



College of Emergency  
Nurses New Zealand  
Ngā Ringa Ringa Aroha NZNO

# Concurrent Session Two

## Proposal for possible change of management of nausea and vomiting in pregnancy at the 24-Hour Surgery

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CENNZ CONFERENCE 2023



READY TO RESPOND  
KIA MATAARA

CENNZ CONFERENCE 2023  
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# PROPOSAL FOR POSSIBLE CHANGE OF MANAGEMENT OF NAUSEA AND VOMITING IN PREGNANCY AT THE 24-HOUR SURGERY

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ROXY COMAN | EASTCARE HEALTH CENTRE

# How can early treatment improve the outcome of women presenting with Nausea and vomiting in pregnancy (NVP) or HG Hyperemesis Gravidarum (HG)?

## Audit

Search: Maternity (MAT) codes;  
specifically, Nausea & Vomiting in Pregnancy (NVP)  
November 2020-February 2021  
effective practice and need for improvement





# Environmental scan

FOH (Front of House) – initial assessment

BOH (Back of House) – further assessment and treatment; monitoring  $< 2h$

Obs Unit – monitoring  $> 2h$

Operates 24/7

# NVP patient journey at an urgent care facility

NOW : (FOH) Reception → Triage RN → Flow RN (+/- RAT) → Clinician assessment → treatment plan → (BOH or Obs Unit RN) TREATMENT → further observation → Dx home or Hospital.

MY VISION: Reception → Triage RN (NVP pathway) → (BOH or Obs Unit RN) TREATMENT → Clinician assessment → further observation → Dx home or Hospital.

Until treatment received: How many people? How much time?

# Findings:

56% of total NVP breached their triage time target for assessment and treatment

44% of total NVP spent over 4h in the facility

RAT = 9% of the total NVP; 6% were up triaged due to deterioration

p.o. fluids = 37.5% - documented

IVF = 85%

Different antiemetics : Cyclizine 39.7%; Metoclopramide, Ondansetron 22.7%;

# Rationale for introducing nursing pathway proposal

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Worldwide and in New Zealand

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- Advanced early nursing interventions - analgesia and NIXR

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- The common effects: ↑ pt. safety and comfort + ↓ stays overall + ↑ staff satisfaction

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24 H Surgery

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- Long wait times can go up to 4h

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- Early interventions benefit certain patient groups, but only 6% of the NVP group.

# Possible pathway limitations

Risk of task orientated  
approach → RNs and  
Clinician discussions

RNs non-prescribers → step  
within pathway for RNs and  
Clinician discussions  
regarding antiemetic options



# NVP descriptors

NV = 50-60% prevalence in pregnancy, high social impact

- Early onset 5-6 /40 = NV pregnancy induced
- Main cause is high levels of HCG
- Mild, moderate, severe
- Most severe form is HG = 3% - intractable vomiting, weight loss and electrolyte imbalance

## Differentials:

- Onset after 12/40 and /or any associated symptoms e.g. headache, abdominal pain.

Red flags:

- ↓ LOC ; ↓ or ↑ BSL ↑ BP ( greater than 140/90 mmHg) ; ↑ HR

Abnormal FM and/or FHR (normal range 110-150)

# NVP / HG management

## **Treatment**

- we follow CHP guidelines
- dehydration can worsen the NV, hence start with hydration
- mild – oral hydration and p.o. antiemetics if needed
- moderate – p.o. /i.v. hydration and p.o./i.v. antiemetics
- Severe, HG – i.v.f. and i.v. antiemetics
- after i.v. therapy, trial oral rehydration

## **Women's education**

- enquire women's knowledge on how to manage their NVP/HG
- give health info patient info sheet – Health Info website NVP
- f/up phone calls

# Determine NVP severity – pregnancy unique quantification of emesis (PUQE) -the motherisk 24h PUQE tool

**Question 1:** In the last 24h, how long have you felt nauseated or sick to your stomach?

Scores: 1 (not at all); 2 (1h or less); 3 (2-3h); 4 (4-6h); 5 (more than 6h)

