Hyperemesis Gravidarum Assessment

NAME ______________________ DATE ______________________

ADDRESS ______________________

PHONE ______________________ DATE OF BIRTH ______________________

EMAIL ______________________ EST DUE DATE ______________________

CARE PROVIDERS			
	Name	Phone	
Perinatologist		( )	☐ Current ☐ Former
Obstetrician		( )	☐ Current ☐ Former
Gastroenterologist		( )	☐ Current ☐ Former
Dietician/Nutritionist		( )	☐ Current ☐ Former
Midwife		( )	☐ Current ☐ Former
		( )	☐ Current ☐ Former

HEALTH HISTORY		
☐ Gall Bladder Disease ☐ Surgery	☐ Hypoglycemia	☐ Thyroid Disease: ☐ Hypo ☐ Hyper
☐ Cyclic Vomiting Syndrome	☐ Migraines	☐ Diabetes ☐ During pregnancy
☐ Irritable Bowel Syndrome	☐ Stomach/GI Ulcers	☐ Bleeding or ☐ Clotting Issues
☐ PMS or irregular periods	☐ Allergies/Asthma	☐ Celiac Disease/Food Allergies
☐ Family History of HG	☐ Liver Disease	☐ Pancreatitis ☐ Due to TPN
☐ Anxiety/Depression	☐ Kidney Disease	☐ Intolerance of Oral Hormones
☐ Ovarian Cysts/PCOS	☐ Motion Sickness	☐ Other:
☐ Molar Pregnancy	☐ Seizures	

☐ No previous pregnancy (the remainder of this page and the next 4 sections are pregnancy history which you may skip.)

PREGNANCY & HG SUMMARY	
Total number of pregnancies? _____	How many pregnancies with severe nausea/vomiting or HG? _____
How many live births? _____	How many pregnancies with multiples? _____
How many pregnancy losses? _____	# Pregnancies aborted due to HG: _____
How many ER visits for HG? _____	How many inpatient stays for HG? _____ Est. total days: _____
Week symptoms usually start: _____	Week symptoms ended: _____ ☐ @ Delivery
How many weeks on bed rest? _____	How long did you take medications? _____ weeks or months

Hyperemesis Gravidarum (HG) is severe nausea and/or vomiting that causes you to lose weight and need medical treatment such as medications or IV fluids, and results in the inability to do your usual activities and maybe care for yourself.

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PREGNANCY TREATMENT HISTORY							
Preg #	Medication	Dose (e.g. 4 mg)	Pill/IV/Patch SubQ/Rectal	Frequency (3x/day)	During which weeks?	How did it affect you?	Any Problems?

e.g. Zofran (ondansetron), Compazine/Stemetil, Reglan (metaclopramide), Kytril (granisetron), Diclegis/Diclectin, Phenergan (promethazine), Steroids

In a prior pregnancy, did you receive: ☐ IV Nutrition (TPN) ☐ Tube Feedings ☐ Home Health Care ☐ Total Days: _____
In a prior pregnancy, did you experience: ☐ Depression/anxiety ☐ Delivery complications ____________________
☐ Other problems: ____________________

PREGNANCY OUTCOME SUMMARY						
Year of Delivery or Loss	HG Y/N (yes/ no)	Weight Loss (e.g. 5 kg)	How Many Weeks Pregnant?	Outcome: Miscarriage (MC) Stillbirth (SB) Termination (Ab) Live Birth (LB)	Complications: e.g. Preeclampsia (PE), Placental Abruption (PA) Premature Delivery (PD)	Child: Health, Genetic, Psychological/Behavioral or Developmental Issues

POSTPARTUM SYMPTOMS & DURATION					
Symptom	# Weeks	Symptom	# Weeks	Symptom	# Weeks
☐ Depression/Anxiety		☐ Fatigue/weakness		☐ Sleep difficulties not due to child(ren)	
☐ Traumatic Stress		☐ Reflux/GI Issues		☐ Dental Issues	
☐ Fully Recovered @		☐ Other:			

