# Assessment of Nausea and Vomiting in Pregnancy (NVP) and Hyperemesis Gravidarum (HG)

Approved by: Antenatal Forum

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# Assessment of Nausea and Vomiting in Pregnancy (NVP) and Hyperemesis Gravidarum (HG)

| Patient sticker | Midwife:<br><br>Doctor/grade: |
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| **Date:** | **Time:** |
| **Patient's Age:** | |
| **Parity:** | |
| **Gestation:** | |
| **EDD:** | |
| **How many days/weeks has the patient been vomiting for:** | |
| **Is the patient tolerating food Y/N:** | **Is the patient tolerating fluids Y/N:** |
| **Last weight (kg):** | **Weight today (kg):** |
| **>5% weight loss Y/N:** | |
| **Any drug allergies or previous adverse reaction to anti-emetics? Y/N: if yes please provide details:** | |
| **Is the patient currently on any anticoagulation e.g. LMWH? If yes, please record the type and dose:** | |

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| **Number of previous hospital visits with HG in this pregnancy:** | Out-patient: | |
| | In-patient: | |
| **Is the patient on an anti-emetic Y/N:** | | |
| **If yes, which one(s)?**<br>Please tick/circle all that apply | **1st Line:**<br>Prochloperazine<br>Cyclizine<br>Promethazine | **2nd line:**<br>Metoclopramide<br>Ondansetron |
| **If yes, who prescribed it?**<br>Please tick/circle | GP | Hospital |
| **History of HG in previous pregnancy Y/N (Please provide any details):** | | |
| **Co-morbidities:** | | |

**Examination and Investigations:**

| **Pulse** | **BP** | **Resp Rate** | **$O_2$ Sats** | **Temperature** |
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| **Fluid status:** | **Mucous membranes:**<br>Please tick/circle | **Dry** | **Normal** |
| | **Skin turgor:**<br>Please tick/circle | **Reduced** | **Normal** |

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| **Urinalysis:** | **MSU sent? Y/N** |

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| **Routine bloods:** | **FBC:** | |
| | **U&E:** | |
| **Bloods to consider (if treatment resistant or previous admission)** | LFT: | |
| | TFT: | |
| | Amylase: | |
| | Bone Profile: | |
| **USS Y/N**<br>**If N > needs requesting** | **Y:** Tick to confirm **both** the following: | **Viable pregnancy**<br>**Single pregnancy** ☐ |

# Flowchart to determine management

**Initial Assessment**

- Exclude other causes – consider UTI, gastroenteritis, peptic ulcer, cholecystitis, pancreatitis, hepatitis, metabolic conditions
- Record PUQE score →
- Assess for clinical complications (dehydration, electrolyte imbalance, weight loss >5%)

PUQE score 3-12 with no complications:

- Anti-emetics in community
- Lifestyle and dietary changes

PUQE score of ≥13 with no complications and not refractory to anti-emetics:

- Ambulatory daycare management until ketonuria improved (if ketonuria persists but clinical improvement, patient can return following day for further IVI if required)

Ambulatory daycare management:

- Fast IV hydration with Hartmann's then NaCl 0.9% with KCl
- Anti-emetics
- Thiamine

Any PUQE score with complications or unsuccessful ambulatory daycare management

- In patient management

In patient management:

- As for ambulatory day management plus:
- Thromboprophylaxis
- MDT approach
- Consider steroids

**Motherisk PUQE-24 scoring system**

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| **In the last 24 hours, for how long have you felt nauseated or sick to your stomach?** | Not at all (1) | 1 hour or less (2) | 2-3 hours (3) | 4-6 hours (4) | More than 6 hours (5) | **/5** |
| **In the last 24 hours have you vomited or thrown up?** | I did not throw up (1) | 1-2 times (2) | 3-4 times (3) | 5-6 times (4) | 7 or more times (5) | **/5** |
| **In the last 24 hours how many times have you had retching or dry heaves without bringing anything up?** | No time (1) | 1-2 times (2) | 3-4 times (3) | 5-6 times (4) | 7 or more times (5) | **/5** |

**Severity: Mild = ≤6; Moderate = 7-12; Severe = 13-15** **Total score:** **/15**

Adapted from: The Management of Nausea and Vomiting of Pregnancy and Hyperemesis Gravidarum (Green-top Guideline No. 69) https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg69/

