Optimizing Evaluation and Treatment of Patients with Nausea and Vomiting of Pregnancy in the Emergency Department

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**Problem Definition**

Nausea and vomiting of pregnancy (NVP) Approximately 50% prevalence rate

Pregnant patients with NVP require special considerations for treatment

Long ER wait times

Possibly avoidable hospital admissions

**Aims For Improvement**

Fall 2021-Fall 2022

- **Zofran exposure < 10 weeks**
  - 50%

- **ER time for NVP**
  - 2 hrs

- **Hospital admission for NVP**
  - 10%

- **Optimize IVF resuscitation with LR unless low Na+**

- **Provide 100% NVP patients handout for home care**

**Important Considerations**

- Avoid Zofran as 1st line in pregnancies less than 10 weeks, unless refractory
- NVP typically presents prior to 9 weeks gestation
- If new-onset nausea and vomiting after 9 weeks, rule out other causes
- If vomiting for 3+ weeks, thiamine 100mg IV should be initiated with IVF resuscitation
- **Expectation**: nausea may not be completely resolved
- Goal of care is to tolerate fluids and light diet and prevent extensive weight loss. Symptoms typically resolve in the early 2nd trimester

**Intervention**

- Development of standardized guideline for treatment of Nausea and Vomiting in Pregnancy
- Development of patient handout to ensure patients have reference material for their condition to take home

**Methods**

- Educating OBGYN residents and ER providers
- Data collection: review of the EMR
- Variables to be compared before/after guideline implementation: initial IVF, gestational age, medications administered, time in ER, admissions
- IRB approval/exemption

**Looking Forward**

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**Patient Handout**

- Nausea and Vomiting of Pregnancy
  - Patient Information Brochure
  - General Guidelines
    - Confirm fetal hearts with Doppler
    - Confirm IUP if no previous documentation
    - Laboratory Evaluation:
      - Urinalysis, CBC, CMP, quantitative hCGG
    - IV Fluid Resuscitation:
      - Ringers lactate, up to 2L
      - Then start D5 1/2 NS
    - If hyponatremic, replete with normal saline instead of LR

- PO Challenge

- Replete Electrolytes and Anti-Emetic Therapy
  - Promethazine 12.5 to 25 mg q4-6h
  - Metoclopramide 5 to 10mg q8h
  - Dimenhydrinate 50mg q4-6h

- Discharge Home with Anti-Emetic Rx and Outpatient Follow Up

- PO Challenge

- Methods

- Patient Handout

- Looking Forward

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