CHILD OUTCOMES						
1st	☐ Reflux ☐ Colic	☐ Growth Restriction	☐ Developmental/ Behavioral Issues	☐ Autoimmune Issues	☐ Allergies ☐ Asthma	☐ Other:
2nd	☐ Reflux ☐ Colic	☐ Growth Restriction	☐ Developmental/ Behavioral Issues	☐ Autoimmune Issues	☐ Allergies ☐ Asthma	☐ Other:
3rd	☐ Reflux ☐ Colic	☐ Growth Restriction	☐ Developmental/ Behavioral Issues	☐ Autoimmune Issues	☐ Allergies ☐ Asthma	☐ Other:
4th	☐ Reflux ☐ Colic	☐ Growth Restriction	☐ Developmental/ Behavioral Issues	☐ Autoimmune Issues	☐ Allergies ☐ Asthma	☐ Other:

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VISIT ASSESSMENT

NAME_________________________________ DATE_________________________________

WEIGHT: Pre-Preg ______ lb/kg Current ______ lb/kg ALLERGY: ____________ HELP Score: _____
Lost this week ______ Total Lost ______ % Ketones: ______ Previous HELP Score: _____

CURRENT CARE - MEDICATIONS

Medication	Dose (e.g. 4mg)	Frequency (e.g. 3x/day, 1x/week)	Route (Oral/IV)	Do you keep it down?	Effect of medication or problems
				☐ Y ☐ N	
				☐ Y ☐ N	
				☐ Y ☐ N	
				☐ Y ☐ N	
				☐ Y ☐ N	
				☐ Y ☐ N	

Medication side-effects: ☐ Constipation ☐ Anxiety ☐ Drowsiness ☐ Headaches ☐ Dizziness ☐ Dry Mouth
☐ Other issues: ____

CURRENT CARE - SUPPLEMENTS & VITAMINS

Supplements (include brand & main ingredient(s) if known)	Dose (e.g. 4 tabs)	Frequency (e.g. 3x/day, 1x/week)	Reason (e.g. reflux)

Vitamins: ☐ Prenatal ☐ Vit B6 ☐ B1 ☐ Thiamin ☐ Iron ☐ Other: ______________________
Nutrition: ☐ IV fluids (TPN/TPPN) ☐ NG/NJ/Tube feedings ☐ Start Date ______________ ☐ None
Current IV or nutritional therapy: ______________________________________
IV/Midline/PICC/G or J-tube Symptoms: ☐ Redness ☐ Swelling ☐ Pain ☐ Warmth ☐ Rash/Infection ☐ Fever/Chills
Additional treatments: ☐ Acupuncture ☐ Other: ______________________________
I am considering termination of my pregnancy because I'm sick. ☐ Yes ☐ No ☐ Maybe

CURRENT NUTRITION

What did you eat yesterday? ______________________________________
Foods you can eat: ______________________________________
Foods you cannot eat: ______________________________________
Amount of food you eat compared to pre-pregnancy: _____% (e.g. 50% = half of what you normally eat)

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RATE ANY YOU HAVE EXPERIENCED RECENTLY USING A SEVERITY SCALE OF 0 TO 5 *0=OK Now, 1=Mild, 3=Moderate, 5=Severe*					
Symptom	Severity	Symptom	Severity	Symptom	Severity
Heartburn/Reflux		Excessive saliva		Vision changes	
Constipation		Diarrhea		Hoarseness	
Jaw pain/clicking		Abdominal pain		Heart rate changes	
Difficulty walking		Abdominal fullness		Confusion	
Breathlessness		Difficulty swallowing		Poor sleep/Insomnia	
Fever or Chills		Depression/anxiety		Headaches/Migraines	
Difficulty with memory or focus		Frequent urination, or burning or pain		Throat burning/ bleeding	
Dry skin/lips/mouth		Blood in urine		Difficulty functioning	
Bloody vomit		Bloody or fatty stool		Weakness/Fatigue	
Blood clots		Urine/stool leakage		Muscle cramps/spasms	
Fainting or Dizziness		Vaginal bleeding		Hemorrhoids	
Pain:		Other:			

SYMPTOM ASSESSMENT

Main Triggers: ☐ Noise ☐ Light ☐ Smells ☐ Motion ☐ Car Rides ☐ Sight of Food
☐ Other: ____

Week symptoms started: _____ Hours of nausea each day: _____

How would you rate the overall severity of nausea/vomiting: ☐ Mild ☐ Moderate ☐ Severe ☐ Varies

How many times do you vomit daily: _____ How many times do you retch: _____ ☐ Varies each day

Vomit Description: ☐ Bile ☐ Blood ☐ Liquid ☐ Coffee grounds ☐ Undigested food ☐ Other:__________

Appetite: ☐ None ☐ Very little ☐ Sometimes ☐ Painfully hungry ☐ Varies all day ☐ Other:__________

