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.

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:

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)

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? _____

_____

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

☐ 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.

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
☐ _____

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

HER Foundation

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HER is the global voice of HG