HYPEREMESIS MANAGEMENT IN THE HOME

AIM

- The appropriate management of hyperemesis gravidarum in the outpatient setting.

CRITERIA FOR HOME MANAGEMENT

INCLUSION:
Women with uncomplicated hyperemesis requiring:
- Intravenous (IV) hydration.
- IV access for continuing hydration.

NB. Also see provider, e.g. Silver chain (9242 0347), for further eligibility details.

THERE IS A HIGH RATE OF PICC ASSOCIATED DVTS IN PREGNANCY. IF PICC INDICATED CONSIDER PROPHYLATIC CLEXANE –CAROLINE HUSSEY, THIS LITERATURE COMES OUT OF UNIVERSITY OF UTAH. I THINK THE RATE IS ALMOST 20%.

EXCLUSION:
- Co-existing medical conditions requiring hospital admission.
- Uncontrollable nausea and vomiting.

MANAGEMENT IN THE EMERGENCY CENTRE

- Complete a Home Hospital Referral Form.
- Take blood for urea, electrolytes and full blood picture – send a copy of the results with the referral.
- Hydrate the woman with IV fluids before transferring them to Home Hospital – leave an IV cannula in situ.
- Emergency Centre (EC) doctors to order on the referral form:
  - Date, time and amount of intravenous fluid/s to be given
  - Antiemetics as per Clinical Guidelines, Section C, 9.6 Management of Hyperemesis Gravidarum
  - Women prescribed Ondansetron will require a supply of the medication to take home.

GENERAL MANAGEMENT

- IV hydration\(^1\) – manage according to the woman’s clinical condition.
- Provide the woman with Nutritional Fitness in Pregnancy and Morning Sickness information.
- Regular IV or oral antiemetics.\(^1\)
- Oral vitamins\(^1\) – the woman will require a prescription for these.
**REFERENCES (STANDARDS)**


National Standards –
Legislation -
Related Policies - Nil
Other related documents – *Nutritional Fitness in Pregnancy* and *Morning Sickness* patient brochures
- Clinical Guideline, Section B: **1.10 Minor Symptoms or Disorders of Pregnancy**
- Clinical Guideline, Section C: **9.6 Management of Hyperemesis Gravidarum**.
- Clinical Guideline, Section P: **Ondansetron**

**RESPONSIBILITY**

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<thead>
<tr>
<th>Policy Sponsor</th>
<th>Nursing &amp; Midwifery Director OGCCU</th>
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<td>November 2007</td>
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