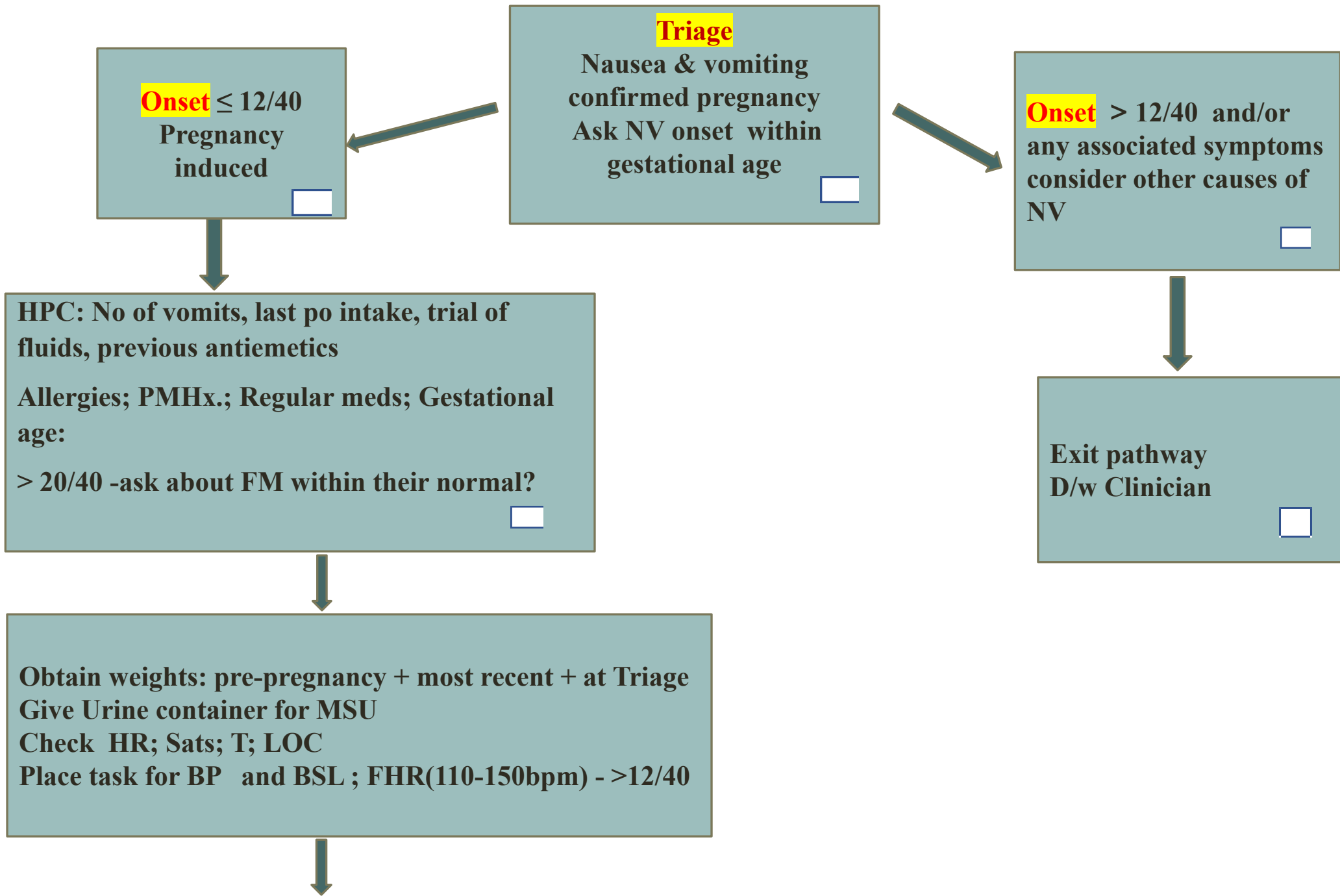
**Question 2:** In the last 24h, have you vomited or thrown up?

