MEPF

RCT on the Management of Early Pregnancy Failure
DILATION AND CURETTAGE TREATMENT RECORD

Site	Patient No.	Letter Code	Visit	Sequence
			0 0	

A. TREATMENT

1. Procedure date and time: FM06DT ___ ___ ___ - ___ ___ - 2 0 0 ___ (Month / Day / Year) VIS_HR ___ ___ : VIS_DT ___ ___ (Hours / Min, 24-hour clock)

2. D&C Number [Record in sequence number] DCNUM
   1st D&C (1) 2nd D&C (2)

3. Primary Reason for D&C (Choose One): DCREAS

   Randomized to D&C (1)
   Misoprostol (received 1 dose) – sac present (2)
   Misoprostol (received 1 dose) – stripe > 30 mm (3)
   Misoprostol (received 2 doses) – sac present (4)
   Misoprostol (received 2 doses) – stripe > 30 mm (5)
   Heavy Bleeding (6)
   Persistent Bleeding (7)
   Pain (8)
   Infection (9)
   Patient Choice (10)
   Other (11)
   If Other, Specify:_____ DCREA_SP

4. Method: DCMETH
   Electric Vacuum Aspiration (1)
   Manual Vacuum Aspiration (2)

5. Theater: DCTHEATR
   Operating Room (1)
   Emergency Room (2)
   Office (3) DCTHTRSP
   Other (4) If Other, Specify:_____

6. Anesthesia: DCANESTH
   Local (1)
   IV Sedation (2)
   General (3)
   Oral (4) DCANESSP
   Other (5) If Other, Specify:_____

		Yes	No	
7.	Uterotonic given If Yes, Specify _____	(1)	(2)	DCUTER DCUTERSP
8.	Antibiotic given If Yes, Specify _____	(1)	(2)	DCANTBIO DCANTBSP
9.	Estimated blood loss: ___ ___ ___ cc			DCBLDLOS
10.	Complications If Yes, Specify:_____	(1)	(2)	DCCOMP DCCOMPSP

B. ADMINISTRATIVE MATTERS

1. Comments GEN_CMNT _____

2. Person Completing Form CERT_SIG _____ Staff Number: CERT_NO __ __ __ - __ __ __

3. Date form completed: COMPL_DT ___ ___ ___ - ___ ___ - 2 0 0 ___
Month Day Year