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 10-100 mg PO 1-3 times per day. (250 mg daily minimum after 20 weeks)
3. Continue prenatal vitamin with iron and thiamin until not tolerated → Switch to methylated folic acid.
4. Add gastric/esophageal protection. (See shaded box below.)

DEHYDRATION?

NO → ***(HELP <32)***

YES → ***(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 TD q 24 hours

NOTE: Replace electrolytes & monitor EKG if cardiac 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: *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

Select IV Fluids:

1. Banana Bag + Vit B6 + Vit B1
2. NS or Lactated Ringers + 1 ampule MVI + Vit B6 + Vit B1
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 200 mg B1 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* 100-500 mg IV 3 times daily ***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)*

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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.

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

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