

# Hydration for Hyperemesis Gravidarum

## Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Review: Every 180 days

## Orders

|  | Interval | Defer Until | Duration |
|--|----------|-------------|----------|
|--|----------|-------------|----------|

### Labs

☐ AH OP LABS - CBC W/ DIFF, CMP, URINE

#### KETONES

- |                                                                                                      |      |             |
|------------------------------------------------------------------------------------------------------|------|-------------|
| <input checked="" type="checkbox"/> CBC and differential                                             | Once | 1 treatment |
| Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine   |      |             |
| <input checked="" type="checkbox"/> Comprehensive metabolic panel                                    | Once | 1 treatment |
| Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine   |      |             |
| <input checked="" type="checkbox"/> Ketones, urine                                                   | Once | 1 treatment |
| Status: Once, Expected: S, Lab Collect, Urine, Clean Catch, Urine, AH INTERNAL LAB (BEAKER), Routine |      |             |

### Nursing Orders

- |                                                                                                                                                                    |      |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------|
| <input checked="" type="checkbox"/> Treatment conditions                                                                                                           | Once | 1 treatment |
| Until discontinued Starting when released Until Specified                                                                                                          |      |             |
| TREATMENT PARAMETER - If UA dipstick ordered, notify provider if urine ketones are greater than trace (greater than 5 mg/dL).                                      |      |             |
| <input checked="" type="checkbox"/> Treatment conditions                                                                                                           | Once | 1 treatment |
| Until discontinued Starting when released Until Specified                                                                                                          |      |             |
| TREATMENT PARAMETER - If 3 liters of IV hydration is ordered, notify provider of orthostatic blood pressure changes are greater than 20 mmHg after administration. |      |             |

### Antiemetics

☒ AH PREMEDS ONDANSETRON (ZOFTRAN) 4 MG

IV / PROCHLORPERZINE 10 MG IV /

METOCLOPRAMIDE 10 MG IV / FAMOTIDINE 20 MG

IV (PRN)

- |                                                                                                                                    |     |                    |
|------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------|
| <input checked="" type="checkbox"/> ondansetron (Zofran) IV 4 mg                                                                   | PRN | Until discontinued |
| 4 mg, intravenous, Once as needed, nausea / vomiting - 1st line, Starting when released, Until Discontinued                        |     |                    |
| <input checked="" type="checkbox"/> metoclopramide injection 10 mg                                                                 | PRN | Until discontinued |
| 10 mg, intravenous, Once as needed, nausea / vomiting - 2nd line, Starting when released, Until Discontinued                       |     |                    |
| <input checked="" type="checkbox"/> prochlorperazine (Compazine) injection 10 mg                                                   | PRN | Until discontinued |
| 10 mg, intravenous, Once as needed, nausea / vomiting - 3rd line, Starting when released, Until Discontinued                       |     |                    |
| <input checked="" type="checkbox"/> famotidine (Pepcid) IV 20 mg                                                                   | PRN | Until discontinued |
| 20 mg, intravenous, Administer over: 2 Minutes, Once as needed, heartburn, indigestion, Starting when released, Until Discontinued |     |                    |

### Therapeutic Medications

☒ Select appropriate IV fluid and configure additives as needed.

- |                                                      |      |             |
|------------------------------------------------------|------|-------------|
| <input type="checkbox"/> sodium chloride 0.9 % bolus | Once | 1 treatment |
| intravenous, Once, Starting at treatment start time  |      |             |
| <input type="checkbox"/> lactated Ringer's bolus     | Once | 1 treatment |

|                                                                      | Interval | Defer Until | Duration    |
|----------------------------------------------------------------------|----------|-------------|-------------|
| intravenous, Once, Starting when released                            |          |             |             |
| <input type="checkbox"/> dextrose 5 % and lactated Ringer's infusion | Once     |             | 1 treatment |
| intravenous, Once, Starting when released                            |          |             |             |
| <input type="checkbox"/> D5 %-0.45 % sodium chloride infusion        | Once     |             | 1 treatment |
| intravenous, Once, Starting when released                            |          |             |             |
| <input type="checkbox"/> IV fluid builder                            | Once     |             | 1 treatment |
| intravenous, Continuous, Starting when released, Until Discontinued  |          |             |             |

