


<p>Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île-de-Montréal</p> <p>Québec </p> <p>Hôpital général du Lakeshore</p>	<p>AC accueil clinique</p>
<input type="checkbox"/> HLAS <input checked="" type="checkbox"/> HGL <input type="checkbox"/> CHSM <input type="checkbox"/> <input type="checkbox"/> HSA <input type="checkbox"/> CHSLD DBV <input type="checkbox"/> CHSLD DOR <input type="checkbox"/> CHSLD <input type="checkbox"/> LACH <input type="checkbox"/> IUSMD <input type="checkbox"/> CHSLD GD <input type="checkbox"/> CHSLD NP <input type="checkbox"/> <input type="checkbox"/> CLSC LAS	
<p>PRE-PRINTED INDIVIDUAL ORDER TITLE : Referral to the Clinical Access Service for First Trimester Bleed</p>	

N° dossier / Chart N° _____ DDN/DOB _____
 Sexe/Sex _____
 Nom / Name _____ Prénom / First Name _____
 Nom de la mère / Name of mother _____
 Adresse / Address _____
 Tél. / Tel. _____
 N° assurance maladie / Medicare Card N° _____
 Expiration _____

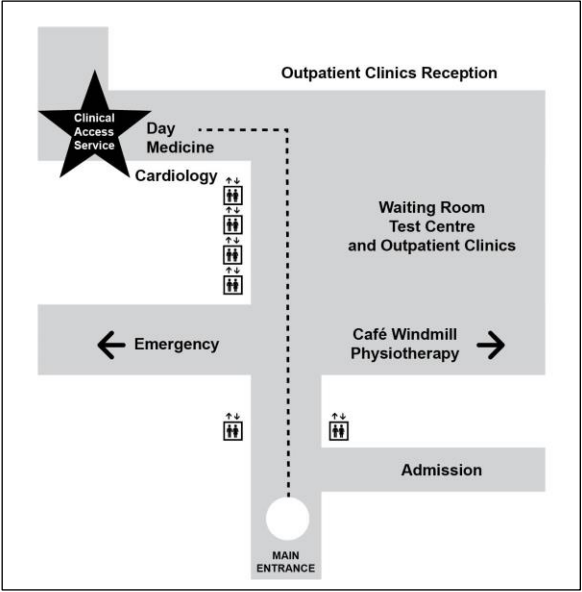
Init. MD/ NP	Referral to the Clinical Access Service for First Trimester Bleed														
_____	<p>Allergies : _____ Height : _____ Weight : _____</p> <p><input type="checkbox"/> Breastfeeding <input type="checkbox"/> Liver impairment <input type="checkbox"/> Kidney impairment <input type="checkbox"/> Others: _____</p> <p>Clinical information and relevant personal and family medical history : _____</p> <p>_____</p> <p>_____</p>														
_____	<table border="1" style="width: 100%;"> <tr> <td colspan="2">Presented symptoms (check)</td> </tr> <tr> <td><input type="checkbox"/> Presence of blood clots</td> <td><input type="checkbox"/> Others</td> </tr> <tr> <td><input type="checkbox"/> Abdominal/pelvic pain</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Nausea</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Vomiting</td> <td></td> </tr> <tr> <td colspan="2">Date of the first day of the last menstrual cycle: G _____ P _____ A _____ :</td> </tr> <tr> <td colspan="2">Date the bleeding started: _____</td> </tr> </table>	Presented symptoms (check)		<input type="checkbox"/> Presence of blood clots	<input type="checkbox"/> Others	<input type="checkbox"/> Abdominal/pelvic pain		<input type="checkbox"/> Nausea		<input type="checkbox"/> Vomiting		Date of the first day of the last menstrual cycle: G _____ P _____ A _____ :		Date the bleeding started: _____	
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<input type="checkbox"/> Vomiting															
Date of the first day of the last menstrual cycle: G _____ P _____ A _____ :															
Date the bleeding started: _____															
_____	<p>I confirm that the person referred meets all general admission criteria for the Clinical Access Service (see CDR-XXX-00) as well as the specific inclusion criteria of the condition. I also confirm that the person does not have general exclusion criteria for the Clinical Access Service (see CDR-XXX-00) or specific exclusion criteria of the condition.</p>														
_____	<p>I confirm that the person referred has received the instruction sheet and has been instructed to wait for the nurse from the Clinical Access Service to call them.</p>														
_____	<p>I have read the description of the roles of the referring MD/NP and of the nurse of the Clinical Access Service in the Cadre de référence (CDR-XXX-000) and I agree to the interventions mentioned in the algorithm.</p>														
_____	<p>⇒ Fax this form to 514-630-2870</p> <p>Name of clinic : _____ Fax # : _____</p> <p>Phone # for the next 24 hours : _____</p> <p>If unavailable, MD/NP who will do the follow-up : _____ Phone # : _____</p>														