Days since last BM: _____ ☐ None/Minimal ☐ Small ☐ Medium ☐ Large ☐ Describe: ______________

Symptoms compared to previous pregnancy: ☐ Worse ☐ Better ☐ Same ☐ Unsure ☐ Varies ☐ N/A

PSYCHOSOCIAL SUMMARY

Who helps care for you? ____

Employment status: ☐ Full-time ☐ Part time ☐ On Leave/Disability ☐ Student ☐ Work @ home ☐ None

Number of adults in your home? _____ Number of kids under 18 years? _____

What activities are you unable to do? ____

What causes the most stress? ____

Other concerns? ____

____

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PLAN OF CARE

NAME ____ DATE ____________ GA: _____ weeks

☐ Follow-up in ____ days ☐ Admit Inpatient ☐ Private Room ☐ ______________________________

Consults: ☐ Home Health ☐ Perinatology/MFM ☐ RD/CN ☐ GI ☐ PT ☐ Psych ☐ Neuro ☐ Other: ___________

Diagnostics: ____

Ultrasound: ☐ Abdominal ☐ Vaginal ☐ Pelvic ☐ Other: ______________________________

Lab Panels: ☐ Metabolic ☐ Thyroid ☐ Electrolytes ☐ Weekly CMP for TPN ☐ Liver ☐ Renal ☐ H-pylori

☐ Other: ____

Antiemetic Recommendations:

☐ Change: 1. Dose 2. Frequency 3. Route 4. Add (or change) Rx

☐ Take on strict schedule vs. prn & wean slowly if asymptomatic 14+ days

☐ Give HER Foundation Referral/Brochures

☐ Check Ketones @ home every ____ days

☐ Do HELP Score @ home every ____ days

MEDICATIONS & ESSENTIAL VITAMINS

Medication	Dosage	Route **	Considerations
☐ Diclegis/Diclectin ☐ Unisom ☐ Diphenhydramine	___ tabs q ___ hours or ☐ QHS ☐ QID ☐ PRN	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐____	☐ May cause drowsiness. ☐ Check daily B6 total.
☐ Zofran (ondansetron) ≤32mg ☐ Kytril (granisetron) ≤2mg ☐ Anzemet (dolasetron) ☐ Remeron (mirtazapine)	_____mg q ___ hours or ☐ BID ☐ QID ☐ PRN _______________	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐ PR ☐ ODT vaginally ☐ Other: _____________	☐ Take on strict schedule. ☐ Docusate _______ QHS ☐ Laxative _________ PRN ☐ √ LFT & EKG changes.
☐ Phenergan ≤25mg QID (promethazine)	_____mg q ___ hours or ☐ QHS ☐ QID ☐ PRN	☐ Oral ☐ PR ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐____	☐ Use antihistamine to prevent side-effects.
☐ Reglan/Maxeran/Primperan (metoclopramide) 5-20mg QID	____mg ☐ Before meals (30 min) ☐ QID ☐ PRN	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ PR ☐____	☐ Antihistamine (for side-effects); slow IV; low dose
☐ Compazine/Stemetil (prochlorperazine) ≤10mg QID	_____mg q ___ hours or ☐ BID ☐ QID ☐ PRN	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ PR ☐____	☐ Antihistamine may prevent side-effects.
☐ Solu-medrol IV ☐ Methylprednisolone	___mg __x/day x __days ☐ _________________ ☐ _________________	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐____	☐ High dose then taper. ☐ May also need low dose x1 month.
☐ Catapres (clonidine) ☐ Neurontin (gabapentin)	_____mg q ___ hours or ☐ QD ☐ QID ☐ PRN	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐____	☐ Transdermal option ☐ Experimental usage
☐ Aloxi (palonosetron) ☐ ________________	_____mg q ___ hours or ☐ QD ☐ BID ☐ PRN	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐____	☐ NEW; use with caution.
☐ Thiamin/B1 ≤500 mg/day ☐ Vitamin B Complex 1-2x/day	_____mg or tabs ☐ QD ☐ BID ☐ TID ☐ QID	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐____	☐ To prevent Wernicke's if 2+ weeks poor intake.
☐ Multivitamin/MVI ☐ Prenatal (√ amt. B1/B6 mg)	__ tabs/amp QD ☐ with food or ☐ PRN ☐ QHS	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐____	☐ Iron may ↑ nausea; try iron-free or w/food QHS.
☐ Pyridoxine/B6 ≤150 mg/day	____mg q ___ hours/QD	☐ Oral ☐ SL ☐ IV ☐____	☐ >150 mg ⇨ neuropathy.
SLEEP: ☐ ________________	_____mg q ___ hours or ☐ PRN ☐ QHS	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐____	☐ e.g. Vistaril (hydroxyzine) ☐ Poor sleep worsens HG.
GI/GERD/Constipation: ☐ ________________	_____mg q ___ hours or ☐ QD ☐ BID ☐ PRN	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐____	☐ H2 blockers & PPI's may improve nausea.
☐ ________________	_____mg q ___ hours or ☐ TID ☐ QID ☐ PRN	☐ Oral ☐ OD ☐ TD ☐ SQ ☐ Comp ☐ IV ☐ SL ☐____	☐

