

1 10A NCAC 13S .0329 is adopted with changes as published in 38:24 NCR 1617-1623 as follows:

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3 **10A NCAC 13S .0329 POST PROCEDURAL CARE**

4 (a) A patient whose pregnancy is terminated shall be observed in the clinic to ensure that no post procedural  
5 complications are present. Thereafter, patients may be discharged according to a physician's order and the clinic's  
6 protocols.

7 (b) Any patient having a complication known or suspected to have occurred during or after the performance of the  
8 abortion shall be transferred to a hospital for evaluation or admission.

9 (c) The following criteria shall be documented prior to discharge:

10 (1) the patient shall be able to move independently with a stable blood pressure and pulse; and

11 (2) bleeding and pain are assessed to be stable and not a concern for discharge.

12 (d) Written instructions shall be issued to all patients in accordance with the orders of the physician in charge of the  
13 abortion procedure and shall include the following:

14 (1) symptoms and complications to be looked for; and

15 (2) a dedicated telephone number to be used by the patients should any complication occur or question  
16 arise. This number shall be answered by a person 24 hours a day, seven days a week.

17 (e) The clinic shall have a defined protocol for triaging post-operative calls and complications. This protocol shall  
18 establish a pathway for physician contact to ensure ongoing care of complications that the ~~operating~~ clinic's physician  
19 is incapable of managing.

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21 *History Note:* Authority G.S. ~~131E-153~~; 131E-153.5; 143B-165.

22 *Eff. October 1, 2024.*

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