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

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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)

Assess hydration status clinically (history and physical exam)

Labs: 1) Urinalysis for elevated specific gravity and/or ketonuria

- 2) In patients with a goiter, check TFTs
- 3) In patients with ongoing N/V and evidence of dehydration based on ketonuria and/or clinical exam, check electrolytes and LFTs
- 1) Pyridoxine (B6) 25mg PO + doxylamine 10mg PO
- 2) If clinically dehydrated (physical signs, ketosis):
- A) IV fluid replacement, D5LR or D5 ½ NS: 1-2L, then reassess dehydration status
- B) IV Thiamine 100mg and multivitamin recommended, especially if vomiting >3 wks

If no improvement, or has failed the above medications,

CHOOSE ONE of the following:

- Chlorpromazine 25mg to 50mg IV
- Metoclopramides 5 to 10mg IV
- Prochlorperazine 5 to 10mg IV
- Promethazine 12.5 to 25mg IV

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.