Queensland Government

MS-2-Step Clinical Pathway

For intrauterine pregnancies ≤63 days or 9/40

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

- Clinical pathways never replace clinical judgement.
- Care outlined in this clinical pathway **must** be altered if it is not clinically appropriate for the individual client.

Document Instructions

- **Initials:** Indicates action/care has been ordered/administered.
- **N/A:** Indicates preceding care/order is not applicable.
- • Crossing out: Indicates that there is a change in the care outlined.
- **V:** Indicates a variation from the pathway on that day, in that section. When applicable flag it in the "Variance column", then document in the free text area as instructed. If this variance occurs more than once daily, document the additional times of the variance in the variance free text area and in the patient's progress notes as applicable.
- 🗝 **Key:** ▲ Midwife/Nurse ■ Medical/GP ♦ Social Worker ★ Pharmacy ❖ Aboriginal and Torres Strait Islander Health Worker ♠ Psychologist/Allied Health
  Symbols guide care to a primary professional stream, it is a visual guide only and its direction is not intended to be absolute.
- Queensland Clinical Guidelines, available at: www.health.qld.gov.au/qcg
- Every person documenting in this clinical pathway **must** supply a sample of their initials and signature below.

Signature Log

Print name	Designation	Signature	Initials

MToP with MS-2 Step (mifepristone, misoprostol) should only be undertaken by healthcare practitioners who are able to ensure access to 24-hour emergency treatment for the management of complications, such as haemorrhage and incomplete abortion. Access to treatment may be onsite or through arrangement with another medical service and needs to be readily available to the patient. Consider local protocol for access to 24-hour emergency care and management of complications, including ability to provide initial resuscitation measures.

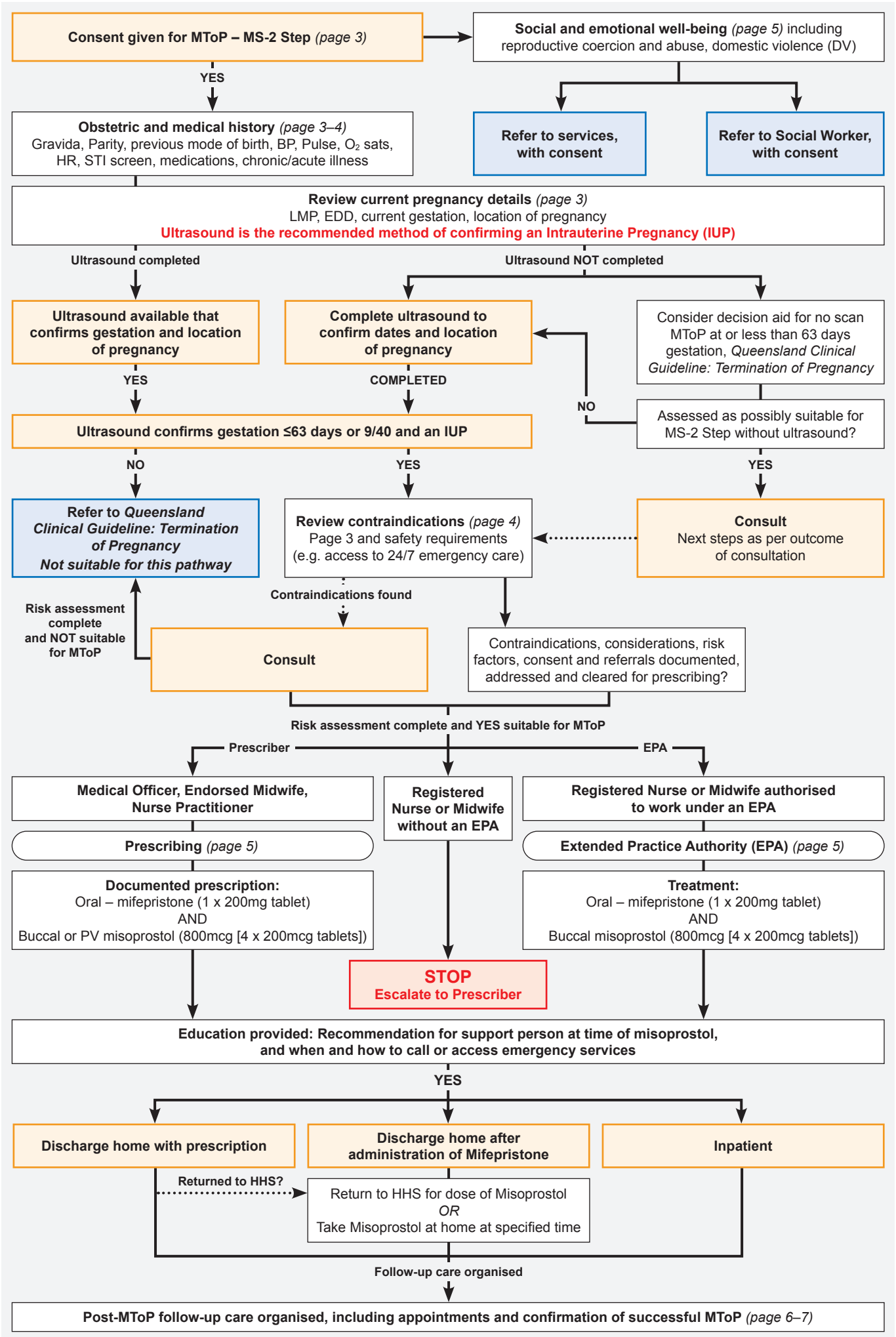
A follow-up assessment is recommended 14 to 21 days after administration of Mifepristone Linepharma.

