

Aim for 4-5 hour admission to recliner in the ward - escalate to Reg/Consultant if any **red flags** requiring inpatient admission

Vb. Management of Nausea and Vomiting of Pregnancy (NVP)/ Hyperemesis Gravidarum (HG) in the ambulatory care					
<b>Initial assessment</b>					
<b>Confirm diagnosis:</b> <b>NVP:</b> <ul style="list-style-type: none"> <li>onset of nausea and/or vomiting in early pregnancy with no other cause is identified <input type="checkbox"/></li> </ul> <b>HG:</b> <ul style="list-style-type: none"> <li>Nausea and vomiting (one of which is severe) <input type="checkbox"/></li> <li>Onset &lt;16 weeks' gestation <input type="checkbox"/></li> <li>Inability to eat and drink normally <input type="checkbox"/></li> <li>symptoms limit daily activity <input type="checkbox"/></li> </ul>		<b>Examination:</b> <b>Observations:</b> <ul style="list-style-type: none"> <li>Temperature <input type="checkbox"/></li> <li>Heart rate <input type="checkbox"/></li> <li>Blood pressure <input type="checkbox"/></li> <li>Respiratory rate <input type="checkbox"/></li> </ul> <b>Physical examination:</b> <ul style="list-style-type: none"> <li>Signs of dehydration <input type="checkbox"/></li> <li>Signs of malnutrition <input type="checkbox"/></li> <li>Abdominal examination <input type="checkbox"/></li> <li>Neurological signs <input type="checkbox"/></li> </ul> <small>Presence of confusion, nystagmus or ataxia should raise suspicion of Wernicke's encephalopathy</small>		<div style="display: flex; justify-content: space-between;"> </div> <b>Investigations:</b> <ul style="list-style-type: none"> <li>Urine dipstick +/- MSU <input type="checkbox"/> <small>nitrites may indicate urinary tract infection NB. Ketones are not a marker of dehydration</small></li> <li>Urea and electrolytes <input type="checkbox"/> <small>to assess for hyponatraemia, hyponatraemia, kidney injury</small></li> <li>Full blood count <input type="checkbox"/> <small>infection, raised Hb or Hct may indicate dehydration</small></li> <li>Blood glucose <input type="checkbox"/> <small>to assess for diabetes</small></li> <li>Amylase <input type="checkbox"/> <small>to assess for pancreatitis</small></li> <li>VBG <input type="checkbox"/> <small>in severe cases to exclude metabolic disturbance</small></li> </ul>	
<b>Consider other causes in those with:</b> <ul style="list-style-type: none"> <li>Abdominal pain <input type="checkbox"/></li> <li>Urinary symptoms <input type="checkbox"/></li> <li>Infective symptoms <input type="checkbox"/></li> <li>Possible drug cause <input type="checkbox"/></li> <li>Chronic H. pylori infection <input type="checkbox"/></li> </ul>		<b>Assess mental health status:</b> <input type="checkbox"/> if concerns refer to mental health services			
<b>Severity assessment using PUQE-24 scoring system and management</b>					
				Document: PUQE score <input style="width: 50px; border: 1px solid black;" type="text" value="15"/>	
In the last 24 hours:					
How long have you felt nauseated or sick to your stomach for?	Not at all [1]	≤1hr [2]	2-3hrs [3]	4-6hrs [4]	>6hrs [5]
How many times have you vomited?	0x [1]	1-2x [2]	3-4x [3]	5-6x [4]	≥7x [5]
How many times have you had retching or dry heaves?	0x [1]	1-2x [2]	3-4x [3]	5-6x [4]	≥7x [5]
<b>Management</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%; border: 1px solid black; padding: 5px; background-color: #D9F2D9;"> <b>Both:</b> <ul style="list-style-type: none"> <li>PUQE score 3-12 and</li> <li>No red flags</li> </ul> <div style="border: 1px solid black; padding: 5px; background-color: #D9F2D9; margin-top: 5px;"> <b>Discharge to community</b> <ul style="list-style-type: none"> <li>Up titrate antiemetic therapy <input type="checkbox"/> <small>and reassure regarding safety</small></li> <li>Encourage oral hydration <input type="checkbox"/></li> <li>Offer dietary advice eat little and often to prevent an empty stomach <input type="checkbox"/></li> <li>Referral to perinatal mental health services where