

# Greater Glasgow & Clyde Obstetric Guidelines Early Pregnancy Assessment Service

## ECTOPIC PREGNANCY - MEDICAL TREATMENT

### CHECKLIST

Patient ID label
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Case discussed with Consultant /senior member of staff      Yes / No

Management plan agreed      Yes / No

Diagnosis of ectopic pregnancy and management options discussed with patient (medical and surgical)      Yes / No

Are criteria for medical management met?

- |  |          |
|--|----------|
| • Clinically stable                    | Yes / No |
| • BetaHCG < 5,000U/l                   | Yes / No |
| • No intra-uterine pregnancy on TV US  | Yes / No |
| • Adnexal mass < 4cm                   | Yes / No |
| • Fetal cardiac activity absent        | Yes / No |
| • No significant free peritoneal fluid | Yes / No |
| • No contra-indications to MTX         | Yes / No |
| • FBC, U+Es, LFTs normal               | Yes / No |

Treatment explained to patient      Yes / No

Need for regular weekly follow-up explained      Yes / No

Written information leaflet given to patient      Yes / No