**OD = Oral Dissolving, TD = Transdermal, SQ = Subcutaneous, SL = Sublinqual, Comp = Compounded, PR = Rectal, PV = Vaginal
IM not recommended due to atrophy & ↑ pain sensitivity.

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ADDITIONAL INTERVENTIONS & ASSESSMENTS

Vitamins: ☐ Iron ☐ Folic Acid ☐ B Complex ☐ B6 50 mg ☐ B1 50mg/100mg ☐ Prenatal (√ B1)
☐ Oral ☐ Sublingual ☐ Transdermal ☐ Other: ____________

Nutrition: ☐ TPN ☐ PPN ☐ NG/J ☐ G/J-Tube ☐ Formula: ____________

Parenteral Therapy Orders:

☐ Periph IV ☐ Midline ☐ PICC ☐ Central ☐ Other: ____________
☐ Outpatient Clinic ☐ Home IV ☐ Other: ____________
☐ Myer's Cocktail ☐ Banana Bag ☐ ___ L over ___ hours ☐ PRN ☐ Daily ☐ M/W/F

Other IV Fluids:

☐ NS _______ ☐ 1L ☐ 2L ☐ 3L ____ x/day over ____ hours ☐ PRN ☐ Daily ☐ M/W/F ☐ Add 100mg B1
☐ LR _______ ☐ 1L ☐ 2L ☐ 3L ____ x/day over ____ hours ☐ PRN ☐ Daily ☐ M/W/F ☐ Add 100mg B1
☐ _________ ☐ 1L ☐ 2L ☐ 3L ____ x/day over ____ hours ☐ PRN ☐ Daily ☐ M/W/F ☐ Add 100mg B1
☐ MVI daily ☐ B Complex ____ x daily ☐ Thiamin 100mg ___ x/day ☐ Vit K ____ mg/day
☐ KCl __________ ☐ NaCl __________ ☐ Folic Acid ______ mcg daily ☐ $MgSO_4$ __________
☐ Other: ______________________________ ☐ IV Iron ________

Psychosocial Needs: ☐ Disability ☐ FMLA ☐ Diet Log ☐ Other:____________

Home Assessment: ☐ Ketostix ☐ Home RN ☐ HG Care App ☐ HELP Score every ___ days

Patient Education: ☐ Diet/thiamin intake ☐ Bowel regimen ☐ IV/enteral management
☐ Serotonin Syndrome ☐ Transdermal patch ☐ HER HG Brochure/Referral
☐ ______________________________ ☐ TED hose/embolus prevention

REHYDRATION RECOMMENDATIONS

☐ D5NS + 1 amp MVI + 100 mg thiamin + 1 mg folic acid
☐ Banana Bag + B-complex
☐ Myer's Cocktail + 1 ampule of MVI + 1 mg folic acid
Note: MVI contains only 6 mg of thiamin.

ANTIEMETIC COMBINATIONS

☐ 5HT3 antagonist + Promethazine
☐ 5HT3 antagonist + Metoclopramide
☐ 5HT3 antagonist + Corticosteroid + Metoclopramide
Add-ons: ☐ Vit B6 + B1 ☐ Acid reducer ☐ Antihistamine

MD Signature ______________________________ Date ______________

______________________________ Date ______________

TREATMENT STRATEGIES *(Acronym: HELP HER)*

1. Hydration is important for treatment effectiveness.
2. Electrolytes & nutritional deficits should be corrected regularly.
3. Loss of muscle mass makes IM injections problematic.
4. Proactively address medication side-effects.
5. HER Foundation referrals offer education & support.
6. Escalate dose & change frequency/route then change/ add meds.
7. Relapse common if meds stopped abruptly, wean over 2+ weeks.

