

A Management Plan for Hyperemesis Gravidarum

To be kept in Patient-held Notes

Estimated Due Date

Or LMP

This is pregnancy number

I have children at home

History of twins yes / no

Weight pre-pregnancy: KG

Weight now: KG,

Weight loss to date kg (..... %)

Height CM

BMI

I vomit on averagetimes per day

I am nauseated hours per day

Times my nausea is less bad(if applicable)

Current medications I am on, not for hyperemesis:

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Adults whom I give permission to discuss my condition with my Healthcare Providers are

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My medical history:

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For me the worst symptoms are

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Management of Hyperemesis:

First line:

Treatment	Tick by patient	Tick by doctor/ script given
Cyclizine (50 mg 3 × a day)		
or Promethazine (Avomine) (25mg 3 × a day)		
And B6/pyridoxine (10mg 3 or 4 × a day)		
Other		

Review of effectiveness, side effects, changes to report:

.....

Need for antacid addressed and prescribed if required?Yes/no

If the condition still worsens, the following criteria will indicate needing to move on:

Symptom	Indication to move on, tick:	Method of monitoring (delete as required):	Agreed by doctor:
Vomiting >5 per day		Patient reporting	
Weight loss >5% of pre-preg weight		Patient reporting/weighing at surgery	
Fluid intake <500 ml per day		Patient reporting	
Urine output <500 ml per day		Patient reporting	
Nausea/vomiting preventing reasonable level of functioning		Patient reporting	
Other			
Other			

If the above deterioration is indicated, I would like to try the following treatments and in the following preferred order (i.e. write first, second, third, etc):

Treatment	Preferred route of administration, delete as appropriate:	Order of preference to try	Tick by doctor and dose/route to prescribe:
Prochlorperazine (Stemetil)	Oral/IM injection		
Metoclopramide (Maxolon)	Oral/IM injection		
Ondansetron (Zofran)	Oral tablets/oral melts/suppositories/injection		
Domperidone (Motilium)	Oral		
Other _____			
Other _____			

Indications for requiring IV Fluids/admission to hospital:

Symptom	Indication to move on, tick:	Method of monitoring (delete as required):	Agreed by doctor:
Vomiting preventing intake of oral medication/not responding to medication		Patient reporting	
Ketones in urine		Patient reporting (Ketostix required)/urine tested by surgery	
Weight loss >10% of pre-preg weight		Patient reporting/weighing at surgery	
Fluid intake <500 ml per day, despite medication		Patient reporting	
Urine output <500 ml per day despite medication or not passing urine for more than 12 hours		Patient reporting	
Other _____			
Other _____			

In the event of requiring IV Fluids, in order to avoid admission via A&E, my preferred option is:

Service	Available in area?	Preferred option (write preference first, second, etc)	Doctors comments/referral to be arranged.
IV hydration at home via local Acute Care Service	Yes/No		
IV hydration as day patient at			
hospital	Yes/No		
Admission to hospital	Direct referral to ward available Yes/No		
Other _____			
Other _____			
Other _____			

In the event of requiring IV Fluids, in order to avoid admission via A&E, my preferred option is:

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In the event of my not responding to treatments so far discussed,

I would like to be admitted to hospital to try Steroid Therapy.

My consultant is

Telephone/email

Self-help I have tried or am using (fill in and tick as appropriate):

Referral to local counselling service to help with the emotional distress caused by HG	Yes/No
I will seek peer support from Pregnancy Sickness Support.	
I will	
I will	
I will	