DO NOT WRITE IN THIS BINDING MARGIN

MS-2-STEP CLINICAL PATHWAY

v1.00 - 08/2024
WINC Code: 1NY44000
SW1272

MS-2-Step Clinical Pathway



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Consent – *Guide to informed decision-making in healthcare*

This document is not intended to be the consent form, however, to progress through the pathway, consent must be given.
If at any time, consent is withdrawn, please specify, time, date, reason and follow-up or referrals required.

Interpreter required: ☐ Yes ☐ No

Please consider the gender of the Interpreter, the size of the community who speak the specified language (Confidentiality), nature of the conversation (Conscientious objector), consider interstate for confidentiality.

Do you identify as an Aboriginal and/or Torres Strait Islander person:
☐ Yes → Referral to Aboriginal and Torres Strait Islander Health Worker recommended with consent
☐ No

Consent to share information (GP or wrap around services):
☐ Yes → Consent to share information – GP details: .....
☐ No → No consent to share information

DO NOT WRITE IN THIS BINDING MARGIN

Category	🗝	Date commencing pathway: ... / ... / ...	Actions/Follow-up
Consent			
Consent		☐ Yes consent signed → Continue through pathway ☐ No consent signed → **STOP,** consent is required to continue on this clinical pathway If consent **not** obtained, consultation with Medical Officer, Endorsed Midwife or Nurse Practitioner **must** occur.	• **Consult with Prescriber**
		EDMS and Supreme Court consent given when required	
Consent withdrawn		☐ **Consent withdrawn** Time (24hr): ... : ... Date: ... / ... / ... If possible, provide a reason:	• Completed referrals • Refer to *Social and Emotional Wellbeing* section (page 4)
Privacy and Confidentiality			
Privacy and confidentiality		Is de-identification required or requested: ☐ Yes ☐ No	• If *YES*, discuss with Team Leader and ensure all de-identification measures are in place • Complete referral to Social worker • Refer to *Social and Emotional Wellbeing* section (page 4)
Clinical Assessment			
Obstetric History			
Pregnancy confirmation		**Confirm all detail before continuing* ☐ Urine pregnancy test *OR* ☐ Serum Bhcg LMP: ... / ... / ... EDD: ... / ... / ... Gestation: ... / 40 G: ... P: ... ☐ **Not appropriate if >63 days (9/40)**	• **Consult with Prescriber**
Ectopic pregnancy risk assessment		☐ Previous or current ectopic pregnancy ☐ Pelvic infection ☐ Pain or vaginal bleeding ☐ Pelvic pain ☐ Back or shoulder tip pain	• **If YES to ANY, ultrasound is required to confirm intrauterine pregnancy** • **Consult with Prescriber** Outcome: .....
Confirmation of Intrauterine Pregnancy (IUP)		Ultrasound completed: ☐ Yes ☐ **No** EDD: ... / ... / ... Date of ultrasound: ... / ... / ... Gestational age at ultrasound: ... weeks ... days Current gestation: ... weeks ... days ☐ **>63 days or 9/40** Intrauterine fetal pole or yolk sac present: ☐ Yes ☐ **No** IUP confirmed: ☐ Yes ☐ **No** ☐ **Not appropriate if not IUP or >63 days (9/40)**	• Consider *Queensland Clinical Guideline: Termination of Pregnancy, Decision Aid* for no scan MToP at or less than 63 days gestation • **Consult with Prescriber** Outcome: .....