# Ambulatory daycare management

| Patient sticker | Midwife:<br><br>Doctor/grade: |
|---|---|

**Check box to indicate completed:**

**1) Initial steps:**

☐ Complete 'Assessment of NVP & Hyperemesis Gravidarum' pro-forma

☐ Confirm patient is suitable for day unit management using 'Flowchart to determine management', if not refer patient to Ward 19 or 1

☐ If patient stays in DAU complete a **VTE risk assessment**

**2) Request doctor to:**

☐ Insert cannula

☐ Prescribe 1L Hartmann's over 2 hours then 1L NaCl 0.9% with 20mmol KCl over 2 hours

☐ Prescribe anti-emetics (considering what has already been tried) and thiamine

☐ Complete an USS request form if the patient has not had a scan yet

☐ Prescribe LMWH if indicated from VTE risk assessment

**3) Following treatment:**

☐ If patient is clinically improved with no complications, and ketonuria improving → home with anti-emetic TTO +/- PPI, plus the following written info:

☐ Dietary information leaflet given
☐ RCOG pregnancy sickness leaflet given
☐ Pregnancy Sickness Support Hyperemesis leaflet given

☐ If there are any complications or the patient remains unwell:
→ admit to Ward 1 (gynae) or 19

- If no USS in this pregnancy → **scan should be offered**
- In-patients should have a **VTE risk assessment** and all should be prescribed **LMWH** if no contraindications
- Daily U&Es should be monitored if patients are on IV fluids
- Consider steroids if symptoms refractory to other anti-emetics. **If steroids are given → offer a Glucose Tolerance Test (GTT) at 26-28 weeks**
- In women with severe symptoms or symptoms extending into late second trimester or beyond → **refer ANC to offer serial growth scans**

**NB**: the ADAU can only treat one patient with NVP at a time and only between 08:30-14:00. Patients referred outside these hours, on weekends/bank holidays, or when a patient is already being treated on the unit, should also go to ward 1 or 19

**Prescribing: Use a combination of different classes of anti-emetics in women who do not respond to a single agent.**

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| **1st Line anti-emetic** | **Prochlorperazine** 5-10mg 6-8 hourly PO; 12.5mg 8 hourly IM/IV; 3-6mg buccal twice daily.<br>**Cyclizine** 50mg PO, IM or IV 8 hourly.<br>**Promethazine** 12.5-25mg 4-8 hourly PO, IM, or IV. |
| **2nd Line anti-emetic** | **Metoclopramide** 5-10mg 8 hourly PO, IV or IM.<br>- Max 5 day course – risk of extrapyramidal side effects.<br>**Ondansetron** 4-8mg 6-8 hourly PO or buccal (buccal only to be used if not tolerating PO); 8mg over 15mins 12 hourly IV.<br>- Women must be informed of the association with slight increase in risk of cleft palate. |
| **3rd Line anti-emetic** | **Corticosteroids**: hydrocortisone 100mg twice daily IV. Once clinical improvement occurs convert to oral prednisolone 40-50mg daily PO, then gradually taper the dose.<br><br>**Oral dosing example**: 40mg OD for one week, then reduce by 5mg each week until lowest maintenance dose that controls symptoms is reached. |
| **Thiamine** | 100mg once daily PO. |
| **Omeprazole** | 20mg once daily PO. |

Maternity Services

Checklist for Clinical Guidelines being Submitted for Approval

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|---|---|
| Title of Guideline: | Assessment of Nausea and Vomiting in Pregnancy (NVP) and Hyperemesis Gravidarum (HG) |
| Name(s) of Author: | J Burridge and F Hodge |
| Chair of Group or Committee approving submission: | Antenatal Forum |
| Brief outline giving reasons for document being submitted for ratification | |
| Details of persons included in consultation process: | |
| Name of Pharmacist (mandatory if drugs involved): | |
| Issue / Version No: | |
| Please list any policies/guidelines this document will supercede: | |
| Date approved by Group: | September 2020 |
| Next Review / Guideline Expiry: | September 2023 |
| Please indicate key words you wish to be linked to document | Hyperemesis gravidarum, vomiting in pregnancy, pregnancy sickness |
| File Name: Used to locate where file is stores on hard drive | |