

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

<b>Treatment Goals:</b>	<ul style="list-style-type: none"> <li>• Minimize discomfort &amp; symptoms</li> <li>• Prevent/ minimize dehydration and electrolyte imbalance</li> <li>• Prevent/ minimize ketonuria</li> <li>• Achieve adequate oral fluid intake/ day (30-35 ml/ kg approximately 2 liters/ day).</li> <li>• Prevent unnecessary hospitalization</li> <li>• Other: _____</li> </ul>
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**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)**

<b>Nursing Orders:</b>	<ul style="list-style-type: none"> <li>• Start and maintain Peripheral IV</li> <li>• Provide patient teaching: IV admin, daily urine test, recording of oral fluid intake and urine output</li> </ul>
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**Duration of order:** May refill orders prn

<b>IV Orders:</b> As symptoms improve or goals are achieved, transition to lower steps as tolerated	<b>IV Fluids</b> <b>(Step 3a of Nausea &amp; Vomiting of Pregnancy/Hyperemesis Management Algorithm)</b> <ul style="list-style-type: none"> <li>• BMP x 1 (drawn in clinic; verify WNL; correct with oral potassium rx prior to starting fluids in the home)</li> <li>• LR 1000ml with Thiamine 100mg X 1 (1<sup>st</sup> liter), then</li> <li>• D5 1/4 NS up to 2 liters/day</li> <li>• MVI-12, 1 dose (2 vials) per day added to one D5 1/4 NS bag daily</li> <li>• Continue to have patient evaluate urinary ketones daily</li> <li>• <b><u>Weekly follow-up with MD</u></b></li> </ul>
 <i>No improvement after 7 days</i>	

<b>Physician:</b>	<b>IV Medications – choose 1</b> <b>(Step 3b of Nausea &amp; Vomiting of Pregnancy/Hyperemesis Management Algorithm)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ondansetron (Zofran®) 4 mg IV push up to 3 times/day PRN N/V</li> <li><input type="checkbox"/> Diphenhydramine 12.5 mg IV push up to 3 times/day PRN N/V</li> <li><input type="checkbox"/> Metoclopramide (Reglan®) 5-10 mg IV push up to 3 times/day PRN N/V</li> <li><input type="checkbox"/> Chlorpromazine 25-50 mg IM up to 6 times/day (max of 200 mg/day) PRN N/V</li> </ul>
 <i>No improvement after 7 days</i>	
<b>Consult Maternal-Fetal Medicine prior to starting enteral feeding</b> <b>(Step 4 of Nausea &amp; Vomiting of Pregnancy/Hyperemesis Management Algorithm)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Methylprednisolone succinate (Solu-Medrol®) 16 mg IV every 8 hours x 3 days (Do NOT repeat)</li> </ul>	

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

***The following information not included in RX***

<b>Patient Name:</b>	<b>D.O.B.:</b>	<b>Height</b>
<b>Phone #</b>	<b>DX:</b>	<b>Drug Allergies:</b>
<b>Primary Care Provider:</b>	<b>Phone #</b>	<b>Appointment Date:</b>

*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](#).*