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Category	🗝		Actions/Follow-up
Obstetric History *(continued)*			
Precautions		☐ Previous caesarean – Date: ..... / ..... / ..... ☐ Uterine rupture ☐ Fibroids ☐ Anaemia ☐ Gestational trophoblastic disease ☐ History of placenta accreta ☐ >15 cigarettes/vapes per day ☐ IUD in situ ☐ Currently breastfeeding ☐ Previous failed ToP ☐ PPH ☐ Allergy to prostaglandins	• **Consult with Prescriber:** ☐ Yes ☐ No Outcome: .....
Relative contraindications		**Any identified contraindications, consult with MO, EMW or NP. Tick all contraindications and consult prior to prescribing, administering or providing a treatment dose. An extended management plan may be required to progress – please consult.** ☐ **Extended management plan and education included** ☐ Allergy to MS-2-Step ☐ Concurrent long-term corticosteroids ☐ Obstructive cervical lesions ☐ Anti-coagulants ☐ *No access to 24/7 emergency care**	• **Consult with Prescriber:** ☐ Yes ☐ No Outcome: ..... • **Consult with Team Leader*
Absolute contraindications		☐ Chronic adrenal failure ☐ Gestational trophoblastic disease ☐ **Suspected or confirmed ectopic** ☐ No certainty with gestational age ☐ **Not pregnant** ☐ Haemorrhagic disease	• **Consult with Prescriber:** ☐ Yes ☐ No Outcome: .....
Medical history		**The following section will be part of the medical, obstetric, gynaecological and health history review. Any identified risks, drug interactions or allergies requires a consultative approach.** ☐ Breastfeeding ☐ Current infection ☐ Epilepsy ☐ Hypertension ☐ Anaemia ☐ Adrenal failure ☐ Cardiovascular disease ☐ Diabetes ☐ Hepatic impairment ☐ Malnutrition ☐ Asthma ☐ Renal failure ☐ Other *(specify)*:	• **Consult with Prescriber:** ☐ Yes ☐ No Outcome: .....
Medications (potential drug interactions)			
Allergies		☐ **Known allergy** Details: ..... ☐ **Known Prostaglandin allergy** Details:	• **Consult with Prescriber:** ☐ Yes ☐ No Outcome: .....
Current medications		☐ Anti-epileptic ☐ Erythromycin ☐ Grapefruit juice ☐ Ketoconazole ☐ Dexamethasone ☐ Rifampicin ☐ Itraconazole ☐ St. Johns Wort ☐ Other *(specify)*:	

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Category	🗝		Actions/Follow-up
Social and Emotional Well-Being			
Screening *(tick for a positive screen)*		**A positive screen may indicate a referral to a Social Worker with consent.** ☐ Are you fearful of your partner/ex-partner/family and /or do you feel un-safe or controlled by any of them? ☐ Have you been threatened with harm in any way by partner/ ex-partner/family? ☐ Has your partner, at any time, prevented or ceased contraception during intimacy, when you did not want a pregnancy? ☐ Are Child Safety involved with your life, or the life of your children? ☐ Do you identify as LGBTQIA+? ☐ Have you struggled with controlling your fertility (i.e. access to contraceptives)? ☐ Homelessness? ☐ Financial strain? ☐ Mental health? ☐ Will you require patient travel assistance? ☐ Do you require additional decision-making support through Children by Choice?	
		Social and emotional well-being referral required: ☐ Offered and accepted ☐ Declined ☐ Not required	• See *Queensland Clinical Guideline: Termination of Pregnancy* for referral recommendations
Referrals to support social and emotional well-being		1. 5. 2. 6. 3. 7. 4. 8.	

