SHN

Scarborough Health Network

HARMONIZED FOR ALL SHN HOSPITALS

Obstetrics Early Pregnancy Assessment Clinic (EPAC) Referral Order Set

OS7094

M=MAR K=Kardex O=OE N=Verified By Nurse

Weight: _____ kg Height: _____ cm EDD: _____

Allergies: _____

Please use initials			
M	K	O	N

*****The Early Pregnancy Assessment Clinic (EPAC) provides prompt assessment of women who are less than 20 weeks and are experiencing complications of pregnancy. Patients will see a Registered Nurse and an Obstetrician. We provide ultrasound, blood test and surgical interventions as indicated. Referrals to Genetics, homecare and other services can be done through the clinic if necessary*****

*****This is not a walk in clinic, an appointment is required*****

*****Clinic hours are Monday, Wednesday, Friday 7:30 am – 2:30 pm*****

Patient Information

Provide the patient with the following information

EPAC is located at SHN General Hospital, 3050 Lawrence Avenue East – 2nd floor
Take the East Tower (Green) Elevators to the 2nd floor (Family Maternity Center)
Register for your visit at the **FMC** front desk
Your Health Card is required at each visit

Clinical History

*****Results of ALL previous lab investigations and pelvic/transvaginal ultrasound must be sent along with most current test results to EPAC prior to first appointment*****

☒ G: _____ P: _____ A: _____

☒ LMP: _____ Gestational Age: _____ ☐ Stated **OR** ☐ Dating Ultrasound

Methotrexate received: ☐ Yes ☐ No ☐ Dose _____ Date:_____ Time:_____

WinRho® received: ☐ Yes ☐ No ☐ Dose _____ Date:_____ Time:_____

Criteria for referral to EPAC – under 20 weeks' gestation, haemodynamically stable and experiencing one of more of the following:

☐ Abdominal Pain ☐ Cramping ☐ Bleeding/Spotting
☐ Spontaneous Miscarriage ☐ Pregnancy of Unknown Location
☐ Missed / Incomplete Abortion ☐ Suspected Molar Pregnancy
☐ Complications Post Amniocentesis ☐ Hyperemesis

☒ Ultrasound findings (if performed): _____

☒ Other clinical history and physical exam: _____

_____

Vital Signs

☒ Document pre-discharge vitals: BP: _____ HR: _____ T: _____

Practitioner's Name (print): _____ Telephone Order From: _____

Practitioner's Signature: _____ Read Back & Verified By: _____

Date: _____ Time: _____ Date: _____ Time: _____

Processed By: _____ Date: _____ Time: _____ 24H Check By Primary Nurse: _____

Primary Nurse: _____ Date: _____ Time: _____ Date: _____ Time: _____

OS7094_V1_(07-2020)

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Lab Investigations				
*****Must be done before patient leaves ED*****				
☒ CBC ☒ Group and Screen ☒ ßhCG ☒ LFT ☒ Electrolytes ☒ Creatinine ☒ Glucose				
Diagnostic Imaging				
☒ Pelvic/Transvaginal Ultrasound – Reason: _____				
Other Orders				
☒ External Referrals – fax this order set, relevant lab tests, and ultrasound results to Community Wide Scheduling at fax **416-495-2848**				
☒ SHN General or Birchmount Emergency Department – schedule EPAC referral directly into EPAC via Meditech, then fax this order set, relevant lab tests, and ultrasound results directly to Community Wide Scheduling at fax **416-495-2848**				
☒ SHN Centenary Emergency Department – 1. Fax this order set, relevant lab tests, and ultrasound results directly to Community Wide Scheduling at fax **416-495-2848** **AND** 2. Call between the hours of 7am-3pm, **416-495-2620** to provide the patient with an appointment date/time 3. After hours please referred to step #1 only				
☒ Instruct patient to proceed directly to SHN General or Centenary Emergency Department or call 911 if experiencing severe abdominal pain, feeling pre-syncopal, syncopal, or unwell				
Referring Provider's Information – Please Print Legibly				
☒ Document referring provider's details: Provider Name: _____ Billing Number: _____ Phone: _____ Fax Number: _____ Address: _____				
Additional Orders				
_____ _____ _____				

Practitioner's Name (print): _____	Telephone Order From: _____
Practitioner's Signature: _____	Read Back & Verified By: _____
Date: _____ Time: _____	Date: _____ Time: _____
Processed By: _____ Date: _____ Time: _____	24H Check By Primary Nurse: _____
Primary Nurse: _____ Date: _____ Time: _____	Date: _____ Time: _____

OS7094_V1_(07-2020)