol causes uterine contractions and expels all pregnancy-related tissues from the uterus.
3. Two weeks after the second dose a follow-up visit is required to confirm completion of the abortion.

##### Pregnancy Sustaining Progesterone Therapy (PSPT)

Sometimes, women regret taking the first pill and hope for a way to reverse the effects. Progesterone therapy has been proven to help prevent miscarriage in pregnant women. Progesterone is a natural hormone made and released by the female ovaries. Recently, studies have shown that progesterone may also reverse the effects of mifepristone. We cannot guarantee that a healthy pregnancy will be sustained; however we are committed to helping you do everything possible to protect the life of your child. Many women experience cramping, spotting and bleeding after taking Mifepristone. Please let us know if you are experiencing those or any other concerning symptoms.

##### What You Can Expect from PSPT

1. Your pregnancy will be confirmed by performing a pregnancy test and limited ultrasound.
2. You will need to receive oral progesterone or progesterone injections several times over the course of the next couple of weeks (see treatment schedule on reverse). Your commitment to this regimen is absolutely essential to give you the greatest chance of maintaining a successful and healthy pregnancy.
3. You will need to follow up with an OB-GYN for prenatal care.
4. Possible Possible side effects of oral Progesterone include: [dizziness](https://www.rxlist.com/dizziness_dizzy/article.htm), spinning sensation, [abdominal pain](https://www.rxlist.com/abdominal_pain_causes_remedies_treatment/article.htm) (cramping), [headache](https://www.rxlist.com/headache/article.htm), [breast pain](https://www.rxlist.com/breast_pain/symptoms.htm) or tenderness, musculoskeletal pain, [joint pain](https://www.rxlist.com/joint_pain/symptoms.htm), viral infection, [diarrhea](https://www.rxlist.com/diarrhea/article.htm), [nausea](https://www.rxlist.com/nausea/symptoms.htm), bloating, [fatigue](https://www.rxlist.com/fatigue/article.htm), [hot flashes](https://www.rxlist.com/hot_flashes/article.htm), [cough](https://www.rxlist.com/chronic_cough/article.htm), [acne](https://www.rxlist.com/acne/article.htm), increased hair growth, changes in weight, [vaginal itching](https://www.rxlist.com/vaginal_itching/symptoms.htm)/dryness/discharge, [blurred vision](https://www.rxlist.com/blurred_vision/symptoms.htm), drowsiness, [mood swings](https://www.rxlist.com/mood_swings/symptoms.htm), and irritability. Possible side effects of a Progesterone injection include the above as well as: bleeding or spotting, and general swelling, pain/irritation/redness or swelling at the injection siteRarely, an individual may be severely allergic to Progesterone. If you have difficulty breathing, if your throat swells, if you are experiencing apprehension or a racing heartbeat, you should go to the Emergency Department immediately.
5. Please inform your nurse if you suffer from liver disease, breast/uterine or cervical cancer, or if you’ve had blood clots in your legs, lungs, eyes or elsewhere.

**Progesterone in oil by injection Treatment Schedule**

“Day 1” is the first day of treatment. You will be given 200 mg of Progesterone by injection, and schedule a return appointment for the following day (“Day 2”) so you can receive another treatment. You will return on Day 3, and then every other day until day 13, receiving a treatment of Progesterone at each visit. Thereafter, you will schedule a return visit for treatment twice a week until you are 12 weeks pregnant. We will perform an ultrasound on Days 1, 7 and 13 to determine the viability of your pregnancy. If there is a concern, you will be given your progesterone treatment and asked to return the following day, for a repeat ultrasound. If it is determined, after two successive ultrasounds, that your pregnancy is not viable, progesterone treatment will be discontinued and you will be encouraged to seek medical attention from the physician supervising your progesterone therapy.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Gestation | Date | Time | Done |
| Day 1\* (first treatment) |  |  |  |  |
| Day 2 |  |  |  |  |
| Day 3 |  |  |  |  |
| Day 5 |  |  |  |  |
| Day 7\* |  |  |  |  |
| Day 9 |  |  |  |  |
| Day 11 |  |  |  |  |
| Day 13\* |  |  |  |  |
| Day 16 |  |  |  |  |
| Day 19 |  |  |  |  |
| Day 22 |  |  |  |  |
| Day 25 |  |  |  |  |
| Day 28 |  |  |  |  |
| Day 31 |  |  |  |  |
| Day 34 |  |  |  |  |
| Day 37 |  |  |  |  |
| Day 40 |  |  |  |  |
| Day 43 |  |  |  |  |

\*Days when an ultrasound is required.