Management

Prescribing/Administering/Treatment Dose

Authority granted by legislation

The Therapeutic Goods Administration has approved MS-2 Step (Mifepristone and Misoprostol) for early medical termination of pregnancy in intra-uterine pregnancies up to and including 63 days or 9 weeks gestation.

Section 6A of the *Termination of Pregnancy Act 2018* permits nurses and midwives to perform a medical termination of pregnancy, with an approved medication, such as MS-2-Step, if the practitioner is authorised to use the medicine under the *Medicines and Poisons Act 2019* (Act). The *Medicines and Poisons (Medicines) Regulation 2021 (MPMR)* supports the Act, to regulate activities with scheduled medicines for therapeutic purposes in Queensland.

All practitioners, including prescribed practitioners performing a termination and those assisting in the performance of a termination (for example, prescribed practitioners and prescribed students), must also comply with the requirements of the Act and MPMR.

Nurse Practitioners and Endorsed Midwives

The *MPMR* Schedule 7, Part 1, section 3 permits nurse practitioners; and Schedule 7, Part 2, section 8 permits endorsed midwives; to prescribe, give a treatment dose and/or administer a medicine, other than a restricted medicine.

Prescribing		☐ Medical Officer ☐ Endorsed Midwife ☐ Nurse Practitioner Prescriber (print name): ..... Prescriber number: ..... Signature: .....

Registered Nurses and Midwives authorised to work under an Extended Practice Authority (EPA)

Section 232 of the Act enables the chief executive or their delegate to make an EPA and states that the EPA must be approved by regulation (section 232(4)). The EPA can state the places or contexts an approved person may undertake additional regulated activities with medicines.

A midwife or registered nurse may be authorised by their employer to practise under the EPA-Midwives or the EPA-RN respectively, to administer and give a treatment dose of MS-2 Step, specified analgesia and antiemetics, without a prescription. For authority to be granted, the midwife or registered nurse must have completed a prescribed education and training program. Administering or giving a treatment dose of a medicine under an EPA cannot be delegated to another health practitioner.

Definitions under the Act

Under sections 25 and 26 of the Act, the following definitions are provided:

- to administer a medicine, means introduce a dose of the medicine into the body of a person or give a dose of the medicine to a person to be taken immediately.
- to give a treatment dose of a medicine, means give one or more doses of the medicine to a person to be taken by a particular person, at a later time.

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Category	🗝		Actions/Follow-up
Prescribing/Administering/Treatment Dose *(continued)*			
Administration or give a treatment dose		**This section does not replace the lawful documentation required in a medication chart or ieMR.** The Medication Safety Standard requires health service organisations to assess medication management and implement processes and practices that: • Provide for sound governance for the safe and quality use of medicines. • Minimise the occurrence of medicine-related incidents and the potential for patient harm from medicines. • Ensure that competent clinicians safely prescribe, dispense and administer medicines, and monitor their effects. • Inform patients about their medicines and involve them in decision-making.	
Instructions for Registered Nurses, Enrolled Nurses and Midwives not working under an EPA to administer, and Registered Nurses and Midwives authorised to work under an EPA to administer or give a treatment dose of MS-2-Step		**When prescribing, administering or giving a treatment dose, please provide clear advice on the right medication, right dose, right time, right route for the right person.** ***Recommend formal quantitative serum bHCG if no scan MToP pathway followed at time of dispensing MS-2 Step.*** **Support person recommended from time of Misoprostol administration until heaviest bleeding has settled.**	

Medication	Dose	Route of administration	Administration details
Mifepristone batch number: ..... *Maintain below 25°C*	200mg 1 x tablet	**Initial dose:** Mifepristone 200mg oral • 2 hours before or 2 hours after a meal	Date: ... / ... / ... Time (24hr): ... : ... Location: ...
Misoprostol batch number: ..... *Maintain below 25°C*	800mcg in the form of 4 x 200mcg tablets	**Followed 36–48 hours later by:** Misoprostol 800mcg buccal	Date: ... / ... / ... Time (24hr): ... : ... Location: ...