### Emergency Medications

|                                                                                                                               |      |  |             |
|-------------------------------------------------------------------------------------------------------------------------------|------|--|-------------|
| <input checked="" type="checkbox"/> Nursing communication                                                                     | Once |  | 1 treatment |
| STAT, Until discontinued Starting when released Until Specified                                                               |      |  |             |
| If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.                                             |      |  |             |
| <input checked="" type="checkbox"/> Vital Signs                                                                               | Once |  | 1 treatment |
| STAT, Every 15 min Starting when released                                                                                     |      |  |             |
| If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.  |      |  |             |
| <input checked="" type="checkbox"/> Nursing communication                                                                     | Once |  | 1 treatment |
| Once Starting when released                                                                                                   |      |  |             |
| If hypersensitivity reaction occurs:                                                                                          |      |  |             |
| - Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible                                      |      |  |             |
| - Start 2 liters oxygen per nasal cannula and maintain airway                                                                 |      |  |             |
| - Change and maintain IV line with 1000 mL 0.9% Normal Saline                                                                 |      |  |             |
| <input checked="" type="checkbox"/> sodium chloride 0.9 % infusion                                                            | Once |  | 1 treatment |
| 30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day                                                 |      |  |             |
| <input checked="" type="checkbox"/> albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg                                | Once |  | 1 treatment |
| 2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day                         |      |  |             |
| <input checked="" type="checkbox"/> albuterol HFA 90 mcg/act inhaler 2 puff                                                   | Once |  | 1 treatment |
| 2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day                           |      |  |             |
| SHAKE WELL                                                                                                                    |      |  |             |
| <input checked="" type="checkbox"/> acetaminophen (Tylenol) tablet 650 mg                                                     | Once |  | 1 treatment |
| 650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose                        |      |  |             |
| For mild/moderate reaction: flushing, rash, pruritus                                                                          |      |  |             |
| <input checked="" type="checkbox"/> diphenhydramine (BENADryl) injection 25 mg                                                | Once |  | 1 treatment |
| 25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose |      |  |             |
| For mild/moderate reaction: flushing, rash, pruritus                                                                          |      |  |             |
| <input checked="" type="checkbox"/> diphenhydramine (BENADryl) injection 50 mg                                                | Once |  | 1 treatment |
| 50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose |      |  |             |
| For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)                           |      |  |             |
| <input checked="" type="checkbox"/> hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg                            | Once |  | 1 treatment |
| 100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose                            |      |  |             |
| For mild/moderate reaction: flushing, rash, pruritus                                                                          |      |  |             |
| - OR -                                                                                                                        |      |  |             |
| For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)                           |      |  |             |
| <input checked="" type="checkbox"/> EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg                                  | Once |  | 1 treatment |
| 0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose                          |      |  |             |
| For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)                           |      |  |             |

### Appointment Requests

|                                                                                                                                               | Interval | Defer Until | Duration    |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|-------------|
| <input checked="" type="checkbox"/> Infusion Appointment Request                                                                              | Once     |             | 1 treatment |
| Status: Once, Expected: S, Sched. Duration: 240 minutes, Sched. Tolerance: Schedule appointment at most 0 days before or at most 0 days after |          |             |             |

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)  
Diagnosis: \_\_\_\_\_

|                        |                       |       |      |
|------------------------|-----------------------|-------|------|
| *Provider signature    | Provider printed name | *Date | Time |
| *Provider phone# _____ |                       |       |      |

**\*Denotes Field that must be completed by healthcare worker**