Kimber's RULE OF 2'S

Wean medications for HG:

Over 2+ weeks + After 2+ weeks without symptoms + In 2nd trimester or later

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HER is the global voice of HG

ALGORITHM FOR TREATMENT OF NVP

(HELP <20)

1. B6/Pyridoxine with or without doxylamine: ***(Select ONE)***
   - Pyridoxine 10–25 mg PO (with or without Doxylamine 12.5 mg PO), 3 or 4 times per day.
   - Pyridoxine + Doxylamine 10 mg, two tablets PO at bedtime, add one tablet in AM & afternoon prn.
   - Pyridoxine + Doxylamine 20 mg, one tablet PO at bedtime, add AM tablet prn.
2. Thiamin/Vitamin B1 50-100 mg PO 1-4 times per day.
3. Continue prenatal vitamin with iron and thiamin until not tolerated → Switch to folic acid.
4. Add gastric/esophageal protection. (See shaded box below.)

(HELP <32)

Add up to 1 from each class:

1. Antihistamine (discontinue doxylamine before adding)
   - *Dimenhydrinate* 25-50 mg q 4–6 hours PO or PR (limit to 200 mg per day if taking doxylamine)
   - *Diphenhydramine* 25–50 mg PO q 4–6 hours
   - *Meclizine* 25 mg PO q 6 hours
2. Dopamine Antagonist
   - *Metoclopramide* 5-10 mg q 6-8 hours PO
   - *Promethazine* 12.5-25 mg q 4-6 hours PO or PR
   - *Prochlorperazine* 5-10 mg q 6-8 hours PO or 25 mg twice daily PR

↓

1. Daily bowel regimen
   - Stool softener 1-2x/day + Laxative prn (1-3x/week)
   - Add *Triple Mg* prn
2. *Ondansetron* 4-8 mg q 6-8 hours PO or ODT, or ODT given vaginally ***OR***
3. *Granisetron* 1 mg q 12 hours PO or 3 mg q 24 hours ODT

NOTE: Replace electrolytes & monitor EKG if high risk.

↓

Consider NUTRITION (see below) and one of the following:

1. *Mirtazapine* 15 mg q 8 hours PO or ODT (Dose not established for HG. Discontinue other serotonin antagonists.)
2. *Methylprednisolone* (if 10+ weeks) 16 mg q 8 hours PO or IV for 3 days. Taper over 2 weeks to lowest effective dose. Avoid duration exceeding 6 weeks.
3. *Prochlorperazine* 5-10 mg PO q 6-8 hours
4. *Chlorpromazine* 25–50 mg IV or 10–25 mg PO q 4-6 hours

GERD or gastric/esophageal protection:

1. Calcium Antacid (avoid Bismuth or Bicarbonate) ***AND/OR***
2. H2 antagonist BID: *ranitidine* 150 mg PO ***OR*** *famotidine* 20-40 mg ***OR***
3. PPI q 24 hours
   - *esomeprazole* 30-40 mg PO or IV
   - *lansoprazole* 15-30 mg PO
   - *pantoprazole* 40 mg PO or IV

(HELP >32)

Select IV Fluids:

1. Banana Bag + Vit B6 + Vit B1
2. Myer's Cocktail + 1 ampule MVI
3. D5NS or D5LR + 1 ampule MVI + Vit B6 + Vit B1
   - Add prn: KCl, Na, Vit K, Vit D, Zn, Se, Fe, Mg & Ca.
   - Always give thiamin with glucose to prevent WE.
   - Correct electrolytes slowly to prevent CPM.
   - Restrict PO intake for 24-48 hours for gut rest.
   - Consider midline or central line for frequent IVs.

↓

If not responding to or tolerating PO meds, change to:

1. *Thiamin* 100 mg 1-5 times daily IV

   AND ONE OF THE FOLLOWING
2. *Dimenhydrinate* 50 mg (in 50 mL saline, over 20 min) q 4–6 hours IV
3. *Ondansetron***:
   - IV: 8 mg over 15 minutes q 12 hours or 4 mg q 6 hours IV or continuous infusion
   - SubQ continuous infusion: 8 mg starting dose, then 12-40 mg/day; wean slowly to PO.
4. *Granisetron*** 1mg q 12 hours IV
5. *Metoclopramide*:
   - IV: 5–10 mg q 8 hours
   - SubQ continuous infusion: 5-10 mg starting dose, then 20-40 mg/day; wean slowly to PO.

