

## Home Services Infusion Orders for the Treatment of Nausea & Vomiting of Pregnancy

### Treatment Goals:

- Minimize discomfort & symptoms
- Prevent/ minimize dehydration and electrolyte imbalance
- Prevent/ minimize ketonuria
- Achieve adequate oral fluid intake/ day (30-35 ml/ kg approximately 2 liters/ day).
- Prevent unnecessary hospitalization
- Other: \_\_\_\_\_

**Has patient ALREADY TRIED any of the following supportive measures or medications for persistent nausea and vomiting? (Step 1 and 2 of Nausea & Vomiting of Pregnancy/Hyperemesis Management Algorithm)**

### Nursing Orders:

- Start and maintain Peripheral IV
- Provide patient teaching: IV admin, daily urine test, recording of oral fluid intake and urine output

**Duration of order: May refill orders prn**

### IV Orders:

As symptoms improve or goals are achieved, transition to lower steps as tolerated

### IV Fluids

**(Step 3a of Nausea & Vomiting of Pregnancy/Hyperemesis Management Algorithm)**

- BMP x 1 (drawn in clinic; verify WNL; correct with oral potassium rx prior to starting fluids in the home)
- LR 1000ml with Thiamine 100mg X 1 (1<sup>st</sup> liter), then
- D5 ¼ NS up to 2 liters/day
- MVI-12, 1 dose (2 vials) per day added to one D5 ¼ NS bag daily
- Continue to have patient evaluate urinary ketones daily
- **Weekly follow-up with MD**



*No improvement after 7 days*

### Physician:

### IV Medications – choose 1

**(Step 3b of Nausea & Vomiting of Pregnancy/Hyperemesis Management Algorithm)**

- ☐ Ondansetron (Zofran®) 4 mg IV push up to 3 times/day PRN N/V
- ☐ Diphenhydramine 12.5 mg IV push up to 3 times/day PRN N/V
- ☐ Metoclopramide (Reglan®) 5-10 mg IV push up to 3 times/day PRN N/V
- ☐ Chlorpromazine 25-50 mg IM up to 6 times/day (max of 200 mg/day) PRN N/V

*No improvement after 7 days*



### Consult Maternal-Fetal Medicine prior to starting enteral feeding

**(Step 4 of Nausea & Vomiting of Pregnancy/Hyperemesis Management Algorithm)**

- ☐ Methylprednisolone succinate (Solu-Medrol®) 16 mg IV every 8 hours x 3 days (Do NOT repeat)

**Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_**

*The following information not included in RX*

Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Phone # \_\_\_\_\_ DX: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Phone # \_\_\_\_\_ Appointment Date: \_\_\_\_\_

*This order set is intended for use for all Homecare companies and a tool to support the [Nausea & Vomiting of Pregnancy /Hyperemesis Management Algorithm](#). See also [INF Adult Hyperemesis Gravidarum Acute Hydration](#) order set.*

Intermountain Health Infusion Pharmacy • **Phone:** (385) 887-7351 • **Toll Free:** 1-888-887-0015 • **Fax:** (801) 442-0709