#### Appendix 19

### PSPT Job Function Checklist

* Type of appointment:
  + Initial Visit
  + Return Visit (see reverse)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient Receptionist Functions | | | | |
| *Yes* | *No* | *N/A* | *Task to be completed per appointment* | *Notes/Comments* |
|  |  |  | Greeted patient using script |  |
|  |  |  | Gave patient Welcome Packet, and reviewed for completion. |  |
|  |  |  | Informed nurse that patient has arrived |  |
|  |  |  | Scheduled return visit in calendar and in database |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RN Functions - Initial Appointment | | | | |
| *Yes* | *No* | *N/A* | *Task to be completed per appointment* | *Notes/Comments* |
|  |  |  | Prayed for patient before appointment |  |
|  |  |  | Reviewed and obtained signatures on all consent forms:   * STD Consent * U/S Consent * PSPT Consent * Authorization to Release Medical Records Consent |  |
|  |  |  | Completed:   * Patient PSPT Intake Form * Initial Visit Health Questionnaire |  |
|  |  |  | Performed:   * Pregnancy Test (used results script) * STD Test * U/S (used routine and script) * Progesterone Treatment |  |
|  |  |  | Gave applicable brochures:   * U/S Confirmed: “So, You’re Pregnant?” * PSPT Education Piece |  |
|  |  |  | Reviewed and provided patient with copy of completed PRL |  |
|  |  |  | Completed Gospel Presentation |  |
|  |  |  | Scheduled patient for return appointment(s) |  |
|  |  |  | Directed patient to complete Exit Survey and leave at Reception |  |
|  |  |  | Completed PT, STD, and U/S logs as applicable |  |
|  |  |  | Followed Scripts for all steps. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Return Appointment | | | | |
| *Yes* | *No* | *N/A* | *Task to be completed per appointment* | *Notes/Comments* |
|  |  |  | Prayed for patient before appointment |  |
|  |  |  | Reviewed and obtained signature for U/S Consent & PSPT Consent |  |
|  |  |  | Completed Return Visit Health Questionnaire |  |
|  |  |  | Performed:   * Repeat Pregnancy Test (used results script) * U/S (used routine and script) * Progesterone Treatment |  |
|  |  |  | Reported STD results to patient and referred for treatment |  |
|  |  |  | Reviewed material from initial apt. and answered any questions |  |
|  |  |  | Completed PT, STD and U/S logs as applicable |  |
|  |  |  | Followed Scripts for all steps. |  |

Did anything not work well with this patient?

Did anything work in an outstanding way with this patient?

Additional Comments:

I embraced the three core values of CompassCare today:

* Fighting Spirit
* Relevance
* Accountability

RN Signature: Date:

CC Signature: Date:

#### Appendix 20

### Return Visit Health Questionnaire (PSPT)

Name: Today’s Date: Date First Seen:

**How are you feeling?**

*Do you or have you had any of the following   
since your last visit here?*

###### STD Results

□ Positive □ Negative

Date Reported

Abdominal pain/cramps: □ Yes □ No

*If yes, greater than your period?* □ Yes □ No

□ Consistent Pain □ Intermittent Pain

Vaginal bleeding/spotting: □ Yes □ No

Do you have any other health related issues that you are concerned about?

**□ New Ultrasound Consent signed and in chart?**

*I have reviewed the above information with the patient.*

RN Signature Title Date

Today’s Date:

**How are you feeling?**

*Do you or have you had any of the following   
since your last visit here?*

Abdominal pain/cramps: □ Yes □ No

*If yes, greater than your period?* □ Yes □ No

□ Consistent Pain □ Intermittent Pain

Vaginal bleeding/spotting: □ Yes □ No

Do you have any other health related issues that you are concerned about?

**□ New Ultrasound Consent signed and in chart?**

*I have reviewed the above information with the patient.*

RN Signature Title Date

#### Appendix 21

### Sexually Transmitted Disease (STD) Testing Consent and Release Form

I understand that:

□ [Name of PRC] provides free reproductive health medical services for men and women, including STD testing, diagnosis and treatment, pregnancy testing, and ultrasound exams for confirmation of pregnancy. **[Name of PRC] does not provide general medical care or emergency services. If you have pelvic pain, abnormal bleeding or a fever, you should go to the emergency room immediately.**

**□** I have requested the services of a volunteer physician through [Name of PRC] for the purpose of STD testing, diagnosis and, if necessary, treatment of some STDs. Those STDs not diagnosed and treated today will be addressed during my follow-up results appointment.

