


<p>Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île-de-Montréal</p> <p><b>Québec</b> </p> <p><b>AC</b> accueil clinique</p>
<input checked="" type="checkbox"/> HLAS <input type="checkbox"/> HGL <input type="checkbox"/> CHSM <input type="checkbox"/> HSA <input type="checkbox"/> CHSLD DBV <input type="checkbox"/> CHSLD DOR <input type="checkbox"/> CHSLD LACH <input type="checkbox"/> IUSMD <input type="checkbox"/> CHSLD GD <input type="checkbox"/> CHSLD NP <input type="checkbox"/> CLSC LAS
<p><b>PRE-PRINTED INDIVIDUAL ORDER TITLE :</b>  <b>Referral to the Clinical Access service for First Trimester Bleed</b></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>														
	<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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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 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 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 and I agree to the interventions mentioned in the algorithm.</p>														
	<p>⇒ Fax this form to <b>514-367-8651</b></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

**HANDOUT TO BE GIVEN TO PATIENT REFERRED TO  
THE CLINICAL ACCESS SERVICE**

Hello,



Your physician or frontline specialized nurse practitioner has referred you to the **Clinical Access Service at LaSalle Hospital (*Accueil clinique de l'Hôpital de LaSalle*)** for exams or a consultation with a specialist.

The nurse clinician from the Clinical Access Service will contact you to schedule an appointment as soon as the consultation request is received. She will be in charge of organizing the care trajectory for the services you may require.

Please make sure that you are easily reachable, **Monday to Friday** (except holidays), **from 8 am to 4 pm**.

Once you get to the hospital, go to the Outpatient Clinic reception (***secrétariat des cliniques externes***) located at the main entrance to check-in. You will then be directed to the Clinical Access waiting area, located on the Ground Floor, Wing C, Room RC-009.

**The day of your visit, please have the following items with you:**

-  Your valid health insurance card (RAMQ)
-  An up-to-date list of all your medications

If you have any questions or require additional information, please contact the nurse clinician at the Clinical Access Service by calling **514 362-8000 extension 32816**.

**TO GET THERE:**



LaSalle Hospital is located at the corner of Dollard Avenue and Champlain Boulevard. The parking lot is accessible via Champlain Boulevard.

**Public transportation:**



Metro: green line – Angrignon station – 110 or 495 bus



Bus: 110, 112, 123, 495



### 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 514 362-8000 extension 32816;
- **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](http://www.osezlasanté.ca):

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

HÔPITAL DE LASALLE

## 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: Clinical Access Service, Ground Floor, Wing C, Room RC-009
- **Transvaginal ultrasound**  
Date and time: \_\_\_\_\_  
Location: Family Birthing Unit, Ground Floor, Wing G
- **Gynecological consultation** (if needed)  
Date and time: \_\_\_\_\_  
Location: Clinical Access Service, Ground Floor, Wing C, Room RC-009



### 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.