



Hyperemesis
Ireland

Hyperemesis Gravidarum Care Plan

Name _____

I suffered from Hyperemesis Gravidarum during my previous pregnancy/ies and so wish to have a care plan in place for another pregnancy. Studies have shown that there is an increased chance of developing hyperemesis gravidarum in subsequent pregnancies if you have had it once already. I do not wish to wait to see if I get it again because once I am ill I struggle to communicate and advocate for myself.

This plan has been made with my GP/Consultant, Dr _____ to be implemented when I plan to get pregnant and in the event of my suffering Hyperemesis Gravidarum or severe nausea and vomiting in pregnancy. I would like a copy of the plan to be inserted into my medical notes/maternity notes. I will also hold a copy.

This care plan has been agreed by:

Patient _____

Doctor _____

Signed _____

Signed _____

Date _____

Date _____

Disclaimer: None of the information provided by Hyperemesis Ireland is meant to suggest any medical course of action. Instead the information is intended to inform and to raise awareness so that these issues can be discussed by / with qualified Healthcare Professionals with their patients. The responsibility for any medical treatment rests with the prescriber. The HSE clinical guidelines for treating hyperemesis gravidarum are available at: <https://www.hyperemesis.ie/healthcare-professionals/guidelines/>

Part 1

Pre-pregnancy prophylactic regime

This will be pregnancy number _____

No of children at home _____

History of twins yes / no

Weight at initial/pre-pregnancy appointment: _____

Height _____

BMI _____

Blood Pressure _____/_____

Smoking yes/no

Adults whom I give permission to discuss my condition with my Healthcare Providers once I am ill are: _____

Before pregnancy/while trying to conceive, I will take:

	Tick as appropriate	Dosage
Folic acid		
Cariban (doxylamine 10mg and pyridoxine 10mg)		
Promethazine (Phenergan) 25mg up to 3 times daily		
Other		
Other		

Notes (e.g. you might want to include your health insurance policy number, if applicable):

Part 2

Management during pregnancy

See the HSE clinical guidelines for treating hyperemesis at: <https://www.hyperemesis.ie/healthcare-professionals/guidelines/>

Once I am pregnant I will start taking:

Treatment	Tick as appropriate	Initial dosage
Cariban (doxylamine 10mg and pyridoxine 10mg) up to 4 times daily		
Promethazine (Phenergan) 25mg up to 3 times daily		
Prochlorperazine (Stemetil) 5mg 8 hourly		
Prochlorperazine (Buccastem) 3mg 12 hourly buccally		
Cyclizine (Valoid) 50mg 8 hourly		

If I deteriorate (as agreed by patient and doctor, e.g. indicated by lack of improvement to PUQE score) I would like to try the following:

Treatment	Tick as appropriate	Order of preference
Cariban (doxylamine 10mg and pyridoxine 10mg) up to 4 times daily		
Promethazine (Phenergan) 25mg up to 3 times daily		
Prochlorperazine (Stemetil) 5mg 8 hourly		
Prochlorperazine (Buccastem) 3mg 12 hourly buccally		
Cyclizine (Valoid) 50mg 8 hourly		
Metoclopramide 5 to 10mg 8 hourly		
Ondansetron 4mg to 8mg 8 hourly		
Hydrocortisone 100mg 12 hourly (N.B. steroid treatment is reserved for when all other treatment options have failed)		

In the event of requiring IV fluids

Preferred hospital _____

Preferred consultant _____

I would like to be referred directly to a day unit (as opposed to A+E) if available yes/no

Self Help

I would like to be referred to a local counselling service yes/no

I will contact Hyperemesis Ireland for peer support yes/no

Other (please list information and supports needed) :

Other

You should ask to be referred to a dietitian, as recommended in the clinical guidelines.

Notes (for example you may want to include your estimated due date once your pregnancy is confirmed):