Consider access to analgesia (simple and opiate) and anti-emetics as per EPA and/or local protocol

Common side effects: Offer Consumer Medicine Information – headache, spotting, cramps, breast tenderness, fainting, regular uterine contractions

Please access 24/7 Emergency care if any of the following occur:

- Anaphylaxis – Manage as per local protocol
- Prolonged vaginal bleeding – 2 pads per hour, over 2 hours
- Uterine contractions >4:10
- Serious skin reactions
- Serious infections

If you have symptoms more than 24 hours after taking MS-2 Step GyMiso® or ongoing abdominal pain, or feeling unwell or feeling weak, with or without a fever, you should contact your doctor without delay.

Post-Medical Termination of Pregnancy (MToP) Care Plan

Post-MtoP care plan

Day 14–21: Follow-up arrangements confirmed:

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Follow-up screening:	Yes	No	
Persistent bleeding	☐	☐	• Escalate as per local pathway • Consider ultrasound
Signs and symptoms of ongoing pregnancy	☐	☐	
Quantitative serum bHCG declining by >80% after day 8; *OR* Negative urine Bhcg at 21 days ***Recommend formal quantitative serum bHCG if no scan MToP pathway followed at time of dispensing MS-2 Step.***	☐	☐	• Escalate as per local pathway
Signs or symptoms of infection (e.g. subjective or objective fevers, rigors, malaise, malodorous discharge, ongoing pain/bleeding)	☐	☐	• Escalate as per local pathway • **Urgent referral required**

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Category			Actions/Follow-up
Post-Medical Termination of Pregnancy (MToP) Care Plan *(continued)*			
Contraception		☐ Requested ☐ Declined ☐ Not required Preferred option: ..... Plan:	• NP, EMW, MO or GP to facilitate as appropriate
Psychological support		☐ Psychological ☐ Trauma or mental health decline ☐ Suspected psychosis, suicidal	• Refer for consultation • **Escalate to local mental health specialist or acute care team**
Consider pathology		☐ Clostridium sordellii ☐ Tachycardia ☐ Streptococcus ☐ Haemo concentration ☐ Leukocytes with left shift ☐ General malaise	
Transferring to Another Hospital and Health Service			
Hospital and/or HHS Transfer of Care (ToC) care plan		**Confirm before ToC:** — **Yes** — **No** — **Refer**	
		Staffing cannot facilitate MS-2-Step — ☐ — ☐ — ☐	• Discuss with referring service, facilities manager or bed manager
		Confirmation of pregnancy (include all documentation in transfer) ***Consider privacy if family unaware, pregnancy non-disclosure, coercive, DV, contraceptive control, child abuse*** — ☐ — ☐ — ☐	• Discuss with Consultant in receiving hospital • SBAR
		Bed availability — ☐ — ☐ — ☐	• Discuss with bed manager in receiving hospital
		Obstetric advisory required — ☐ — ☐ — ☐	• FROGS/FOG/RSQ
		Facility unable to support MS-2-Step *Consider:* • Can consumer self-drive? • Does the consumer and support have accommodation available to them? • Can Patient Travel Subsidy Scheme (PTSS) support the consumer and family? • Travel back to country or home facility post-procedure • Storage of medications — ☐ — ☐ — ☐	• Referral to PTSS (if applicable)
Adverse Outcomes and Reporting			
Potential RISK – Report to the TGA: Reporting suspected adverse effects Reporting suspected adverse reactions after registration of the medicinal product is important. It allows continued monitoring of the benefit-risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions at www.tga.gov.au/reporting-problems and to MS Health at 1300 515 883.			
Adverse outcomes and reporting		**Did any ADVERSE reactions occur. All adverse outcomes are recommended to be reported to the TGA.**	
		Adverse outcomes: ☐ Haemorrhage (>500mL) ☐ Retained products of conception ☐ Cervical trauma ☐ Infection ☐ Uterine rupture ☐ Failed ToP ☐ Hot flush hypotension ☐ Bleeding >16 days ☐ Bronchospasms ☐ Skin rash pruritus ☐ Haemorrhagic shock ☐ Salpingitis ☐ Nausea, vomiting, diarrhoea ☐ Hyper stimulation ☐ Allergic reaction – angioedema of the face, lips, tongue and or larynx, anaphylaxis	• **Must attend 24/7 Emergency care**