



Pregnancy
Sickness
Support

Hyperemesis Gravidarum

Personal Care Plan for:

I suffered 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 and I do not wish to wait to see if I get it again because once I already 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 wish a copy of the plan to be inserted into my medical notes/maternity notes. I will also hold a copy for my Patient Held Records.

This care plan has be agreed by:

Patient _____

Doctor _____

Signed _____

Signed _____

Date _____

Date _____

Disclaimer:

None of the information provided by Pregnancy Sickness Support 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.

Pre-pregnancy prophylactic regime:

This will be pregnancy number _____

Children at home _____

History of twins yes / no

Weight at initial/pre-pregnancy appointment: _____ KG

Height _____ CM

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:

Treatment	Tick by patient	Tick by GP/script given
Folic acid		
B6/pyridoxine (10mg 3 or 4 x a day)		
Other _____		

Notes/alterations/updates:

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Management During Pregnancy:

Once I am pregnant I want to start taking:

Treatment	Tick by patient	Tick by doctor/script given
Cyclizine (50mg 3 x a day)		
OR Promethazine (Avomine) (25mg 3 x a day)		
And (continue with) B6/pyridoxine (10mg 3 or 4 x a day)		
Other _____		

Notes/updates i.e. date pregnancy confirmed and edd:

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If the condition still worsens the following criteria will indicate needing to move on:

Symptom	Indication to move on, tick:	Method of monitoring (delete as required):	Agreed by doctor:
Vomiting >5 per day		Patient reporting	
Weight loss > 5% of pre-preg weight		Patient reporting/weighing at surgery	
Fluid intake < 500ml per day		Patient reporting	
Urine output < 500ml per day		Patient reporting	
Nausea/vomiting preventing reasonable level of functioning		Patient reporting	
Other _____			
Other _____			

Notes/alterations/updates:

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If the above deterioration is indicated I would like to try the following treatments and in the following preferred order (i.e. write first, second, third etc):

Treatment	Preferred route of administration, delete as appropriate:	Order of preference to try	Tick by doctor and dose/route to prescribe:
Prochlorperazine (Stemetil)	Oral/ IM injection		
Metoclopramide (Maxolon)	Oral / IM injection		
Ondansetron (Zofran)	Oral tablets / oral melts / suppositories / injection		
Domperidone (Motilium)	Oral		
Other _____			
Other _____			

Notes/alterations/updates:

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Indications for requiring IV Fluids/admission to hospital:

Symptom	Indication to move on, tick:	Method of monitoring (delete as required):	Agreed by doctor:
Vomiting preventing intake of oral medication/not responding to medication		Patient reporting	
Ketones in urine		Patient reporting (ketosticks required) / urine tested by surgery	
Weight loss > 10% of pre-preg weight		Patient reporting/weighing at surgery	
Fluid intake < 500ml per day, despite medication		Patient reporting	
Urine output < 500ml per day despite medication OR not passing urine for more than 12 hrs		Patient reporting	
Other _____			
Other _____			

In the event of requiring IV Fluids, in order to avoid admission via A&E, my preferred option is:

Service	Available in area?	Preferred option (write preference 1 st , 2 nd etc)	Doctors comments/referral to be arranged.
IV hydration at home via local Acute Care Service	YES / NO		
IV hydration as day patient at _____ hospital	YES / NO		
Admission to _____ hospital	Direct referral to ward available YES / NO		
Other _____			

In the event of my not responding to treatments so far discussed I would like to be admitted to _____ hospital to try Steroid Therapy. I would like to be referred to consultant _____.

Self help I intend to try (tick as required):

Referral to local counselling service to help with the emotional distress caused by HG	
I will seek peer support from Pregnancy Sickness Support.	
I will _____	
I will _____	
I will _____	

Notes/alterations/updates:

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