**□ Any recent exposure I may have had to an STD may not be evident in my test today, but I may still be able to pass it on to a partner. Any exposure following this appointment also puts me at risk for acquiring an STD.**

□ [Name of PRC] does not prescribe birth control, nor does [Name of PRC] give out information for the purpose of obtaining birth control.

□ A referral list with the names of local doctors, including gynecologists, is available for my use. I acknowledge that it is my responsibility to obtain follow up for my ongoing health care.

□ **New York State Law requires that certain positive STD test results be reported to my County Health Department, including HIV, Hepatitis, Syphilis, Gonorrhea and Chlamydia.**

□ **I am responsible for receiving the results of my tests, in person. Results will never be given to me over the phone.** I must return for a follow-up appointment with the nurse, within approximately two weeks. If I do not return within 2 weeks, I agree to be contacted at my phone number, for the purpose of scheduling a results appointment. I also give my permission for [Name of PRC] to send a certified letter to my home address if I cannot be reached at the phone number provided.

□ In order to effectively provide for my medical care, staff of [Name of PRC] will have access to my confidential records. My records will not be released to any agency or individual without my written permission except as required by law.

□ **The reproductive health screening that I receive today does not include, among other things, testing for Human Papilloma Virus (HPV) or a PAP test. I must obtain those tests through my own physician.**

□ **By signing below, I am giving permission for [Name of PRC] to perform, as necessary, a urine pregnancy test, blood draw and a physical exam including obtaining swabs for purpose of STD testing.**

□ **A chaperone is available to me during the physical exam if I wish to have a third person present, and I may initial below to request that chaperone.** If I do not initial the line below, I am giving my consent to have that physical exam done with only the Registered Nurse performing my exam present.

Patient Requests Chaperone:

I hereby give full consent to these medical services and I waive and release any and all claims whatsoever kind and nature that I, my legal representatives or heirs and relatives might have or hereafter have against [Name of PRC], its physicians, medical personnel, directors, officers, employees and volunteers. I expressly agree that this waiver, release and indemnity agreement, is intended to be as broad and inclusive as permitted by the laws of this state, and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect.

I have read and understand the above information,

Print Name:

Patient Signature:

Date:

#### Appendix 22

### Standing Order Policy And Procedures For Pregnancy Sustaining Progesterone Therapy

##### Policy: Progesterone Therapy

CompassCare will provide a progesterone therapy regimen to attempt to sustain the pregnancy of a patient who presents as pregnant and having taken mifepristone, in accordance with the following procedures.

##### Procedure: Standing Order for Progesterone Therapy

All registered nurses and other trained and approved personnel are authorized to administer treatment for each qualified patient requesting treatment to attempt to sustain pregnancy after the introduction of mifepristone (RU-486) as outlined. After confirmation of a viable pregnancy through limited ultrasound, the qualified patient should be given 200 mg Progesterone in oil by intramuscular (IM) injection. The patient should then return on day 2 and day 3 for another IM injection of 200 mg Progesterone oil. The patient should return on day 5, and every other day thereafter until 14 days have passed since the initial dose of mifepristone and receive another dose of 200 mg Progesterone in oil by IM injection on each of those return visits.

Thereafter, if the patient is less than 12 weeks pregnant, she should receive another IM injection of 200 mg Progesterone in oil twice a week until the pregnancy is at least 12 weeks. The patient’s consent will be requested prior to each dose of progesterone.

##### Procedure: Standing Order for Ultrasound Imaging

All registered nurses and other trained and approved personnel are authorized to administer treatment for each qualified patient requesting treatment to attempt to sustain pregnancy after the introduction of mifepristone (RU-486) as outlined.

After confirmation of a viable pregnancy through limited ultrasound, the qualified patient should be given 400 mg Prometrium brand (or progesterone generic micronized oral capsules) by mouth ASAP and bedtime on day 1, bid on day 2 and 3, then continuing oral progesterone at 400 mg po qd at bedtime only until 12 weeks gestation. **Alternatively**, 200 mg Progesterone in oil by intramuscular (IM) injection may be given if oral is not obtainable or tolerable. The patient should then return on day 2 and day 3 for another IM injection of 200 mg Progesterone oil. The patient should return on day 5, and every other day thereafter until 14 days have passed since the initial dose of mifepristone and receive another dose of 200 mg Progesterone in oil by IM injection on each of those return visits. Thereafter, if the patient is less than 12 weeks pregnant, she should receive another IM injection of 200 mg Progesterone in oil twice a week until the pregnancy is at least 12 weeks. The patient’s consent will be requested prior to each dose of progesterone.

