

VOMITING IN EARLY PREGNANCY



Poorly controlled vomiting in pregnancy, rarely presents for the first time > 10 weeks, usually resolved by 20 weeks, requiring education, IV hydration and reestablishment of oral intake routine

EXCLUSION CRITERIA

ABSOLUTE	RELATIVE
<ul style="list-style-type: none"> • Presence or suspicion of non-pregnancy related pathology e.g. cholecystitis • Ectopic pregnancy 	<ul style="list-style-type: none"> • Multiple prolonged (>24 hour) previous admissions for similar presentations

KEY CONSIDERATIONS DURING SSU ADMISSION

- Antiemetic
 - Metoclopramide 10 mg IV or oral TDS prn
 - Ondansetron 4-8 mg IV or sublingual TDS prn
 - Antihistamine – Doxylamine 12.5 mg oral daily; Promethazine 10 mg orally TDS prn as second line
- Investigations
 - UEC - seek and treat electrolyte abnormalities, confirm normal renal function
 - TFT – hyperthyroidism exacerbates vomiting
 - bHCG – disproportionate elevation in molar or multi-pregnancies
- Fluids – encourage oral fluids and food and IV N/saline
- Consider pelvic ultrasound to establish intrauterine pregnancy or multi-pregnancy
- Ensure that CVS and haemodynamics return to baseline state
- Ensure ongoing antenatal care arranged

REFERRAL CRITERIA	DISCHARGE CRITERIA
<ul style="list-style-type: none"> • Length of stay > 24 hours without improvement despite appropriate management (Gynaecology) • Identification of ectopic pregnancy • Identification of non-pregnancy related pathology to appropriate unit 	<ul style="list-style-type: none"> • Reestablishment of self-feeding and hydration pattern • Social support adequate

DISCHARGE REQUIREMENTS

- Vomiting in early pregnancy information sheet, and relevant therapeutic guidelines for specific lifestyle and non-pharmacological strategies (available on Therapeutic Guidelines via the intranet)
- Discharge prescriptions e.g. Metoclopramide 10 mg oral TDS prn or Ondansetron 4-8 mg sublingual TDS prn and Doxylamine 12.5 mg oral daily
- Check has follow-up plan with antenatal clinic review
- Letter for LMO follow-up prn

NURSE INITIATED DISCHARGE CRITERIA

Medical staff to check: <ul style="list-style-type: none"> <input type="checkbox"/> No haemodynamic compromise <input type="checkbox"/> All investigations reviewed and results actioned <input type="checkbox"/> Discharge documentation and patient education completed 	NID: Appropriate/ Not Appropriate Signature
Outcomes pending (to be filled in by MO):	
Nursing staff to check: <ul style="list-style-type: none"> <input type="checkbox"/> Vital signs normal <input type="checkbox"/> All “discharge criteria and requirements” met <input type="checkbox"/> No longer vomiting <input type="checkbox"/> Tolerating diet 	NID: Appropriate / Not Appropriate Signature