

PROTOCOL #5 – Testing and Triage, University of New Mexico

Triage Protocol for Hyperemesis Gravidarum (HG)

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- I. Diagnosis/Clinical Features:
 - A. HG should be considered in a woman with persistent vomiting, weight loss exceeding five percent of prepregnancy body weight, ketonuria, and electrolyte abnormalities.
 - B. Consider Differential Diagnosis of nausea and vomiting of pregnancy:
 1. GI (i.e., gastroenteritis, hepatitis, appendicitis, biliary disease)
 2. Genitourinary (i.e., pyelonephritis)
 3. Metabolic disease (i.e., DKA, hyperthyroidism)
 4. Neurologic disease (i.e., migranes)
 5. Pregnancy-related conditions (preeclampsia/HELLP)
 6. Other (i.e., drug toxicity, psychologic)
- II. Diagnostic Evaluation:
 - A. Maternal vitals including weight
 - B. Complete blood count, comprehensive metabolic panel, magnesium, phosphorus, free T4 if indicated, and urine ketones
 - C. Pelvic ultrasound to confirm intrauterine pregnancy/gestational age and exclude trophoblastic disease
 - D. Document fetal heart rate with Doppler or ultrasound
- III. Treatment:
 - A. Fluids:
 1. Check urine ketones and specific gravity while hydrating; consider intravenous isotonic solution if patient is dehydrated and not tolerating oral hydration
 - B. Nonpharmacologic interventions:
 1. Avoidance of triggers (i.e., odors)
 2. Dietary changes (i.e., avoid empty stomach)
 3. Acupressure wristbands
 4. Ginger (1to 1.5 grams in divided doses over 24 hours)

5. Hypnosis/Psychotherapy

C. Pharmacologic interventions (Multiagent therapy recommended):

1. Doxylamine succinate (i.e., Unisom): 1 tablet as directed qhs prn
2. Pyridoxine (Vitamin B6): 10-25mg PO tid or qid
3. Antacids: i.e, Zantac 150mg PO bid or 300mg qhs
4. Metoclopramide (Reglan) 10mg PO, IV, or IM q 4-6 hours prn
5. Ondansetron (Zofran) 8mg PO or IV q 12 hours prn
6. Promethazine (Phenergan) 12.5-25mg PO or PR q 4-6 hours prn
7. Methylprednisolone (Solu-Medrol) 16mg PO or IV q 8 hours x 3 days. May stop abruptly if no response; however if response taper over 2 weeks.

D. Consider hospital admission with nutrition and psychiatric consults, if patient not responsive to above outpatient treatments

E. Review patient's desire to continue pregnancy versus terminate depending on gestational age.

References:

1. ACOG Practice Bulletin. Nausea and Vomiting of Pregnancy. April 2004.
2. Creasy and Resnik, Fifth edition. Gastrointestinal disease in pregnancy.
3. Up To Date. Hyperemesis gravidarum, August 2007.