##### Procedure: Unusual Ultrasound

In the event that the clinician performing the ultrasound does not see what they would expect to see, the following procedure shall be followed:

1. If a fetal heart rate is unable to be determined, the patient shall receive one dose of 400 mg oral Progesterone OR 200 mg Progesterone in oil by IM injection immediately, and requested to return the following day for a repeat ultrasound.
2. If a fetal heart rate is unable to be determined upon two sequential ultrasounds and six weeks or more has passed since the patient’s last menstrual period, progesterone therapy should be ended and the patient shall be referred to her obstetrician for immediate follow-up care. It will be recommended to the patient that she seek medical care within 7 days so that the physician can do qualitative HCG analysis to determine viability. The patient may have one additional dose of 400 mg of oral Progesterone OR 200 mg Progesterone in oil by IM injection if she requests continuing the treatment regimen.
3. If a fetal heart rate is unable to be determined upon two sequential ultrasounds and the patient’s last menstrual period occurred more than four weeks, but less than six weeks previous, she shall receive oral Progesterone OR Progesterone in oil by IM injection according to the protocol until the six week mark. If, at six weeks, a fetal heart rate is unable to be determined upon two sequential ultrasounds, progesterone therapy should be ended and the patient shall be referred to her obstetrician for immediate follow-up care.
4. If the nurse suspects a non-viable fetus or a fetal anomaly, the patient shall be referred to her obstetrician for immediate follow-up care.
5. If the patient is bleeding and in pain, the patient should be referred to an emergency department.

##### Protocol: Patient-Specific Standing Order For Pregnancy Sustaining Progesterone Therapy – Progeterone in Oil by Injection

|  |  |  |
| --- | --- | --- |
| TREATMENT DAY | LIMITED ULTRASOUND | TREATMENT |
| 1 | \* | **200 MG PROGESTERONE IN OIL IM** |
| 2 |  | **200 MG PROGESTERONE IN OIL IM** |
| 3 |  | **200 MG PROGESTERONE IN OIL IM** |
| 5 |  | **200 MG PROGESTERONE IN OIL IM** |
| 7 | **\*** | **200 MG PROGESTERONE IN OIL IM** |
| 9 |  | **200 MG PROGESTERONE IN OIL IM** |
| 11 |  | **200 MG PROGESTERONE IN OIL IM** |
| 13 | **\*** | **200 MG PROGESTERONE IN OIL IM** |
| 16 |  | **200 MG PROGESTERONE IN OIL IM** |
| 19 |  | **200 MG PROGESTERONE IN OIL IM** |
| 22 |  | **200 MG PROGESTERONE IN OIL IM** |
| 25 |  | **200 MG PROGESTERONE IN OIL IM** |
| 28 |  | **200 MG PROGESTERONE IN OIL IM** |
| 31 |  | **200 MG PROGESTERONE IN OIL IM** |
| 34 |  | **200 MG PROGESTERONE IN OIL IM** |
| 37 |  | **200 MG PROGESTERONE IN OIL IM** |
| 40 |  | **200 MG PROGESTERONE IN OIL IM** |
| 43 |  | **200 MG PROGESTERONE IN OIL IM** |

\*Ultrasound required

|  |  |  |  |
| --- | --- | --- | --- |
| Medical Director Signature |  | Date |  |

#### Appendix 23

### STD Test Log



#### Appendix 24

### Ultrasound Consent (PSPT)

I understand that:

**□** I request an appointment with a volunteer physician at [Name of PRC] of Rochester for the purposes of confirming my pregnancy. **I understand that my ultrasound exam will be limited to pregnancy confirmation and that a referral will be made to another medical provider for follow-up medical care.**

**□** The purpose of this and any subsequent ultrasound exam is limited to confirming the viability of my pregnancy through **detecting my baby’s heart beat** **and determining how far along I am** according to my last menstrual period (LMP).

**□ I understand that this ultrasound exam is not for the purposes of diagnosing or detecting any medical problem or condition for my pregnancy.** I will not hold [Name of PRC] responsible for diagnosing or failing to diagnose any abnormalities or conditions relating to my pregnancy or my baby and hereby release [Name of PRC] and its collaborating physicians from any and all liability in this regard.

**□** Ultrasound utilizes high frequency sound waves, and there are no known harmful effects in the twenty-five years of clinical use. The possibility always exists that effects may be identified in the future.

**□ I understand that no follow-up medical care will be provided at [Name of PRC]** and its physicians and staff are not responsible for my follow-up prenatal care, and are not responsible for emergency care that I may need. **I acknowledge that I have the duty and responsibility to use the referrals given to me or some other source to secure my follow-up care.**

**□** I have been informed that physicians and other staff who provide services at the [Name of PRC] of Rochester may do so on a voluntary basis without compensation. I understand that a referral list with the names of local doctors and prenatal health care providers is available for my use.

