




Initial assessment																										
<b>History:</b> <ul style="list-style-type: none"> <li>▪ Previous history of NVP/HG <input type="checkbox"/></li> <li>▪ Ptyalism (hypersalivation) <input type="checkbox"/></li> <li>▪ Weight loss <input type="checkbox"/></li> <li>▪ Poor oral intake <input type="checkbox"/></li> <li>▪ Effect on quality of life <input type="checkbox"/></li> <li>▪ Effect on mental health/mood <input type="checkbox"/></li> </ul> <p><i>Consider other causes in those with:</i></p> <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>Examination:</b> <p><b>Observations:</b></p> <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> <p><b>Physical examination:</b></p> <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> <p><small>Presence of confusion, nystagmus or ataxia should raise suspicion of Wernicke's encephalopathy</small></p>	<b>Investigations:</b> <ul style="list-style-type: none"> <li>▪ Urine dipstick +/- MSU nitrites may indicate urinary tract infection <input type="checkbox"/> <small>NB. Ketones are not a marker of dehydration</small></li> <li>▪ Urea and electrolytes to assess for hypo/hyperkalaemia, hyponatraemia, kidney injury <input type="checkbox"/></li> <li>▪ Full blood count infection, raised Hb or Hct may indicate dehydration <input type="checkbox"/></li> <li>▪ Blood glucose to assess for diabetes <input type="checkbox"/></li> </ul> <p><b>In refractory cases:</b></p> <ul style="list-style-type: none"> <li>▪ Thyroid function tests <input type="checkbox"/></li> <li>▪ Liver function tests to exclude liver disease <input type="checkbox"/></li> <li>▪ Bone profile to monitor calcium and phosphate <input type="checkbox"/></li> <li>▪ Amylase to exclude pancreatitis <input type="checkbox"/></li> <li>▪ VBG to exclude metabolic disturbance <input type="checkbox"/></li> </ul>																								
Diagnosis and severity assessment																										
<b>Document: PUQE score</b> <input type="text" value="/15"/> <b>Weight</b> <input type="text" value="kg"/>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">In the last 24 hours:</th> <th style="width: 10%;">Not at all [1]</th> <th style="width: 10%;">≤1h [2]</th> <th style="width: 10%;">2-3hrs [3]</th> <th style="width: 10%;">4-6hrs [4]</th> <th style="width: 10%;">&gt;6hrs [5]</th> </tr> </thead> <tbody> <tr> <td>How long have you felt nauseated or sick to your stomach for?</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>How many times have you vomited?</td> <td>0x [1]</td> <td>1-2x [2]</td> <td>3-4x [3]</td> <td>5-6x [4]</td> <td>≥7x [5]</td> </tr> <tr> <td>How many times have you had retching or dry heaves?</td> <td>0x [1]</td> <td>1-2x [2]</td> <td>3-4x [3]</td> <td>5-6x [4]</td> <td>≥7x [5]</td> </tr> </tbody> </table>	In the last 24 hours:	Not at all [1]	≤1h [2]	2-3hrs [3]	4-6hrs [4]	>6hrs [5]	How long have you felt nauseated or sick to your stomach for?						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]
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<b>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>																										
Admission criteria and management																										
<b>Admit if any of the following:</b> <ul style="list-style-type: none"> <li>▪ Any PUQE score plus:</li> <li>▪ Unresponsive to outpatient management</li> <li>▪ Clinical dehydration</li> <li>▪ Inability to tolerate oral intake</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. hypoadrenalism, epilepsy, psychiatric disorder and HIV</li> </ul>	<b>Inpatient management:</b> <ul style="list-style-type: none"> <li>▪ Prescribe antiemetics IM or IV</li> <li>▪ Prescribe IV fluids:               <ul style="list-style-type: none"> <li>▪ 0.9% saline with potassium chloride guided by daily monitoring of electrolytes</li> </ul> </li> <li>▪ Prescribe thiamine supplementation either:               <ul style="list-style-type: none"> <li>▪ Thiamine 100mg TDS PO or Pabrinex® I+II (vial of each) IV</li> </ul> </li> <li>▪ Prescribe venous thromboprophylaxis</li> <li>▪ Prescribe histamine type-2 receptor blockers or proton pump inhibitors in women with GORD</li> <li>▪ Undertake a mental health assessment +/- refer to mental health services</li> <li>▪ Schedule ultrasound scan to confirm viability, gestational age and to assess for trophoblastic disease or multiple pregnancy</li> <li>▪ Enquire regarding constipation and prescribe laxatives if required</li> <li>▪ Consider enteral or parenteral nutrition in cases where all other medical therapies have failed to sufficiently manage symptoms</li> </ul>																									
<b>Antiemetic therapy</b> <p><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</p> <p><b>2<sup>nd</sup> line</b> Metoclopramide 5–10 mg 8 hourly PO, IV/IM/SC Domperidone 10 mg 8 hourly PO; 30–60 mg daily PR Ondansetron 4 mg 8 hourly or 8 mg 12 hourly PO; 8 mg over 15 minutes 12 hourly IV; 16mg daily PR</p> <p><b>3<sup>rd</sup> line</b> Hydrocortisone 100mg twice daily IV; then convert to prednisolone 40–50 mg daily PO, with the dose gradually tapered until lowest maintenance dose that controls the symptoms is reached</p> <p><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></p>	<b>On discharge</b> <ul style="list-style-type: none"> <li>▪ Up titrate antiemetic therapy and reassure regarding safety <input type="checkbox"/></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>▪ Provide contact number for early pregnancy unit <input type="checkbox"/></li> </ul> <p style="text-align: center; background-color: #e6ffe6; margin: 10px 0;"><b>Up titration of antiemetics</b></p> <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</li> </ul> <p><small>different classes of drugs may have synergistic effects and some women will require a combination of 3+ antiemetics to control symptoms</small></p>																									
Post-partum care, planning for future pregnancy and signposting																										
<ul style="list-style-type: none"> <li>▪ Patients with severe HG are at risk of PTSD if required they should be referred to appropriate services</li> <li>▪ In future pregnancy early use of lifestyle modifications should be used</li> <li>▪ Pre-emptive use of doxylamine and pyridoxine can be used to reduce severity of disease in subsequent pregnancy 20/20mg PO at night to be started on confirmation of positive pregnancy test and up titrated when required</li> </ul>		<div style="display: flex; align-items: center;">  <ul style="list-style-type: none"> <li>▪ <a href="#">Pregnancy Sickness Support</a></li> <li>▪ <a href="#">HER Foundation</a></li> <li>▪ <a href="#">UK Teratology Information Service</a></li> <li>▪ <a href="#">Best use of medicine pregnancy</a></li> </ul> </div> <div style="display: flex; align-items: center; margin-top: 10px;">   </div>																								