

**GYNAECOLOGY CORE CARE PLAN:**

**Care of Patient with Hyperemesis Gravidarum**

*Affix patient label or enter details:*

Trust ID No.:

Surname (BLOCK LETTERS): First name:

D.O.B.:

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| **PROBLEM: This woman is pregnant ( /40) and is experiencing hyperemesis gravidarum. She is at risk of dehydration, malnutrition, vitamin deficiency, thrombosis and miscarriage.** |
| **GOAL: This woman is now eating and drinking (and performing normal activities of daily living)****despite some residual nausea and vomiting but feels able to manage her symptoms at home** |
| **ACTIONS** (Circle appropriate actions) | **Amendments**(Date/Signature) |
| **1.** GAU Attendee :Follow Hyperemesis Protocol. Ensure this woman has a cannula sited + bloods taken.* Complete full set of observations using NEWS, PUQE score and blood glucose to provide baseline.
* Obtain urine for pregnancy test and urinalysis (particularly checking for ketonuria).
* Give 2 litres of 0.9% Saline with total of 40 mmol KCl over 4 hours (2 hrs for each litre).
* If she feels better after 4 – 6 hours, then she should be discharged home. Ensure she is given the relevant patient information leaflet to help manage symptoms and avoid further admissions.
* Arrange follow up appointment if required / Early Pregnancy Ultrasound Scan.
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| **2.** For in-patient management complete admission documentation including all risk assessments. Ensure protocol advice is followed regarding prescribing of antiemetics and vitamins. This woman should be prescribed VTE prophylaxis and wear TEDs. Describe how to perform deep breathing and leg exercises to promote venous return. Give 3-4 litres 0.9% Saline plus 40mmol KCL in each bag over 24 hours as prescribed. Symptoms should be assessed at least once every 24 hours, referring to blood results, fluid balance, PUQE score and NEWS. Antiemetics should be checked for efficacy 20 minutes after administration and then reviewed and changed as per protocol. She will also need access to vomit bowls, mouthwash and toothbrush/toothpaste. She may need ranitidine if the vomiting is causing heartburn or oesophagitis. Ensure the call bell is easy to reach. |  |
| **3.** Encourage this woman to continue trying to drink. She should avoid fizzy drinks and caffeine. Support herto try food – starting with plain biscuits prior to getting out of bed, and then trying small amounts of high carbohydrate foods including sweets to maintain her blood sugar levels. Advise her to avoid fatty or spicy food. |  |
| **4.** Nurse in a quiet location if possible. Encourage her to rest and take advantage of an opportunity to relax.Reassure her (and her partner) that this is usually a passing phase of pregnancy, though warning them that complete resolution of the symptoms is unlikely at present.Provide ‘Nausea and Vomiting in Pregnancy’ leafletShe should be encouraged to wear comfortable clothes with loose waistbands. |  |
| **5.** If the symptoms subside with rehydration over the next 24 – 48 hours she should be discharged homewith the support package described the protocol.Otherwise, discussion with the doctors may favour the introduction of hydrocortisone 50 mg IV bd (at 72 hours after admission) if different antiemetic regimes have failed to bring relief. If symptoms persist for a further 48 hours then she may require TPN. |  |
| **6**. Arrange follow appointment in GAU/ANC if required. |  |

*Issued by: Samantha Backley + Gynaecology Nursing Team March 2021 Review Date: March 2023*

**Signature of nurse generating care plan: Date:**

**Evidence:**

 C032 Minimum Standards for Observations 2015

 GP002 Vomiting in Pregnancy and Hyperemesis Gravidarum 2016

 C010 Discharge Policy for Adults + Children 2016

 C021 Peripheral Intravenous Cannulation of Adults 2015

 C039 Pregnancy Testing 2016

 C025 Intravenous Therapy Administration for Adults 2017

 C031 Policy Prevention + Management of VTE 2016

 C063 Venepuntcure in Adults 2017

 C065 Adult Parental Nutrition Policy 2014

 C093 Mouth Care Matters 2017

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