**□ I am not presently experiencing any immediate medical problem (e.g., pain, spotting, cramping), and I understand that this exam is not a substitute for immediate medical care**. **Should any medical problems arise before my scheduled appointment(s) at [Name of PRC], I acknowledge that it is my responsibility to seek emergency care.**

**□** In order to effectively provide for my medical care, I understand that the staff of [Name of PRC] will have access to my confidential records at [Name of PRC]. **My records will not be released to any agency or individual without my permission except as required by law.**

**□** I hereby give full consent to these medical services and I waive and release any and all claims whatsoever kind and nature that I, my baby, my legal representatives or heirs and relatives might have or hereafter have against [Name of PRC], its physicians, medical personnel, directors, officers, and employees. I expressly agree that this waiver, release and indemnity agreement, is intended to be as broad and inclusive as permitted by the laws of this state, and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect.

I have read, understand, and agree with this statement.

Print Name: Date:

Patient Signature:

I have read, understand, and agree with the statement on the reverse of this document.

Printed Name

Patient Signature Date

Patient Signature Date

Patient Signature Date

Patient Signature Date

#### Appendix 25

### Ultrasound Guide

Ensure that all of the following tasks are completed before, during, and after the ultrasound exam.

##### Criteria for the Ultrasound Exam

1. Positive Pregnancy Test
2. Patient has no signs of miscarriage or ectopic pregnancy. Signs include the following:
   1. Bleeding or spotting greater than typical menstrual period
   2. Cramping/pain worse than menstrual cramps that is consistent and severe
   3. Gush of warm liquid from vagina
   4. Severe pain centered on one side of the abdomen or pelvis
   5. Lightheadedness, dizziness, or blackouts
   6. Abnormally low blood pressure

##### Before the Ultrasound Exam

1. Routine explained
2. Consent signed for ultrasound exam

##### Ultrasound Routine

1. Glamour shot
2. Gestational age measurement (CRL and/or GS)
3. Heart Beat measurement using Doppler
4. ML: TRV and LNG
5. RT ADN: LNG and TRV
6. LT ADN: LNG and TRV
   1. *If you see the ovaries/corpus luteum cyst measure them (twice in the LNG/SAG view, once in TRV)*

#### Appendix 26

### Verification of Positive Pregnancy Test Letter

**300 White Spruce Boulevard  
Rochester, NY 14623  
(XXX) XXX-XXXX**

[Medical Director], MD  
Medical Director

Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Re: Verification of Positive Pregnancy Test

To Whom It May Concern:

This is to verify that was given a pregnancy test at CompassCare Pregnancy Services on \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_.

The test results were positive.

Per LMP of \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_, patient’s EDD is \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_.

If you have any questions, please feel free to contact us.

Sincerely,

RN Signature

#### Appendix 27

### What Can You Expect?

##### Initial Appointment

* 1. You will meet with a Nurse, who will:
     1. Review the Reproductive Health Screening that you will be receiving today
     2. Perform a pregnancy test.
     3. Perform an ultrasound exam to confirm pregnancy viability and determine how far along you are
     4. Administer Pregnancy Sustaining Progesterone Therapy
     5. Collect a urine sample for STD Testing, and provide information about STDs
     6. Review your health history
     7. Answer your medical questions
     8. Review your *Patient Resource List* and provide any necessary medical referrals
     9. Schedule follow-up appointments to continue the Pregnancy Sustaining Progesterone Therapy regimen.

##### Return Appointment

* 1. You will meet with a Nurse, who will:
     1. Review your health history since your last visit
     2. If necessary, Perform an ultrasound exam to confirm pregnancy viability
     3. Administer Pregnancy Sustaining Progesterone Therapy
     4. Provide STD test results and treatment information
     5. Answer your medical questions
     6. Provide any additional referrals you may need
     7. Schedule follow-up appointments to continue the Pregnancy Sustaining Progesterone Therapy regimen.

|  |
| --- |
| **PRIVACY POLICY**  *CompassCare encourages the support of friends and family during your appointment. Please note that, in an effort to provide the highest quality of care, your clinical visit must be performed without any guests. However, patients having an ultrasound exam may choose to invite guests to join them for that portion of their visit. CompassCare staff is unable to provide services to patients who choose not to abide by this policy.* |

*I have read and understand the policy described above.*

**Patient Signature:**  **Date:**

1. Delgado G, Davenport ML (2012). Progesterone use to reverse the effects of mifepristone. Ann Pharmacother, 46(12):e36. Available from: http://www.theannals.com/content/46/12/e36.short [↑](#footnote-ref-2)