

Regional Pre-Printed Orders for NAUSEA and VOMITING of PREGNANCY Outpatient and Emergency Room



Form ID: DRDO103709D		Rev: February 2	2019	Page: 1 of 1		
DRUG & FOOD ALLERGIES						
	Mandatory	☐ Optional: Pi	rescriber check (✓) to	initiate, cross o	out and initial any orders not indicated.	
	Patient weight	kg	,	·	·	
•	Urine dipstick for ketones					
•	Lab work: CBC, electrolytes, urea, creatinine, ALT, TSH					
•	Obstetrical ultrasound (if not yet done)					
<u>Intravenous</u>						
•	• If able to tolerate rapid infusion (no underlying health conditions contraindicating rapid rate):					
	 □ Bolus of 1 L ringers lactate over one hour, then reduce rate to 400 mL/h for total of 2000 mL □ 					
•		2 L intravenous	solution is absorbe	ed if referred t	to Nausea and Vomiting Clinic	
Medications (See back page for treatment algorithm):						
•	Discontinue oral prenatal vitamins and iron					
•	folic acid 1 mg PO daily					
•	Add multivitamin (MULTI-12 EQUIV) IV into second litre of ringers lactate					
	tablet in the afternoon, and two tablets before bed <u>OR</u> doxylamine-pyridoxine long acting 10 mg-10 mg tab (DICLECTIN EQUIV) one tablet PO in the morning and a					
	dinner time and two tablets at lunch time and before bed					
•	polyethylene glycol (PEG 3350) 17 grams (dissolve powder in one cup of fluid) PO once daily PRN to prevent					
	or treat constipation					
•	Additional order(s)_					
Follow-up for women treated in Emergency Room or Perinatal Assessment Room:						
	·					
	•		en 2 L of IV solution absorbed			
• Ensure patient has adequate supply of medications for at home (may require prescription)					, , , , ,	
	Refer to Nausea and Vomiting Clinic by faxing this order sheet, patient's face sheet (if in hospital), and antenatal history and physical to:					
	□ Abbotsford Regional Hospital (Fax: 604-851-4818)					
	☐ Royal Columbian Hospital (Fax: 604-520-4183)					
	☐ Jim Pattison Outpatient Care and Surgery Centre [Surrey] Fax: (604-582-3798)					
Nausea and Vomiting of Pregnancy Clinic additional orders						
Weigh on first visit and weekly thereafter (record pre-pregnant body mass index [BMI] in chart)						
Daily urine dipstick for ketones						
 CBC, electrolytes, urea, creatinine, ALT, TSH on first visit, weekly, and if symptoms worsen 						
Obstetrical ultrasound (if not yet done)						
MOTHERISK PUQE-24 scoring system daily						
• 5	Saline lock IV					
Date (dd/mm/yyyy)	Time	Prescriber Signature		Printed Name and College ID#	

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Treatment of Nausea and Vomiting of Pregnancy Algorithm

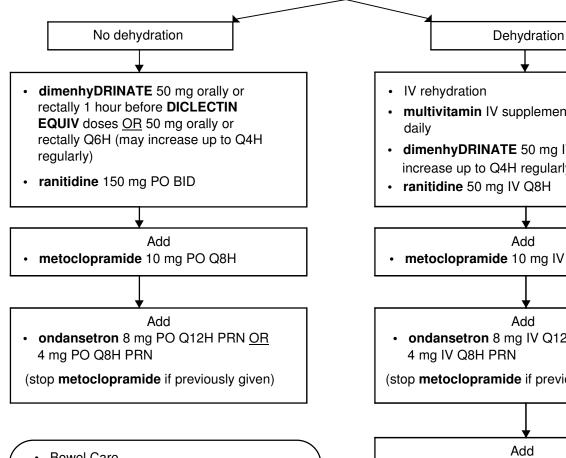
If no improvement, proceed to next step

Discontinue oral prenatal vitamins and iron Give folic acid 1 mg PO once daily

Start doxylamine-pyridoxine long acting 10 mg-10 mg tab (DICLECTIN EQUIV)

Typical starting dose: one tablet orally in the morning and afternoon, and two tablets orally before bed Titrate dose up to 8 tablets a day and adjust schedule according to severity of symptoms

Note: DICLECTIN EQUIV is a delayed release tablet; administer regularly to improve efficacy



- **Bowel Care**
 - If able to tolerate oral fluids give polyethylene glycol (PEG 3350)
 - o glycerin adult suppository
- Consider DVT prophylaxis while in hospital
- Inpatients: in preparation for discharge from hospital, gradually change each IV medication to oral dose and route

- multivitamin IV supplementation once
- dimenhyDRINATE 50 mg IV Q6H (may increase up to Q4H regularly)

metoclopramide 10 mg IV Q8H

ondansetron 8 mg IV Q12H PRN OR

(stop metoclopramide if previously given)

methylprednisolone 15 to 20 mg IV Q8H PRN for up to 24 h