Physician or Nurse Practitioner				
Name (in block letters)	Signature	License N°	Date (YY –MM – DD)	Hour

Document to Give to Patients

What is the Clinical Access Service? Your doctor or specialized nurse practitioner (SNP) has referred you to the Clinical Access Service because your condition is considered semi-urgent. This service will give you tailored access to diagnostic tests and specialists as quickly as possible.

Here is the procedure: The Clinical Access Service nurse will be available throughout the diagnostic period to answer your questions. You can call them at **514-630-2225, ext. 1719** during opening hours (Monday to Friday from 8:00 a.m. to 4:00 p.m., except on holidays).

<p>1. The physician or SNP will give you documents when you leave their office:</p> <ul style="list-style-type: none"> • A referral to the Clinical Access service • A prescription for the pharmacy (in certain cases) 	<p>2. As soon as they receive the referral, the Clinical Access Service nurse <u>will call you</u> by phone to schedule an appointment with you.</p> <p><u>*Make sure you are easily reachable</u></p>
<p>3. You must bring to your appointment:</p> <ul style="list-style-type: none"> • Your hospital card (if you do not have one, go to the Admissions office BEFORE coming to Clinical Access Service) • Your health insurance card • A list of all your medications • The documents your physician/SNP gave you 	<p>4. Appointment at Clinical Access Service <u>Lakeshore General Hospital</u> 160 Stillview Avenue, Pointe-Claire, Ambulatory Centre, 1st Floor, Day Medicine</p>
<p>5. Parking:</p> <ul style="list-style-type: none"> • Parking on the streets surrounding the hospital is restricted to residents only at certain times of the day. • Hospital Parking Rates: <ul style="list-style-type: none"> - Under 2 hours.....free - 2 hours to under 4 hours..\$6 - More than 4 hours.....\$10 	



If your blood type is Rh-negative (A-, B-, AB-, O-):

The nurse at the Clinical Access Service will give you an injection of immune globulin (WinRho®) prescribed by your doctor or nurse practitioner specializing in primary care. This treatment is given to prevent your body from making antibodies that can attack the baby's red blood cells, thereby protecting the current pregnancy and future pregnancies (if there is a miscarriage).

Can I continue to be physically active?

Adopting a healthy lifestyle is always recommended when you are pregnant. However, if you experience bleeding, it may be advisable to modify your activities to ease any physical or psychological pain.

Questions?

- **The nurse at the Clinical Access Service**, Monday through Friday, from 8 am to 4 pm (except statutory holidays) at 514-630-2225 extension 1719;
- **Info-Santé nurse by dialing 811**. This service is available 24/7;
- **Your pharmacist** can also advise you when it comes to your medication.

Other available resources

- **Social services**: Minors, voluntary termination of pregnancy
- **Family planning clinic**: Voluntary termination of pregnancy
- *Au-delà des mots: Recueil sur le deuil périnatal*, SARAH BACHAND, CAROLINE LABRIE, Éditeur : Éditeur officiel du Québec, avril 2011

Both resources are available at your CLSC or online at www.osezlasanté.ca:

- **Health Education Centre** to review your lifestyle habits;
- [Smoking Cessation Centre](#) to help you stop smoking.

