

Hyperemesis gravidarum or vomiting in pregnancy

Fast track pathway from A&E out of hours (1900-0800)

Patient to be assessed as always- history exam and investigations

Eligible patients:

Patient pregnant (amenorrhoea and positive PT at home or in A&E) and less than 18 weeks pregnant, report no other symptoms like abdominal pain, bleeding, diarrhoea or chest pain or haemoptysis or symptoms of UTI (dysuria, urgency, frequency)

On exam no signs of acute abdomen- (abdomen soft and non-tender)

Vomiting for over 48 hours at least

Urine 2+ ketones or more

Exclusion criteria:

Anything in history or exam suggestive of alternative cause for vomiting

Pyrexia or other signs of infection. (note mildly raised WCC of up to 15000 in the absence of other markers of infection is consistent with normal rise in WCC during pregnancy).

Patient having symptoms like abdominal pain, PV bleeding, GI symptoms and urinary symptoms.

Pathway: Diagnosis of hyperemesis with need for IV hydration made.

Cannulate , prescribe IV fluids and antiemetics (if needed refer to management of hyperemesis guidelines on PIMS under Gynaecology)

Inform O&G SHO patient is being admitted. Call bed manager and admit patient to Isabella.

O&G SHO to review patient on ward ASAP after admission.

Note on investigations Bloods to be done include FBC, U&E, LFT and TSH.