*** Daily Bowel Regimen required (see adjacent box)*

\+

NUTRITION - If weight loss ≥10% and/or persistent HG, consult with GI & Nutrition & IV Therapy:

1. *Enteral therapy*: gradual infusion with or without additional parenteral/enteral fluids (Jejunal placement preferred)
2. *Intravenous fluids and/or parenteral nutrition*
   - Consider midline or central line.
   - Continue until gaining weight on PO intake.
   - Prevent Refeeding Syndrome: Slowly restart nutrition & monitor weight, phosphorus & electrolytes.

Disclaimer: This is not medical advice. Do not make any changes to your diet or lifestyle without consultation from your medical provider.

NOTES:

1. If symptoms persist, follow the arrows to the next level of care.
2. Most of these medications can cause QT prolongation, consider EKG or cardiac monitoring for high risk patients, high doses, multiple medications, or electrolyte abnormalities.
3. IM not recommended due to muscle loss and pain sensitivity.
4. Avoid using multiple dopamine antagonists simultaneously.
5. CPM = Central Pontine Myelinolysis; WE = Wernicke's encephalopathy
6. HELP = HyperEmesis Level Prediction Score, www.hyperemesis.org/tools

HER Foundation

hyperemesis.org | HelpHER.org
Email: info@hyperemesis.org

HELP (HyperEmesis Level Prediction) SCORE

Name: ________________________ Date: __________ Gestational Age: ______ SCORE: _______

TODAY'S Weight: ______ LAST WEEK'S Weight: ______ Change: _____% PREVIOUS SCORE: _______

Meds: ☐ Ondansetron ☐ Granisetron ☐ Diclegis ☐ Promethazine ☐ Metoclopramide ☐______________

Mark ONE box in EACH ROW that most accurately describes your experience over the last: ______ days(s).

My nausea level most of the time:	0	1 (Mild)	2	3 (Moderate)	4	5 (Severe)
I average __ vomiting episodes/day:	0	1-2	3-5	6-8	9-12	13 or more
I retch/dry heave __ episodes daily:	0	1-2	3-5	6-8	9-12	13 or more
I am urinating/voiding:	Same	More often, IV fluids; light or dark color	Slightly less often, and normal color	Once every 8 hours; slightly dark yellow	Less than every 8 hours or darker	Rarely; dark, blood; foul smell
Nausea/vomiting severity 1 hour *after* meds OR after food/drink if no meds:	0 or No Meds	1 (Mild)	2	3 (Moderate)	4	5 (Severe)
Average number of hours I'm <u>unable</u> to work adequately at my job and/or at home due to being sick has been:	0	1-2 (hours are slightly less)	3-4 (can work part time)	5-7 (can only do a little work)	8-10 (can't care for family)	11+ (can't care for myself)
I have been coping with the nausea, vomiting and retching:	Nor-mal	Tired but mood is ok	Slightly less than normal	It's tolerable but difficult	Struggling: moody, emotional	Poorly: irritable depressed
Total amount I have been able to eat/drink AND keep it down: *Medium water bottle/large cup = 2 cups/500mL.*	Same; no weight loss	Total of about 3 meals & 6+ cups fluid	Total of about 2 meals & some fluid	1 meal & few cups fluid; only fluid or only food	Very little, <1 meal & minimal fluids; daily IV	Nothing goes or stays down, or daily **IV/TPN**
My anti-nausea/vomiting meds stay down/are tolerated:	No meds	Always	Nearly always	Sometimes	Rarely	Never/**IV/SQ** (subQ pump)
My symptoms compared to last week:	Great	Better	About Same	Worse	Much Worse	Much Worse!!!
Weight loss over last 7 days: ___%	0%	1%	2%	3%	4%	5%
Number of Rx's for nausea/vomiting	0	1	2	3	4	5+
	0 pts	**1 pt/answer**	**2 pts/answer**	**3 pts/answer**	**4 pts/answer**	**5 pts/answer**
TOTAL each column = (#answers in column) x (# points for each answer)	0	_____	_____	_____	_____	_____
TOTAL for ALL columns: ______		**None/Mild ≤ 19**		**Moderate 20-32**		**Severe 33-60**

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Weight Loss % = (Amount lost ÷ Pre-pregnancy weight) x 100

HER Foundation
The Global Voice of HG

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