LAKESHORE
GENERAL HOSPITAL

CLINICAL ACCESS SERVICE



PATIENT EDUCATION HANDOUT
AND APPOINTMENT TRAJECTORY

VAGINAL BLEEDING IN THE FIRST TRIMESTER OF PREGNANCY PREGNANCY ≤ 13 WEEKS

YOUR APPOINTMENTS:



- **Blood tests** (no fasting required)
Date and time: _____
Location: Ambulatory Centre – Day Medicine, Room 1900
- **Transvaginal ultrasound**
Date and time: _____
Location: Medical Imaging Department, Ground Floor
- **Gynecological consultation** (if needed)
Date and time: _____
Location: _____



What is first-trimester vaginal bleeding?

First-trimester bleeding is any vaginal bleeding during pregnancy, ranging from heavy bleeding to light spotting that varies in colour from bright red to brown, and that is sometimes accompanied by clots and abdominal pain.

This type of bleeding usually disappears on its own after a few days or weeks and the pregnancy continues normally without further complications.

Unfortunately, it can also be an early warning sign of a spontaneous abortion (complete or incomplete), a nonviable pregnancy or an ectopic pregnancy. It is therefore important to consult a healthcare professional.



Why consult at the Clinical Access Service?

The nurse at the Clinical Access Service will carry out an assessment using a health questionnaire with the aim of confirming the well-being of the mother and the foetus. The nurse will also carry out blood tests to make sure that the pregnancy is still progressing as it should. In the early stages of pregnancy, several appointments must be scheduled to monitor hormone levels. Depending on the results, a consultation with a medical specialist may be required and a pelvic or transvaginal ultrasound may be needed to assess your clinical condition and that of the foetus.

During a transvaginal ultrasound, the doctor introduces a ultrasound probe into the pregnant woman's vagina to take a closer look at the uterus, to monitor fetal development and determine the cause of the bleeding. This examination is painless and does not increase the risk of complications.



What are the most common causes of first-trimester vaginal bleeding?

- Implantation bleeding of the fertilized egg in the uterus
- Irritation of the cervix (after sexual intercourse or gynaecological examination)
- Threatened or spontaneous abortion
- Ectopic pregnancy

WHATEVER THE CAUSE OF THE BLEEDING, IT IS OFTEN IMPOSSIBLE TO PREVENT IT FROM OCCURRING. YOU SHOULD NOT FEEL GUILTY ABOUT WHAT IS HAPPENING TO YOU. HAVE FAITH IN YOURSELF.



A few medical terms explained

A threatened abortion indicates that a miscarriage may occur in a woman with a confirmed intrauterine pregnancy.

A spontaneous abortion involves the death of the embryo or foetus or the passage of products of conception before 20 weeks of gestation.

A blighted ovum (or anembryonic pregnancy) is a term used when the doctor identifies an empty gestational sac. Because it occurs early in a pregnancy, there is no visible embryo.

An ectopic pregnancy occurs when a fertilized egg implants outside of the uterus, usually in the fallopian tubes. The pregnancy test remains positive, but the embryo cannot develop properly.

Unfortunately, if you have an ectopic pregnancy, it increases your chances of having another ectopic pregnancy. In the event of a subsequent pregnancy, it is important to promptly consult your doctor to make sure that it is an intra-uterine pregnancy.



What signs and symptoms should I watch out for?

- Vaginal bleeding: More than one (1) soiled sanitary napkin (maximum absorbency) /hour;
- Abdominal cramps (stabbing pain), often on one side or severe pain not eased by pain relievers;
- Altered mental status;
- Abnormally fast heart rate or breathing when resting;
- Abnormal oral temperature (below 35 °C or above 38.5 °C), chills or sweating;
- Persistent foul-smelling vaginal discharge despite good personal hygiene.



If you experience one or more of these symptoms, do not wait for your appointment at the Clinical Access Service. Go to the Emergency as soon as possible. When you report to the Emergency Department, tell the triage nurse that you are currently being assessed and are followed at the Clinical Access Service and that you may be experiencing a possible complication since your last medical appointment.