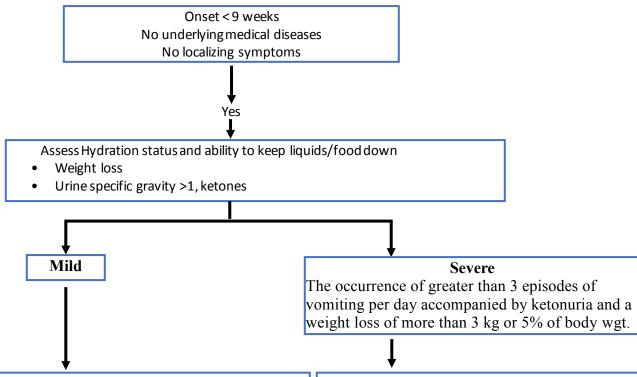
"The following guidelines are designed to provide guidance to practicing clinicians regarding the patients for Nausea and Vomiting of Early Pregnancy. These guidelines are not intended to supersede the medical judgment of the attending provider."

## Nausea and Vomiting of Early Pregnancy Effective December 21, 2017



- Dietary Advice
  - o Small frequent meals
  - o High protein snacks better than carbohydrate
  - Avoid spicy and fatty foods
- Non-pharmacologic treatment
  - Ginger- tea, capsules, ginger ale
  - Acupressure, acupuncture, and nerve stimulation not likely beneficial, but not harmful either
- Pharmacologic agents:
  - First line treatment
    - Vitamin B6 25 mg TID
    - Doxylamine (Unisom) 12.5-25 mg at bedtime
    - May try each individual component together or in combination Diclegis 10 mg/10 mg 1-2 tab qHS
  - Second line agents
    - Phenergan 25 mg q4-6 hours prn (po or Suppository)
    - Metoclopramide 10 mg q8 hours prn

- Check Labs
  - o Electrolytes (admit if abnormal)
  - o LFT's
  - o fT4
- Primary appointment with OB/GYN ASAP
  - See patients back weekly for reassessment until they get in with OB.
- Consider IV therapy for significant dehydration and inability to keep fluids down instead of ED care
  - o Referral to Infusion Center
    - Fax Order Form Infusion Center
    - IV hydration
    - 1-2 liters 2-3 times/week
    - Include vitamins/thiamine solution

**Disclaimer:** These referral guidelines have been generated by HHP specialists in collaboration with primary care physicians and are a work in progress. They are provided as general guidance to practicing clinicians, may change with time, and are not intended to supersede the medical judgment of the clinician.