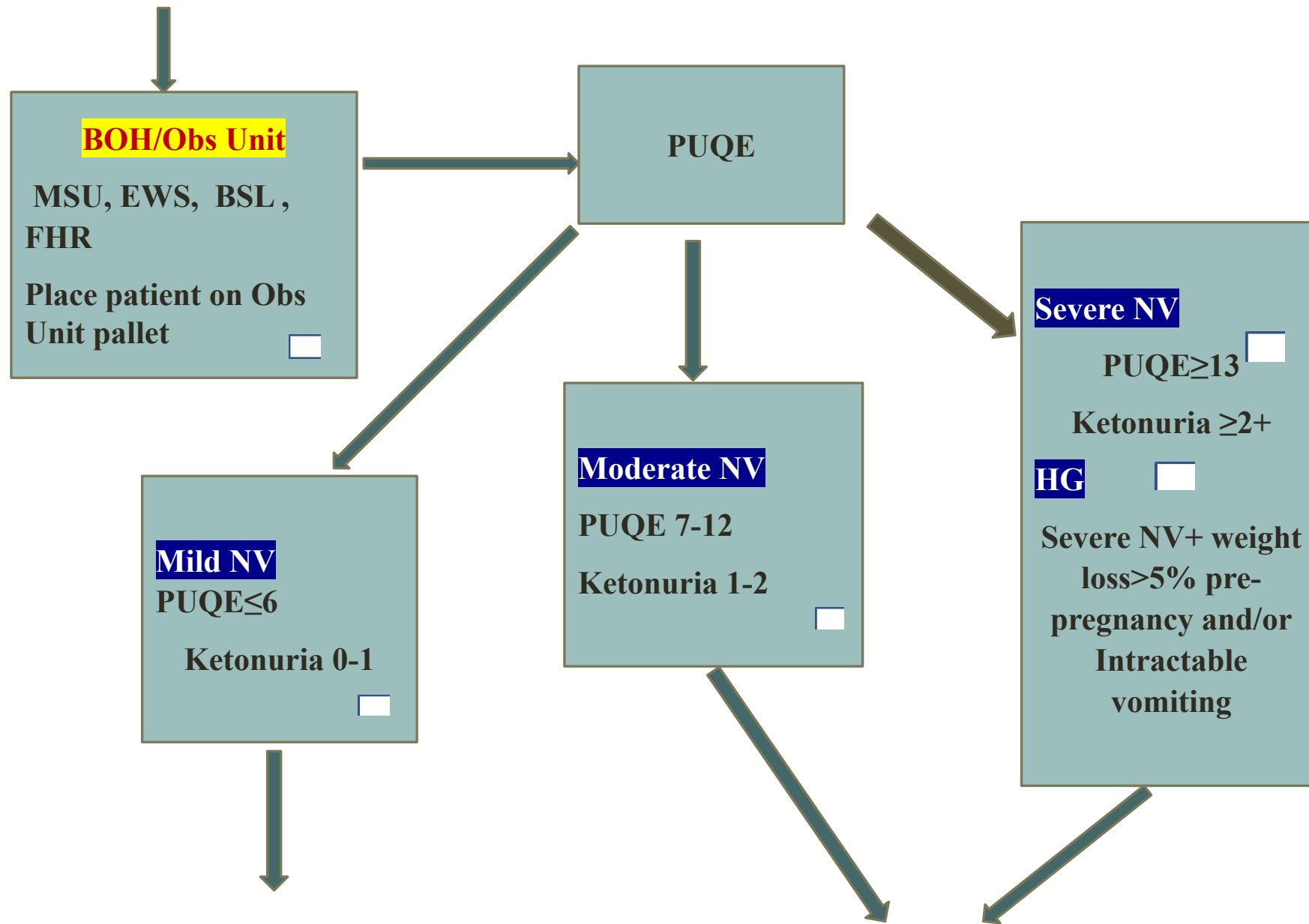
Scores: 1 (I did not throw up); 2 (1-2); 3 (3-4); 4 (5-6); 5 (7 or more times)

**Question 3:** In the last 24h, how many times have you had retching or dry heaves without throwing up?

Scores: 1 (none); 2 (1-2); 3 (3-4); 4 (5-6); 5 (7 or more times)

**Total score:** mild  $\leq 6$ ; moderate 7-12; severe  $\geq 13$





**Mild**

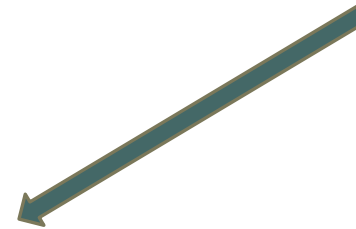
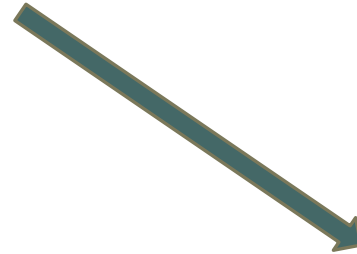
d/w Clinician re bloods, po  
antiemetics if previous taken  
already.

Trial p.o. fluids first, then  
I.V.F if po fail.

d/w Clinician re bloods,  
po/i.v. antiemetics

**Moderate** -Trial p.o. fluid  
where appropriate

**Severe and HG** - 1L N  
Saline NSO



Monitor-EWS, evaluate progress

Patient education- Health Info sheet given

Check psychosocial support- PCW referral if needed

Aim for Dx home or Hospital within 4-5h of arrival



**Thank you everyone for coming 😊**



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