

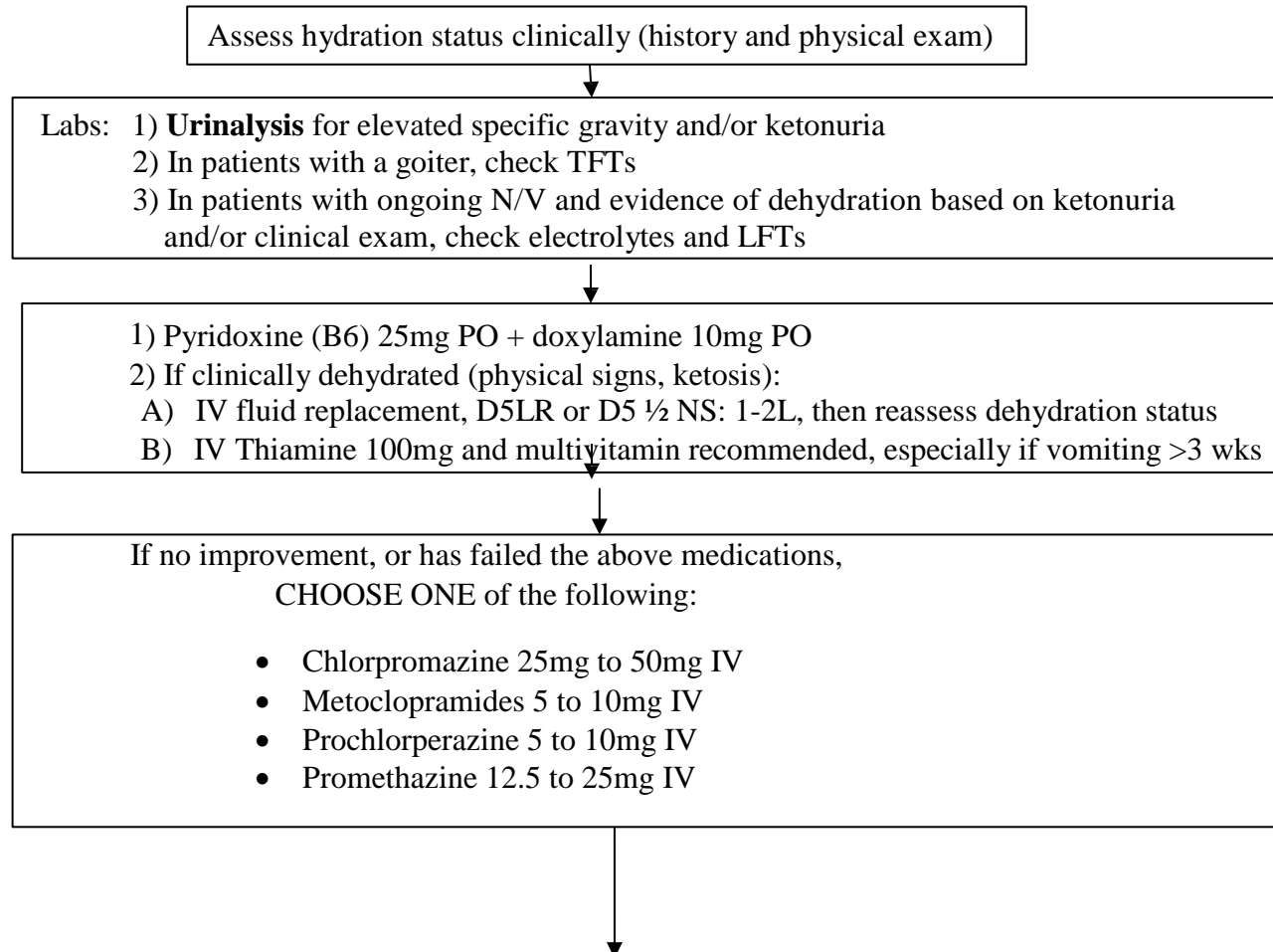
THE MOUNT SINAI HOSPITAL, NEW YORK	SUBJECT NO.
STANDARD: POLICY AND PROCEDURE	EM - Policy #20.7
DEPARTMENT: EMERGENCY AND OB/GYN	
SUBJECT: HYPEREMESIS OF PREGNANCY CONSULT GUIDELINE	

Original date of issue 12/2008

Reviewed:							
Revised:	04/12	03/16					

Nausea and vomiting of pregnancy affects 70-85% of pregnant women. It occurs prior to 9 weeks gestation in almost all affected women. Patients that experience nausea/vomiting for the first time after 9 weeks should have other conditions ruled out. Hyperemesis gravidarum represents the extreme end of the spectrum (0.5-2% of pregnancies). The most common criteria include persistent vomiting not related to other causes, a measure of acute starvation (large ketonuria), and a measure of weight loss, usually 5% of pre-pregnancy weight.

ALGORITHM (Once other causes of nausea and vomiting have been ruled out)



If patient has not been discharged from the ED after 4-6 hours of evaluation and treatment OR the ED attending feels that an urgent consult is warranted, then the GYN resident should be paged (917-424-9962) to facilitate transfer of care to the OB/GYN service. RETU observation may also be considered by GYN and EM services, depending on bed availability.

Adapted from APGO Educational Series on Women's Health Issues: Nausea and Vomiting of Pregnancy. **Caution** is advised when prescribing ondansetron (Zofran) as the FDA suggests a potential risk of serotonin syndrome. Also, studies have presented conflicting data in regards to the first semester use of ondansetron (Zofran) and an association with cleft palate and cardiac anomalies.