required <input type="checkbox"/></li> </ul> </div> </div> <div style="width: 35%; border: 1px solid black; padding: 5px; background-color: #FFF2CC;"> <b>Either:</b> <ul style="list-style-type: none"> <li>PUQE score ≥ 13 with no complications</li> <li>Inability to tolerate oral intake</li> <li>Community measures failed</li> </ul> <div style="border: 1px solid black; padding: 5px; background-color: #FFF2CC; margin-top: 5px;"> <b>Send to ambulatory unit if available or treat in emergency department</b> <ul style="list-style-type: none"> <li>Insert venflon and send relevant blood tests <input type="checkbox"/></li> <li>Prescribe antiemetics IM or IV <input type="checkbox"/></li> <li>Prescribe IV fluids:               <ul style="list-style-type: none"> <li>0.9% saline +20mmol Kcl over 1-2 hours <input type="checkbox"/></li> </ul> </li> <li>Thiamine supplementation either:               <ul style="list-style-type: none"> <li>Thiamine 100mg TDS PO <input type="checkbox"/></li> <li>Pabrinex® I+II (vial of each) IV <input type="checkbox"/></li> </ul> </li> </ul> </div> </div> <div style="width: 30%; border: 1px solid black; padding: 5px; background-color: #FFF2CC;"> <b>Any red flags:</b> <ul style="list-style-type: none"> <li>Any PUQE score + complications</li> <li>Inability to tolerate oral intake</li> <li>Unresponsive to outpatient management</li> <li>Clinical dehydration</li> <li>Weight loss &gt;5% body weight</li> <li>Confirmed or suspected co-morbidity e.g. UTI or diabetes mellitus</li> <li>Co-morbidity and unable to take medications e.g. epilepsy, HIV, hypoadrenalism or psychiatric disorders</li> </ul> </div> </div>					
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%; border: 1px solid black; padding: 5px; background-color: #FFF2CC;"> <b>Reassess</b> </div> <div style="width: 35%; border: 1px solid black; padding: 5px; background-color: #FFF2CC;"> <b>Refer for inpatient management</b> </div> </div>					
<b>For all patients consider:</b> <ul style="list-style-type: none"> <li>Histamine type-2 receptor blockers or proton pump inhibitors if women develop GORD <input type="checkbox"/></li> <li>Thiamine supplementation in those with severely reduced dietary intake <input type="checkbox"/></li> <li>Laxatives if required for constipation <input type="checkbox"/></li> <li>VTE risk assessment (see RCOG risk assessment tool) <input type="checkbox"/></li> </ul>					
<b>Antiemetic therapy</b>					
<b>1<sup>st</sup> line</b>	Doxylamine and pyridoxine 20/20mg PO at night, increase to additional 10/10mg in morning and 10/10mg at lunchtime if required Cyclizine 50 mg PO, IM or IV 8 hourly Prochlorperazine 5–10 mg 6–8 hourly PO (or 3 mg buccal) ; 12.5 mg 8 hourly IM/IV; 25 mg PR daily Promethazine 12.5–25 mg 4–8 hourly PO, IM or IV Chlorpromazine 10–25 mg 4–6 hourly PO, IM or IV				
<b>2<sup>nd</sup> line</b>	Metoclopramide 5–10 mg 8 hourly PO, IV/IM/SC Domperidone 10 mg 8 hourly PO; 30 mg 12 hourly PR Ondansetron 4 mg 8 hourly or 8 mg 12 hourly PO; 8 mg over 15 minutes 12 hourly IV; 16mg daily PR <small>Women taking ondansetron may require laxatives if constipation develops</small>				
<b>3<sup>rd</sup> line</b>	Prednisolone 40–50 mg daily PO, with the dose gradually tapered until lowest maintenance dose that controls the symptoms is reached <small>Corticosteroids should be reserved for cases where standard therapies have failed; when initiated they should be prescribed in addition to previously started antiemetics. Women taking them should have their BP monitored and a screen for DM</small>				
<b>Up titration of antiemetics:</b> <ul style="list-style-type: none"> <li>Initially select a 1<sup>st</sup> line antiemetic</li> <li>Use combinations of drugs in women who do not respond to a single antiemetic</li> <li>When up titrating add drugs as opposed to replacing them <small>different classes of drugs may have synergistic effects and some women will require a combination of 3+ antiemetics to control symptoms</small></li> </ul>					