**Sample Phone/Telehealth EHR Note:**

**Follow-Up for Medication Management of Early Pregnancy Loss**

Call patients in ~ 1 week (prior to 2 weeks) and go through the below questions, which are minimally modified versions of existing protocols used by several institutions.

**ASSESSMENT:**

Does the patient think she passed the pregnancy? {YES, NO, OTHER:342179}

Does the clinician think she passed the pregnancy? {YES, NO, OTHER:342179}

In-Office follow-up needed? {YES, NO:342193}

**PLAN:**

* Schedule for in-person follow-up as appropriate

OR

* If patient would like to conceive: review routine preconception recommendations and guidance to await a normal menses
* If patient would like to prevent pregnancy: provide contraceptive counseling and prescribe or see in clinic as appropriate

**Encounter Description/Consent:** This encounter was conducted by telephone with the patient. @NAME@ reports they are located "at home", "in clinic", "in public at \*\*\* and was recommend to find a private place for this visit for their privacy and HIPAA safety", "\*\*\*" :66790} during the visit encounter. She confirmed her name and date of birth. We discussed the choice to participate in care through the use of Telehealth service. Telehealth enables health care providers at different locations to provide safe, effective, and convenient care through the use of technology. This is especially during the COVID-19 pandemic when minimizing exposures is important. As with any health care service, there are risks associated with the use of Telehealth, including lack of visualization and the need to come to clinic to complete the assessment. The patient verbally understands the risks and benefits of Telehealth as explained. All questions regarding Telehealth answered.

Gestational age at time of Miscarriage Diagnosis: \*\*\*

Mifepristone administration date: \*\*\*

Misoprostol administration: {NO, YES, DATE/TIME:342277}

Misoprostol route (choose one): Vaginal Buccal \*\*\*

Onset of cramping after misoprostol: {NO, YES, DATE/TIME:342277}

Onset of bleeding after misoprostol: {NO, YES, DATE/TIME:342277}

Cramping worse than a period? {YES, NO:342193}

Bleeding heavier than a period? {YES, NO:342193}

Highest number of pads soaked in one hour? {1-3 WILDCARD:343602}

Passed clots or tissue after misoprostol? {YES, NO:342193}

Bleeding History Narrative: \*\*\*

Pain Medications taken since prior visit: \*\*\*

Current use of pain medication? {YES, NO:342193}

Did the patient feel pregnant before using the medications? {YES, NO:342193}

Does the patient feel pregnant now? {YES, NO:342193}